



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

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May 20, 2022

To: Supervisor Holly J. Mitchell, Chair
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From: 
Brandon Nichols
Interim Director

**PENNY LANE CENTERS
INTENSIVE SERVICES FOSTER CARE FOSTER FAMILY AGENCY
FOR CHILDREN WITH SERIOUS EMOTIONAL AND BEHAVIORAL NEEDS
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 Penny Lane Centers Intensive Services Foster Care (ISFC) Foster Family Agency (FFA) for Children with Serious Emotional and Behavioral Needs (SEBN) (the Contractor) in September 2021. The Contractor has five offices: one located in the Third Supervisorial District, one located in the Fourth Supervisorial District and three located in the Fifth Supervisorial District. All offices provide services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties, and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 4
PRIORITY 2 9
PRIORITY 3 1

CAD conducted a virtual Contract Compliance review of the Contractor's compliance within the following applicable areas of their ISFC-FFA SEBN contract: General Contract Requirements; Resource Family Home (RFH) Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plan; Safety; Permanency; Support Services; Personal Rights and Social/Emotional Well-Being; Discharge Planning; and Personnel Files.

The Contractor was in full compliance with 4 of 11 applicable areas of CAD's Contract Compliance Review: Engagement and Teamwork; Safety; Permanency; and Discharge Planning.

For the purpose of this review, four DCFS placed children were selected for the sample. CAD reviewed the files of the four selected children and virtually interviewed the four children to assess the level of care and services these children received. An additional two children files were also reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed four RFH files and one staff file for compliance with Title 22 Regulations and County contract requirements. CAD also conducted virtual interviews with staff and the Resource Family Parents (RFP). To assess the quality of care and supervision provided to the placed children, DCFS also conducted virtual site visits at the Contractor's location and the RFHs.

CAD noted findings in the areas of:

Priority 1

- Resource Family Home Requirements
 - All required background clearance requirements were not completed, the out of State disclosure and criminal records statements were completed prior to the Resource Family Approval for all ISFC RFPs and the child abuse/neglect report requests (LIC 1988) were not completed for one RFP.
- Facility and Environment
 - The common quarters of the ISFC home did not meet all requirements. A smoke detector was not functioning during the virtual home inspection.
- Support Services
 - Health services and supports were not provided – Health and Education was not up to date.
- Personal Rights and Social/ Emotional Well-Being
 - Child was not informed of their right to refuse psychotropic medication.

Priority 2

- General Contract Requirements
 - Special Incident Reports were not reported timely
- Resource Family Home Requirements
 - ISFC RFP did not complete all required training
 - ISFC RFP did not complete TB testing
- Facility and Environment
 - Vehicles used to transport the children did not have current car registration and insurance
- Support Services
 - Educational services and supports were not provided as required – Child did not receive instructions on sexual health and their rights to access services
- Personal Rights and Social/ Emotional Well-Being
 - Child was not informed of the Foster Youth Bill of Rights
 - Child was not informed of the Foster Youth Mental Health Bill of Rights
 - Child was not informed of the Foster Youth Educational Rights
- Personnel Files
 - Staff did not have a current first aid and CPR certificates

Priority 3

- Needs and Services Plan (NSP)
 - NSPs did not have the signatures that were required

On January 6, 2022, the Children Services Administrator teams from DCFS' CAD and the Out-of-Home Care Management Division with the Bureau of Clinical Resources and Services 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.

Each Supervisor
May 20, 2022
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The Contractor provided the attached approved Corrective Action Plan Addendum addressing the noted findings in this compliance report.

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

BN:KDR
LTI:nw

Attachments

- c: Fesia Davenport, Chief Executive Officer
- Arlene Barrera, Auditor-Controller
- Dr. Adolfo Gonzales, Chief Probation Officer
- Public Information Office
- Audit Committee
- Wendy Carpenter, Chief Executive Officer, Penny Lane Centers
- Kellee Coleman, Regional Manager, Community Care Licensing Division
- Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



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Nicole Whaley, CSAI
Contracts Administration Division
Compliance Section
425 Shatto Place
Los Angeles, CA 90020

April 11, 2022

Dear Ms. Whaley,

In response to the Intensive Services Foster Care (ISFC) for Serious Emotional and Behavioral Needs (SEBN) Monitoring Review, Penny Lane Centers has reviewed its corrective action plan. Rather than note it on every finding, we want to indicate that we met with all staff on 02/15/2022 to review the findings for every contract and to review the updated policies, procedures, and expectations.

1. General Contract Requirements: Section 8 – indicates that all parties were notified of a threat or serious incident within 24 hours. The reviewed identified 4 SIRs that were submitted untimely.

- a. Response to findings: The four SIR's that were submitted untimely were due to a lack of follow up from the supervisor who submits the SIR and delays due to pending information from the caregiver.
- b. Corrective actions to address findings:
 - As a result of the finding, we have implemented a policy that all SIRs in the I-Track system will be reviewed daily by the ISFC supervisory team.
 - In addition, staff will submit reports with the information they have available so that the SIR is on time and complete an addendum to provide updates to the SIR as needed.
 - Families will be provided training regarding the submission of SIR's and encouraged to send information via text if needed, as well as provided a list of what incidents must be reported to the agency.
- c. Continuous quality improvement:
 - On a monthly basis, the FFA administrator will review the submission of SIR's to ensure they are being submitted timely. If they are not submitted timely, additional training will be provided to staff and families, and we will revise our quality improvement plan.

2. Section II - Resource Family Home Requirements; Section 10a – indicates that all required background criminal records clearance requirements were completed.

- a. Response to findings: The agency failed to confirm that the background criminal records were completed timely.

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- b. Corrective actions to address findings:
 - On February 14, 2022, we met with all Recruiters/Trainers to review the expectation regarding the background criminal records and clearance requirements to remind them that all adults living in the home must complete all required background checks.
 - c. Continuous quality improvement:
 - When a review is scheduled, Penny Lane Centers Administration will review the documentation to be provided to the Compliance Monitor prior to submission, to ensure that all the documents requested are included.
- 3. Section II - Resource Family Home Requirements; Section 10c – indicates that a child abuse/neglect report request (LIC198B) was not completed by the ISFC RFP and any adults residing in or regularly present in the home who lived out of state during the 5 years prior to RFA Approval.**
- a. Response to findings: The agency failed to confirm that the correct and required documentation was provided to the Compliance Reviewer during the Compliance Review.
 - b. Corrective actions to address findings:
 - On February 14, 2022, we met with all Recruiters/Trainers to review the expectation regarding the background criminal records and clearance requirements to remind them that all adults living in the home must complete all background checks.
 - c. Continuous quality improvement:
 - When a review is scheduled, administration will review the documentation to be provided to the Compliance Monitoring Reviewer to submission, to ensure that all the documents requested are included.
- 4. Section II - Resource Family Home Requirements Section 12g. – Indicates that ISFC RFP completed the required 24 hours of ongoing training within 12 months of the first ISFC placement.**
- a. Response to findings: One caregiver (three total for Section 12) completed less than the 24 hours of required annual training within the one year timeframe.
 - b. Corrective actions to address findings:
 - a. As a result of the finding The ISFC Supervisor will follow up on training during the monthly CFT and HI. If the parent does not have enough hours, courses will be assigned based on the individual needs of the child/youth/NMD in their care.
 - c. Continuous quality improvement:
 - It is the ISFC Supervisor's responsibility to ensure that all training hour requirements are met. They do this by providing ongoing trainings and support.

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The Regional Director/administrator will review and sign their annual re-certification requirements to verify compliance. ISFC Supervisor will align training hours to coincide with date of first ISFC placement, rather than the ISFC approval date.

- 5. Section II - Resource Family Home Requirements; Section 12h. – Indicates that in a two-parent household. The 2nd ISFC RFP did not complete the required 20 hours of the Pre-placement prior to the initial ISFC-FFA SEBN placement.**
 - a. Response to findings: The 2nd RFP completed 19.5 of those hours within the one year timeframe after the ISFC – FFA SEBN placement.
 - b. Corrective actions to address findings:
 - Penny Lane will change the way hours are calculated to coincide with date of initial placement rather than date of approval as an ISFC parent.
 - The ISFC Supervisor will follow up on training during the monthly HI. If the parent does not have enough hours, courses will be assigned based on the individual needs of the child/youth/NMD placed in their home.
 - c. Continuous quality improvement: Following the first ISFC placement, the ISFC Social Worker will follow up in supervision to determine if training is needed to fulfill the timelines for hours. The Social Worker will provide the training in home or the resources for the RFP.

- 6. Section II - Resource Family Home Requirements; Section 12i – indicates that ISFC-FFA SEBN RFP did not complete the required 12 hours of annual ISFC-FFA SEBN Training.**
 - a. Response to findings: RFP did not complete the required 12 hours of annual ISFC-FFA SEBN re-approval training.
 - b. Corrective actions to address findings: As a result of these findings, there has been a shift in how hours are calculated to account for hours post initial placement for ISFC.
 - c. Continuous quality improvement: The ISFC Supervisor monitors the hours per month to calculate the Penny Lane required annual 15 hours. In order to address these findings, the ISFC Supervisor will calculate based on date of placement for annual hours rather than actual renewal date.

- 7. Section II - Resource Family Home Requirements; Section #14 – Indicates that ISFC RFPs health questionnaire or health screening and TB testing were completed not more than one year prior to RFA approval.**
 - a. Response to findings: The caregiver was approved on September 28, 2021, and the agency failed to have the caregiver obtain a TB test when the TB test waiver (PIN-21-03-CCLD) expired on October 21, 2021.
 - b. Corrective actions to address findings:

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- All Recruiter Trainers were reminded of this standard to ensure it is met prior to approval of a family and the Regional Directors are responsible to sign off and verify compliance prior to approval.
 - c. Continuous quality improvement:
 - Since mid-October 2021 (after this was brought to our attention by the Compliance Monitoring Reviewer) Penny Lane now requires that a TB test be submitted with the Health Questionnaire and TB Assessment for all potential caregivers and adults in the home.
 - We updated the forms available in our online portal to ensure families are aware of the requirement prior to approval.
 - Office managers were advised that (1) once an adult in the home turns 18, they must submit this documentation along with the background check requirements, (2) when the agency learns of a new adult frequent visitor or new adult living in the home, they must contact the family to follow up on this requirement.
- 8. Section III - Facility and Environment Section; Section 16a – Indicates that vehicles to transport children were well maintained and in good repair and with current registration.**
- a. Response to findings: The caregiver did not have current vehicle registration for her vehicle at the time of the review.
 - b. Corrective actions to address findings:
 - Our agency policy regarding vehicle registration was modified to include the requirement that a copy of the registration be maintained in the vehicle at all times.
 - Our monthly home inspection was modified to ensure that social workers are checking the registration at the time of the home inspection.
 - c. Continuous quality improvement:
 - It is the responsibility of the Social Worker and Social Worker Supervisor to verify and ensure compliance of standards during quarterly home inspections and the Regional Directors sign and verify compliance during the annual approval process.
 - When a review is scheduled, administration will review the documentation to be provided to the auditor prior to submission, to ensure that all the documents requested are included.
- 9. Section III - Facility and Environment Section; Section III - Facility and Environment Section; Section #16b – indicates that RFPs have up to date vehicle insurance.**
- a. Response to findings: The agency failed to provide the Compliance Monitoring Reviewer with the current vehicle insurance documentation.
 - b. Corrective Actions to address findings:

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- When a review is scheduled, administration will review the documentation to be provided to the auditor prior to submission, to ensure that all the documents requested are included.
- c. Continuous quality improvement:
 - It is the responsibility of the Office Manager to verify and ensure that vehicle insurance is up to date. They review files quarterly in order to assess what documents are expiring and communicate with the resource family about the upcoming expiration.
 - Our new online portal sends out 60-day and 30-day reminders for documents that are going to expire.
 - It is the Regional Directors responsibility to sign off and ensure compliance when documents expire, a request is made directly to the RP to provide to the agency. during the families annual approval assessment process.

10. Section III - Facility and Environment Section; Section 18f – A functioning smoke detector & carbon monoxide detector is installed in the hallways of all sleeping areas.

- a. Response to findings: At the time of the virtual home visit, the smoke detector and carbon monoxide detector was not working; it had no functioning battery.
- b. Corrective actions to address findings:
 - Penny Lane took immediate action and the smoke detector was repaired the next day.
 - All staff were reminded that the smoke detectors must be checked during the monthly home inspection visit.
- c. Continuous quality improvement:
 - It is Penny Lane policy and practice that social workers are to inspect Resource Family Homes monthly. During the monthly inspections the smoke detectors are checked. Supervisors sign and verify the monthly home inspections and the Supervisors conduct the annual inspection for re-approval.
 - When an audit review is scheduled, a supervisor or social worker will visit the home 3 – 5 days prior to support the family in preparing the home and ensuring all requirements are met.

11. Section V – Needs and services plans; Section 24r indicates that NSPs signatures were received as required. Reviewer observed that NSPs were not signed by child and/or CSW timely and that signature line date was typed.

- a. Response to findings: Our social workers were electronically dating the signature lines in an attempt to make it easier for the child/youth, family, and other team staff to sign. In addition, they were following up with signatures electronically and failed to ensure they were all received in a timely manner.





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- b. Corrective action to address findings: Social workers were advised not to pre-date signature lines and to ensure all original signatures are obtained from everyone involved.
- c. Continuous quality improvement:
 - In addition, Social Workers are responsible for conducting CFT meetings, where the team can outline goals and treatment planning that everyone agrees with. The CFT signature page verifying agreement of the goals will be included in the NSP plan. Once the NSP report is complete a minimum of two signature attempts are made to the CSW, family and any other team members for review and signature.
 - The Social Worker will send the completed NSP on the due date to the CSW and SCSW and if there is no response in two days, it will be resent to the CSW, SCSW, and NSP support desk for signatures.
 - The social worker supervisor is responsible for reviewing all reports and ensure compliance of standards.
 - The social worker supervisor will ensure they follow up with the social worker in individual supervision and include signatures on the NSP. They will also audit files at a minimum quarterly to ensure that all documentation is received.

12. Section VIII – Support Services; Section 35c – indicates that age appropriate youth receive instruction on sexual health, STI prevention and preventing unwanted pregnancy, within the required timeframe.

- a. Response to findings: The agency did not have adequate documentation that this was completed.
- b. Corrective actions to address findings:
 - Social workers were reminded that they must provide training on sexual health within the first 30 days following placement of a child. The Policy has been modified to include all children and not only those children 10 and older.
 - Social workers were reminded that they must document that they had that discussion with the child/youth and must have the child/youth sign the confirmation of information received.
- c. Continuous quality improvement:
 - We modified the “confirmation of information received” page to ensure that it captures all of the failed requirements regarding this section and including the foster youth bill of rights, personal rights, and psychotropic medication.
 - The Supervisor reviews and signs off on the initial placement documentation as part of weekly supervision to ensure compliance.





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13. Section IX – Personal Rights and Social/Emotional Well-Being; Section #42 – indicates that all children were informed of the Foster Youth Bill of Rights and were provide with a copy.

- a. Response to findings: The agency did not have adequate documentation that this was completed.
- b. Corrective actions to address findings:
 - Social workers were reminded that they must provide training on sexual health within the first 30 days following placement of a child. The Policy has been modified to include all children and not only those children 10 and older.
 - Social workers were reminded that they must document that they had that discussion with the child/youth and must have the child/youth sign the confirmation of information received.
- c. Continuous quality improvement:
 - We modified the “confirmation of information received” page to ensure that it captures all of the failed requirements regarding this section and including the foster youth bill of rights, personal rights, and psychotropic medication.
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14. Section IX – Personal Rights and Social/Emotional Well-Being; Section #43 – indicates that all children were informed about their right to refuse psychotropic medication.

- a. Response to findings: The agency did not have adequate documentation that this was completed.
- b. Corrective actions to address findings:
 - Social workers were reminded that they must provide training on sexual health within the first 30 days following placement of a child. The Policy has been modified to include all children and not only those children 10 and older.
 - Social workers were reminded that they must document that they had that discussion with the child/youth and must have the child/youth sign the confirmation of information received.
- c. Continuous quality improvement:
 - We modified the “confirmation of information received” page to ensure that it captures all of the failed requirements regarding this section and including the foster youth bill of rights, personal rights, and psychotropic medication.
 - The Supervisor reviews and signs off on the initial placement documentation as part of weekly supervision to ensure compliance.





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15. Section IX – Personal Rights and Social/Emotional Well-Being; #44 – indicates that all children were informed of their Foster Youth Mental Health Bill of Rights and provided with a copy. Same as above

- a. Response to findings: The agency did not have adequate documentation that this was completed.
- b. Corrective actions to address findings:
 - Social workers were reminded that they must provide training on sexual health within the first 30 days following placement of a child. The Policy has been modified to include all children and not only those children 10 and older.
 - Social workers were reminded that they must document that they had that discussion with the child/youth and must have the child/youth sign the confirmation of information received.
- c. Continuous quality improvement:
 - We modified the “confirmation of information received” page to ensure that it captures all of the failed requirements regarding this section and including the foster youth bill of rights, personal rights, and psychotropic medication.
 - The Supervisor reviews and signs off on the initial placement documentation as part of weekly supervision to ensure compliance.

16. Section IX – Personal Rights and Social/Emotional Well-Being; #45 – Education Rights indicates that children were informed of their Foster Youth Educational Rights and provided with a copy.

- a. Response to findings: The agency did not have adequate documentation that this was completed.
- b. Corrective actions to address findings:
 - Social workers were reminded that they must provide training on sexual health within the first 30 days following placement of a child. The Policy has been modified to include all children and not only those children 10 and older.
 - Social workers were reminded that they must document that they had that discussion with the child/youth and must have the child/youth sign the confirmation of information received.
- c. Continuous quality improvement:
 - We modified the “confirmation of information received” page to ensure that it captures all of the failed requirements regarding this section and including the foster youth bill of rights, personal rights, and psychotropic medication.
 - The Supervisor reviews and signs off on the initial placement documentation as part of weekly supervision to ensure compliance.





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17. Section XI – Personnel Files indicate that all staff have current First Aid and CPR certifications on file.

- a. Response to findings: The agency failed to train staff timely.
- b. Corrective action to address findings: None, the CPR was expired and the renewal was completed late.
- c. Continuous quality improvement:
 - The agency sends out monthly and quarterly reminders now of when training is due so that supervisors can follow up and staff are aware.

Sincerely,

Charito Guerrero, LCSW
Director of Resource Family Programs
April 11, 2022

