



**County of Los Angeles**  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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January 3, 2022

To: Supervisor Holly J. Mitchell, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

From: *Karen Richardson for*  
Ginger Pryor  
Acting Director

**FIVE ACRES – THE BOYS’ AND GIRLS’ AID SOCIETY OF LOS ANGELES COUNTY**  
**SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM**  
**CONTRACT COMPLIANCE REVIEW**

**REVIEW OF REPORT**

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a virtual Contract Compliance Review of the Five Acres – The Boys’ and Girls’ Aid Society of Los Angeles County Short-Term Residential Therapeutic Program (STRTP) (the Contractor) in May 2021. The Contractor has two licensed sites located in the Fifth Supervisorial District. The sites provide services to the County of Los Angeles DCFS-placed children, Probation foster youth, and Non-Minor Dependents.

**Key Outcomes**

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 6
PRIORITY 3 0

*“To Enrich Lives Through Effective and Caring Service”*

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

The Contractor was in full compliance with 7 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Engagement and Teamwork; Permanency and Transition Services; Education and Independent Living Program Services; Health and Medical Needs; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, six DCFS placed children were selected for the sample. CAD reviewed the files of the six selected children, virtually interviewed five of the children to assess the level of care and services received; one child was discharged on June 28, 2021, after the file review and prior to the interviews. An additional three discharged children's files were reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted telephone interviews with staff. To assess the quality of care and supervision provided to the placed children and foster youth, DCFS conducted virtual site visits.

CAD noted findings in the areas of:

Priority 1

- Personal Rights and Social/Emotional Well-Being
  - Child reported not feeling safe in the home.

Priority 2

- General Contract Requirements
  - Three Special Incident Reports were not properly cross-reported in the I-Track System.
- Needs and Services Plans (NSPs)
  - Two children were not provided support services and core services to assist in making progress towards NSP goals.
  - Child NSPs with running away history did not include individualized plan for services to address this need.

- Personal Rights and Social/Emotional Well-Being
  - Child report the consequences for not following the rules not being fair.
  - Two children report not being treated with respect by personnel.
  - Two children report not being informed about their right to have contraceptives and a container to lock them.

On September 2, 2021, the Children Services Administrator teams from DCFS CAD and the Out-of-Home Care Management Division Quality Assurance and Investigations Section held an exit conference with the Contractor's representatives.

The Contractor's representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve the Contractor's compliance with regulatory standards.

The Contractor provided the attached approved Corrective Action Plan addressing the noted deficiencies in this compliance report.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

GP:KDR  
LTI:kn

#### Attachments

cc: Fesia Davenport, Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Dr. Adolfo Gonzales, Chief Probation Officer  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Chanel Boutakidis, Chief Executive Officer, Five Acres – The Boys' and Girls' Aid Society of Los Angeles County  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

# CORRECTION ACTION PLAN

## GENERAL CONTRACT REQUIREMENTS

5. Special Incident Reports (SIRs) are properly documented.

5.2 SIRs were properly cross-reported in the I-Track System

Facility	Comment
Site 590	Q#5.2: Child #3: SIR# 732740, Incident type is Assaultive behavior, incident occurred on 12/5/2020 and SIR was submitted on 12/7/2020. SIR# 745072, incident type is Inappropriate Sexual Behavior, SIR did not cross reported to DCFS CSW.
Site 591	Q#5.2: Child #5: SIR# 732889, incident type is Illness/Medical Related incident occurred on 12/4/2020 and SIR was reported on 12/7/2020. SIR# 731952, incident type is Assaultive Behavior, incident occurred on 11/26/2020 and SIR was reported on 11/30/2020.
Site 591	Q#5.2: Child #6: SIR# 732889, incident type is Illness/Medical Related, incident occurred on 12/4/2020 and SIR was submitted on 12/7/2020.

### 1. Explain the Cause.

The occurrence of not properly cross reporting was due to user error. However, at times, the I-Track system does not populate the names to cross report and a separate email with SIR attachment is sent to the individual not cross reported. Division Director has informed the OHC Children's Administrator regarding the cross-reporting issue. The late SIR submissions were due to user error. SIRs are at times saved as more details are gathered and user does not submit on time.

### 2. Corrective Action Taken.

STRTP Unit Program Coordinator (UPC) will ensure that CSW is cross reported on the I-Track form before submitting to Supervisors or designee for final review before submitting to the I-Track system. STRTP Program Manager and Residential Treatment Supervisor will review weekly with Unit Program Coordinator that the Special Incident Reports are completed on time and with all content needed including cross reporting. An SIR refresher training will be facilitated on 10/20/21 and 10/27/21.

### 3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The training department provides quarterly refresher SIR training that includes content requirements, cross-reporting, and timeliness. STRTP Program Manager and Residential Treatment Supervisor will review weekly with Unit Program Coordinator to ensure Special Incident Reports are completed on time and with all content needed including cross reporting.

### Reviewer Comment

## NEEDS AND SERVICES PLANS

17. Support services and core services were provided to assist the child in making progress towards his/her NSP goals (trauma informed & culturally sensitive).

Facility	Comment
Site 591	Q#17: Child #6 NSP 11/2020, NSP goals are Running away 2x/week to 0x/week; Defiant behavior 3x/week to 0x/week; Depressive behavior 5x/week to 2x/week. Child #6 NSPs 12/2020, 1/2021 and 2/2021 have the same goals and lack of documentation regarding child's improvement or progress. Running away goals are not included in NSPs 2/2021, 3/2021 and 4/2021 and no outcome goals to explain child has accomplished the Running away goals.
Site 591	Q#17: Child #5 NSP 11/2020, Maladaptive behavior 2x/week; Defiant behavior 3x/week to 0x/week; Verbal aggression 2x/week to 0x/month; Traumatic symptoms 3x/week to 0x/week. All these goals were included in the 12/2020, 1/2021, 2/2021 and 3/2021 NSPs and no documentation or information to describe child's improvement or any progress regarding accomplishing these goals. NSP 2/2021 Traumatic symptoms goals were replaced by Physical aggression 3x/week to 0x/week, and there is no outcome goal for Traumatic symptoms goals.

#### 1. Explain the Cause.

Staff turnover has contributed to not properly tracking and adapting client's goals in NSPs.

#### 2. Corrective Action Taken.

STRTP clinicians were re-trained on 9/27/21 on how to properly track and adapt client's goals in the NSP. Staff were trained on proper documentation of all goal outcomes to ensure proper tracking and adapting is documented.

#### 3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Case Manager Supervisor and Program Manager will review NSPs for content and proper documentation of all goal outcomes to ensure tracking and adapting is documented.

#### Reviewer Comment

Please provide training sign-in sheet for 9/27/2021.

19. If child is CSEC or has a history of running away, the STRTP & CFT developed an individualized plan for services to address this need.

Facility	Comment
Site 591	Q#19: Child #6 NSP 11/2020, NSP goals are Running away 2x/week to 0x/week; Defiant behavior 3x/week to 0x/week; Depressive behavior 5x/week to 2x/week. Child #6 NSPs 12/2020, 1/2021 and 2/2021 have the same goals and lack of documentation regarding child's improvement or progress. Running away goals are not included in NSPs 2/2021, 3/2021 and 4/2021 and no outcome goals to explain child has accomplished the Running away goals.

#### 1. Explain the Cause.

Staff turnover has contributed to not properly tracking and adapting client's goals in NSPs.

#### 2. Corrective Action Taken.

STRTP clinicians were re-trained on 9/27/21 on how to properly track and adapt client's goals in the NSP. Staff were trained on proper documentation of all goal outcomes to ensure proper tracking and adapting is documented.

#### 3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Case Manager Supervisor and Program Manager will review NSPs for content and proper documentation of all goal outcomes to ensure tracking and adapting is documented.

#### Reviewer Comment

Please provide training sign-in sheet for 9/27/2021.

## PERSONAL RIGHTS AND SOCIAL /EMOTIONAL WELL-BEING

39. Children report the consequences for not following the rules are fair

Facility	Comment
Site 590	Q#39: Child #2 reported other residents will get him into trouble and sometimes it is not his fault.

#### 1. Explain the Cause.

Consequences and incentives are individualized and determined in the Child and Family Team (CFT) meetings. Children are not aware of each other's individualized plans and can perceive the difference as unfair. Emergency CFTs are scheduled to adapt plan as needed.

#### 2. Corrective Action Taken.

The children have an opportunity to engage and advocate through the Kids Voice and Choice Council (KVCC) and provide recommendations to agency leadership. Topics on consequences, personal rights and safety have been added to the KVCC agenda as standing items on a quarterly basis to ensure the children have a voice on equity of treatment and on what Five Acres staff can continue to do to provide a therapeutic and safe healing environment. Five Acres has a written policy for handling children's questions, concerns, and complaints. All staff are required to read and sign that they are aware of these procedures. Complaint and Grievance forms are easily located at each site and staff are available to assist with process as needed. Questions, Concerns and Complaint Forms are located centrally in each cottage and at Solita site. Unit Program Coordinators of each cottage and the Solita STRTP Manager are responsible to ensure enough Questions, Concerns or Complaint forms are accessible in centralized location and that child and authorized representative are aware of how to access forms.

#### 3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

STRTP leadership review KVCC meeting notes to ensure proper follow up of the children's recommendations. In addition, Unit Program Coordinators of each cottage and the Solita STRTP Manager are responsible to ensure enough Questions, Concerns or Complaint forms are accessible in centralized location and that child and authorized representative are aware of how to access forms.

#### Reviewer Comment

44. Children report being treated with respect by personnel

Facility	Comment
Site 590	Q#44: Child #2 reported he does not feel being treated with respect by staff.
Site 590	Q#44: Child #1 reported sometimes he was not being treated with respect by staff.

#### 1. Explain the Cause.

Consequences and incentives are individualized and determined in the Child and Family Team (CFT) meetings. Children are not aware of each other's individualized plans and can perceive the difference as unfair. Emergency CFTs are scheduled to adapt plan as needed. Child#1 and 2 were spoken to in regards to their individual concerns. Program staff listened to client's concerns and validated each child's thoughts and feelings in the matter. Program staff attempted to process the child's perspective versus the events that took place as a means to create insight into the reality of the situation. Child#1 acknowledged that he curses, spits and tries to hit staff and staff in turn become stern with him due to his behaviors. Child#2 stated that there are no misbehaviors from him that are of concern. He also stated that he receives unfair consequences when he misbehaves. When asked about the consequences that are unfair to him, he named consequences that are given through prudent parenting (e.g. less game time for that day or two days) When program staff processed the appropriateness of the consequences, Child #2 stated that he should not get any consequences. It was further discussed that when there is a disagreement in the consequences, he should talk to his clinician to have the clinician assist with the process. Furthermore, if needed, the clinician would coordinate a mediation between child #2 and staff to clear the situation if necessary.

#### 2. Corrective Action Taken.

The children have an opportunity to engage and advocate through the Kids Voice and Choice Council (KVCC) and provide recommendations to agency leadership. Topics on consequences, personal rights and safety have been added to the KVCC agenda as standing items on a quarterly basis to ensure the children have a voice on equity of treatment and on what Five Acres staff can continue to do to provide a therapeutic and safe healing environment. Five Acres has a written policy for handling children's questions, concerns, and complaints. All staff are required to read and sign that they are aware of these procedures. Complaint and Grievance forms are easily located at each site and staff are available to assist with process as needed. Questions, Concerns and Complaint Forms are located centrally in each cottage and at Solita site. Unit Program Coordinators of each cottage and the Solita STRTP Manager are responsible to ensure enough Questions, Concerns or Complaint forms are accessible in centralized location and that child and authorized representative are aware of how to access forms. Child #1 and #2 can talk to their clinician when feeling disrespected so clinician can assist with supporting the client through the process. Furthermore, if needed, the clinician would coordinate a mediation between child1 or child #2 and staff to clear the situation if necessary. Clinician will also assist the client in making a formal complaint if one is needed.

#### 3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

ST RTP leadership review KVCC meeting notes to ensure proper follow up of the children's recommendations. In addition, Unit Program Coordinators of each cottage and the Solita STRTP Manager are responsible to ensure enough Questions, Concerns or Complaint forms are accessible in centralized location and that child and authorized representative are aware of how to access forms. After processing the events with the clinician, the clinician would coordinate a mediation between child1 or child #2 and staff to clear the situation if necessary. Clinician will also assist the client in making a formal complaint if one is needed.

#### Reviewer Comment

Q#1: Please explain the root cause for the finding. Q#2: Please explain the action taken to this finding. Q#3: Please explain the Quality Assurance Plan to ensure children are being treated with respect by personnel.

#### 46. Children report feeling safe in the home

Facility	Comment
Site 590	Q#46: Child #2 does not feel safe because other residents are making fun of him.

#### 1. Explain the Cause.

Consequences and incentives are individualized and determined in the Child and Family Team (CFT) meetings. Children are not aware of each other's individualized plans and can perceive the difference as unfair. Emergency CFTs are scheduled to adapt plan as needed. Child #2 was spoken to by program staff to address his concern. Child #2 gave some examples of the circumstances that were of concern to him. Cottage staff reminded him that the examples he gave all started by him and his peers being playful which led to rough housing, which led to all kids not being kind to one another. Child #2 acknowledge the circumstances but added that he does not like it when his peers "pick on him" and/or make fun of him. Child#2 understands that this can be prevented by how he interacts with others and by using his voice and proper words to set healthy boundaries with others. Child #2 is willing and open to speak with his clinician when he is upset as a means to find healthier ways to deal with his peers.

#### 2. Corrective Action Taken.

The children have an opportunity to engage and advocate through the Kids Voice and Choice Council (KVCC) and provide recommendations to agency leadership. Topics on consequences, personal rights and safety have been added to the KVCC agenda as standing items on a quarterly basis to ensure the children have a voice on equity of treatment and on what Five Acres staff can continue to do to provide a therapeutic and safe healing environment. Five Acres has a written policy for handling children's questions, concerns, and complaints. All staff are required to read and sign that they are aware of these procedures. Complaint and Grievance forms are easily located at each site and staff are available to assist with process as needed. Questions, Concerns and Complaint Forms are located centrally in each cottage and at Solita site. Unit Program Coordinators of each cottage and the Solita STRTP Manager are responsible to ensure enough Questions, Concerns or Complaint forms are accessible in centralized location and that child and authorized representative are aware of how to access forms. Child #2 is willing and open to speak with his clinician when he is upset as a means to find healthier ways to deal with his peers. Therapeutic groups will be provided to address peer conflict, conflict resolution, healthy boundaries and proper communication to decrease peer to peer negative interactions.

#### 3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

ST RTP leadership review KVCC meeting notes to ensure proper follow up of the children's recommendations. In addition, Unit Program Coordinators of each cottage and the Solita STRTP Manager are responsible to ensure enough Questions, Concerns or Complaint forms are accessible in centralized location and that child and authorized representative are aware of how to access forms. Program management will ensure that therapeutic groups will be provided to address peer conflict, conflict resolution, healthy boundaries and proper communication to decrease peer to peer negative interactions. QA will review documentation from groups to ensure topics are being addresses.

#### Reviewer Comment

Q#1: Please explain the root cause for the finding. Q#2: Please explain the action taken to this finding. Q#3: Please explain the Quality Assurance Plan to ensure children are feeling safe in the home.

### 60. Children were informed about their right to have contraceptives and a container to lock them in

Facility	Comment
Site 591	Q#60: Child #6 does not have a container.
Site 591	Q#60: Child #5 does not have a container.

#### 1. Explain the Cause.

The children identified were not in possession of a locked box as they did not have contraceptives that needed to be secured.

#### 2. Corrective Action Taken.

Locked boxes are available and provided to all the children 12 and over who have contraceptives as a means for them to have a private space to hold them. When a child goes to Planned Parenthood, their medical doctor, or request a form of contraceptive, a box is provided at that moment to ensure their privacy. If a child under 12 were to be prescribed a contraceptive by their medical doctor or Planned Parenthood, the same procedure is followed. The children identified were not in possession of a locked box as they do not meet the aforementioned criteria. Should that change at any point, a box will be provided right away.

#### 3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Division Director ensures that there are sufficient boxes at both sites to ensure a box is provided timely if the need arises.

#### Reviewer Comment



### Attach Documents

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