County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, CA 90020

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February 28, 2011

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: Antonia Jiménez
Acting Director

LITTLE PEOPLE'S WORLD GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Little People's World Group Home has sites located in Los Angeles County's 2nd Supervisorial District and Riverside County and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to the agency's program statement, its stated purpose is "to increase the likelihood that young children in crisis will be provided opportunity for successful return home or placement in less restrictive setting conducive toward legal permanency." Little People's World Group Home is licensed to serve a capacity of 28 boys, ages 6-12.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Little People's World Group Home in July 2010, at which time the agency had three six-bed sites, one 10-bed site and 17 placed DCFS children. For the purpose of this review, 12 currently placed children's case files were reviewed and 11 children were interviewed; one child was on an extended home pass. The placed children's overall average length of placement was 10.1 months, and their average age was 11.5. Fifteen staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Nine children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Little People's World Group Home's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, 12 children's case files, and a random sampling of personnel files. A visit was made to the sites to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Little People's World Group Home was providing good quality care to DCFS placed children, and the services were provided as outlined in the agency's program statement. The children's case files and personnel files were well organized and professionally maintained. The sites were clean and adequately landscaped. All 11 children interviewed said they felt safe at the Group Home.

At the time of the review, the Group Home needed to address a few minor physical plant deficiencies. The Group Home also needed to develop comprehensive Needs and Services Plans (NSP) and ensure that court-approved authorization for psychotropic medication is obtained for all children prescribed psychotropic medication.

The Executive Director, the Administrator and her staff were accessible, cooperative and willing to make the necessary corrections regarding the findings highlighted during the review.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Nine of 12 initial NSPs were reviewed, as three initial NSPs were previously reviewed in 2009, and 31 updated NSPs were reviewed. Six of the nine initial and 27 of the 31 updated NSPs were comprehensive and met all the required elements in accordance with the NSP template. Three initial and four updated NSPs were not comprehensive and did not meet all the required elements in accordance with the NSP template. Of those deficient NSPs, one initial and three updated NSPs did not have the child's case plan goal, one initial and one updated needed more details on the child's visits, one initial NSP had no date for the court authorization for psychotropic medication, and one initial and one updated NSP had no signatures for the child, the CSW or the group home.

- While current psychotropic medication logs were properly maintained for all nine children on psychotropic medication and psychiatric evaluations were conducted, a

current court authorization was not on file for one of the nine children prescribed psychotropic medication. This was brought to the attention of the Group Home during the review; the Group Home Administrator stated that they submitted the request for court authorization of psychotropic medication for the child. However, the case file showed only one attempt made to obtain court authorization for the child. The Group Home planned to contact the CSW/court to obtain the court authorization as quickly as possible.

- For one child, the CSW's monthly contact with the Group Home and the CSW's authorization to implement the NSP were not documented. The facility manager said during the site visit that the Group Home always makes the effort to contact CSWs for their authorization to implement the NSPs and to have regular contacts with the CSWs regarding their clients. The Group Home has since documented their contacts with the CSW and received authorization from the CSW to implement the NSP.

- A follow-up dental examination was not conducted for one of the 10 children who were required to have a follow-up dental examination. The follow-up examination was due six months after this child's initial dental exam, however, at the time of the review, a month after the follow-up dental exam was due, the child had not received the exam. This was brought to the attention of the Group Home Administrator who immediately scheduled the dental examination for the child.

- A current driver's license was not found for one staff. The Group Home Administrator stated that the staff had applied for a current California driver's license from DMV and was waiting for the license to be mailed. The Group Home presented documentation from DMV that the application for the license was made by the staff to DMV, but the license was pending and the staff was a listed driver for the children.

- CPR certification had expired for one staff. This was brought to the attention of the Group Home Administrator during the review who said that the staff received the CPR training and had a current CPR certification which must have been misfiled during a recent Auditor-Controller fiscal audit.

- Emergency Intervention Training was not found for one staff during the review. This was brought to the attention of the Group Home Administrator during the site visit, and she stated that the staff had completed the training, however the certificate must have been misfiled during a recent Auditor-Controller fiscal audit. The Pro ACT certificate of Completion was later found and submitted to the monitor.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held October 19, 2010:

In attendance:

Shannon Jones, Administrator, Little People's World Group Home, and Kirk Barrow, Monitor, DCFS OHCMD.

Highlights:

The Administrator was in agreement with most of the findings and recommendations. During the Exit Conference, she stated that Little People's World renovated the Kalsman and Harris Group Home sites. The Group Home Administrator planned to follow up with her staff to ensure that they continue to improve on their documentation in the NSPs to ensure they were comprehensive.

The draft Report was sent to the group home administration for comments, however OHCMD did not receive a response in the allotted timeframe. Therefore, OHCMD proceeded with finalizing the report. As agreed, Little People's World Group Home provided a written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

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

AJ:LP:KR:
EAH:DC:kb

Attachment

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Halima McClinton, President, Board of Directors, Little People's World Group Home
CSJ Kidogo, Executive Director, Little People's World Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

LITTLE PEOPLE'S WORLD GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

Little People's World
727 S. Harris Street
Compton, California 90220
License Number 191670240
Rate Classification Level 12

Little People's World
704 N. Kalsman Street
Compton, California 90221
License Number 191600851
Rate Classification Level 12

Little People's World
39514 Brookside Ave.
Cherry Valley, California 92223
License Number 330910409
Rate Classification Level 12

Little People's World
276 N. Allen Street
Banning, California 92220
License Number 336402541
Rate Classification Level 12

	Contract Compliance Monitoring Review	**Findings: July 2010**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs	Full Compliance (ALL)
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance
III	**Program Services** (8 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Improvement Needed

IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	Full Compliance (ALL)
V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed
VII	**Personal Rights** (11 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	Full Compliance (All)

VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IX	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Full Compliance 11. Full Compliance 12. Improvement Needed

LITTLE PEOPLE'S WORLD GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

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License Number 330910409
Rate Classification Level 12

Little People's World
276 N. Allen Street
Banning, California 92220
License Number 336402541
Rate Classification Level 12

The following report is based on a "point in time" monitoring visit and is only intended to report on the findings noted during the July 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of 12 children's files, 15 staff files, and/or documentation from the provider, Little People's World Group Home was in full compliance with four of nine sections of our Contract Compliance review: Licensure/Contract Requirements, Educational and Emancipation Services, Recreation and Activities, and Personal Rights. The following report details the results of our review:

FACILITY AND ENVIRONMENT

Based on our review of Little People's World Group Home, review of 12 children's case files and/or documentation from the provider, Little People's World Group Home fully complied with three of six elements reviewed in the area of Facility and Environment.

Generally, the exterior of the Group Home was well maintained. The front and back yards were clean and adequately landscaped and common quarters were well maintained.

The Group Home maintained a sufficient supply of perishable and non-perishable foods. The mattresses on the children's beds were comfortable, and all the beds had a full complement of linens. Children's sleeping arrangements were appropriate and the Group Home provided a home-like environment. One smoke detector was not working in the office at the Harris site and one was not working in the group meeting room at the Kalsman site. The Administrator immediately replaced the battery for the smoke detectors and they are now working. The Group Home provided on-site educational resources, however the Kalsman site had a large supply of books in boxes that were not made available for the children's use. This was brought to the attention of the Group Home Administrator during the review and she had the books removed and made available to the children. The Kalsman, Cherry Valley and Banning sites provided age-appropriate accessible recreational equipment, however the Harris site did not have sufficient recreation equipment in good condition as the bicycles needed repairs and bicycle tires were flat, which was observed during the site inspection and was later

brought to the attention of the Administrator who scheduled immediate repair of the bicycles.

Recommendations:

Little People's World Group Home Management shall ensure that:

1. All smoke detectors are working properly.

2. It maintains sufficient recreational equipment in good condition.

3. Books and educational resources are made available to the children.

PROGRAM SERVICES

Based on our review of 12 children's files and/or documentation from the provider, Little People's World Group Home fully complied with five of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in the agency's program statement. They were assessed for needed services within 30 days and received required therapeutic services. Recommendations on required and/or recommended assessments/evaluations were implemented.

Based on our review, we found that the treatment team developed and implemented the Needs and Services Plans (NSP) with the participation of age-appropriate children, and discussed the NSPs with the Group Home staff. However, of the 40 NSPs reviewed, only 33 were comprehensive and met all the required elements. Six of the nine initial NSPs and 27 of the 31 updated NSPs reviewed were comprehensive and met all the required elements in accordance with the NSP template. Three initial and four updated NSPs were not comprehensive and did not meet all the required elements in accordance with the NSP template. Specifically, one initial and three updated NSPs did not have the child's case plan goal; one initial NSP and one updated NSP needed more details on the child's visits; one initial NSP had no date for the court authorization for psychotropic medication; one initial NSP and one updated NSP had no signatures for the child, the CSW or the group home; and documentation of the Group Home's monthly contacts with the CSW for one child was not found.

Recommendations:

Little People's World Group Home Management shall ensure that:

4. It develops comprehensive NSPs.

5. It obtains DCFS CSWs' authorization to implement the NSP.

6. DCFS CSWs are contacted monthly and the contacts are appropriately documented.

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of 12 children's files and/or documentation from the provider, Little People's World Group Home fully complied with seven of nine elements in the area of Children's Health-Related Services, including Psychotropic Medication.

All six children on psychotropic medication had current psychiatric evaluations/reviews with their psychiatrist. Initial medical and initial dental examinations were conducted timely and follow-up medical examinations were conducted. Medication logs were properly maintained for each child on psychotropic medication. However, one child did not have a current court-approved authorization for the administration of psychotropic medication. The Administrator said that the request for the court-authorization was made, however based on the review of the child's file, only one request was made prior to the review date. One child's follow-up dental exam was not done.

Recommendations:

Little People's World Group Home Management shall ensure that:

7. All children have a current court-authorization for psychotropic medication.

8. All follow-up dental exams are conducted timely.

CLOTHING AND ALLOWANCE

Based on our review of 12 children's files and/or documentation from the provider, Little People's World Group Home fully complied with seven of eight elements reviewed in the area of Clothing and Allowance.

The children reported that they received the required $50 per month for clothing and were provided with opportunities to select their own clothes. The clothing provided to children was observed to be of good quality and of sufficient quantity. Also, the clothing allowance logs and inventories confirmed that the requirements were being met.

All 11 children interviewed reported that the Group Home provided them with the required minimum weekly allowance and all children reported that they spent their allowance as they chose. The Group Home provided children with adequate personal care items. However, two children did not have a life book/photo album. The Group Home Administrator said that the children were encouraged to have a life book/photo album and the two boys may have misplaced their life books. Little People's World provided no documentation to support that life books/photo albums were made available to all the children.

Recommendation:

Little People's World Group Home management shall ensure that:

9. All children are encouraged and assisted with maintaining life books/photo albums.

PERSONNEL RECORDS

Based on our review of 10 staff personnel files and/or documentation from the provider, Little People's World Group Home fully complied with nine of 12 elements reviewed in the area of Personnel Records.

All 10 staff reviewed met the educational/experience requirements and submitted timely criminal fingerprint cards, Child Abuse Central Index (CACI) clearances and signed criminal background statements in a timely manner. They also received timely health screenings and completed First Aid/CPR training. All 15 staff members who were required to have initial and on-going training received the required training. All ten required staff members signed copies of Group Home policies and procedures. Fourteen of the 15 staff members who required a valid driver's license had a current license. One staff member had applied for her license but at the time of the review the Group Home was waiting for the license from the Department Motor Vehicles (DMV). CPR training certification and emergency intervention training certification were found for fourteen staff members. CPR training certification was not found for one staff, and emergency intervention training was not found for one staff. The Group Home Administrator stated that the staff had completed the required training, however due to a recent Auditor-Controller's audit the certificates were misfiled. The Group Home Administrator has since provided copies of the certificates to the monitor.

Recommendations:

Little People's World Group Home Management shall ensure that:

10. All direct care staff members obtain a valid California Driver's License.

11. All direct care staff members obtain current CPR training certification.

12. All direct care staff members receive current emergency intervention training and have current PRO-ACT or CPI certification on file.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S (A-C) REPORT

Objective

Determine the status of the recommendations reported in the A-C's last monitoring review.

Verification

We verified whether the outstanding recommendations from the last A-C's report issued December 11, 2007 were implemented.

Results

The A-C's prior monitoring report contained eight outstanding recommendations. Specifically, Little People's World Group Home was to ensure that it assessed all children for needed services within thirty days of placement. The Group Home was also to clean the front porch, repair the brick facing the house, repair and maintain the front lawn appropriately, clean the kitchen cabinets, replace the grout around the stovetop, replace broken floor tiles in the laundry room and properly store all food items. Based on our follow up of these recommendations, Little People's World Group Home fully implemented all of the A-C's recommendations.

Recommendation:

None

LITTLE PEOPLES WORLD, INC.
PO BOX 5301
COMPTON, CA. 90224
Office: 310-639-5021 fax: 310-637-7186

Date: 12/31/2010
To: Dorothy Channel, OHCMD
Cc: Kirk Barrows, Monitor

This CAP is in response to the Group Home Contract Compliance Review Field Exit Summary signed on 11/2/2010:

II Facility and Environment:

11. Administrators will make sure that managers have charged batteries in all detectors. Managers will make sure there are extra batteries in the facility at all times. Quality Assurance Director will check detectors every 30 days using a facility check LIC form.
13. Bike has been repaired. The children wanted to fix and repair the bikes themselves. LPW bought the repair kits for them. The children are also enrolled in an after school program that repairs the bikes with them. LPW managers will assure that all equipment is workable and safe.
14. At the time of the visit there were educational supplies readily available for our clients. We have additional storage on grounds will additional educational supplies on hand. Managers as well as Administration make sure that these supplies are readily available for or clients and tutors.

III Program Service

22a. Administrators will meet with facility social worker, county social workers and the child to insure that goals are comprehensive and are identified according to DCFS 709. LPW administrator will work with facility social workers to make sure goals are comprehensive, understandable and obtainable for the client. Quality Assurance will insure that the NSP reflect as identified by the DCFS 709 and meet all comprehensive needs of client.

17. LPW will make 2 efforts to get CSW's to sign NSP in a timely manner.

22. LPW administrators will be careful to separate the contacts from CSW's to group with the contacts LPW is making to the CSW's. Administrators will input these contacts in there appropriate space on the

NSP. Quality Assurance will review NSP form with Administrators to insure administrators are familiar with the completion of the NSP document .

VI Children's health related-services, including psychotropic medication

30. Administrators will review and document all files quarterly to assure all documentation is present and current in the client's files. Quality Assurance will document any corrections that need to be made with an immediate time limit for corrections. LPW has in place a PMA board and notebook. These tools will be used to assure that PMA's are submitted and received in a timely manner. If PMA's are not received managers will contact the Psychotropic desk requesting a copy of PMA.

38. Administrators will use the appointment board that is in place to document appointments. Administrators will check board daily to make sure appointments are made and kept. If for any unforeseen reason appointments can't be kept, administrators will document and reschedule appointment. Quality Assurance will follow up with administrators to insure that the tools are being used.

57. Administration will instruct managers to have life books present for all residents. Quality Assurance will follow up quarterly to assure that all clients have life books. This will be documented on the client satisfaction form.

IX Personnel Records

63. It is required that all LPW staff have valid a drivers license if they are transporting or using our company vehicles. Managers will collect a copy of license upon hire. Quality Assurance/Administrators will review all files to assure that the appropriate documentation is in the files.

66. All staff is required to have current First Aid/CPR. Administrators will review all employee files to make sure all documents are current. This will be documented on an employee staff tracking form. Quality Assurance will review documentation of documents.

69. Emergency Intervention is part of LPW initial training. All staff will receive Emergency Intervention training in their first 40 hours of initial training. Administrators will document training on an initial training document and place in employee file. Quality Assurance will review files to insure training was done and documentation is present.

If you have any questions or concerns please feel free to contact Shannon Jones at 310-639-5021 or e-mail qa@littlepeoplesworld.org.

Thank you,

Shannon Jones, QAD