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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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December 13, 2012

To: Supervisor Mark Ridley-Thomas, Chairman
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From: Philip L. Browning
Director

FRED JEFFERSON MEMORIAL HOMES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Fred Jefferson Memorial Homes Group Home (Fred Jefferson) in March 2012, at which time they had two six-bed sites and 11 placed DCFS children.

Fred Jefferson is located in the Second Supervisorial District and provides services to Los Angeles County DCFS foster youth. According to Fred Jefferson's program statement, the stated goal is "to provide adolescents in need of out of home placement with a safe and secure home to live in. We offer a program of services designed to meet individual needs. As appropriate, we will work with families toward reunification. We coordinate our efforts to provide continuity and quality of programming." Fred Jefferson is licensed to serve a capacity of 12 children, ages 13 through 17.

For the purpose of this review, five placed children were interviewed and their files were reviewed. The placed children's average length of placement was 13 months and the average age was 17. Three discharged children's case files were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at the time of discharge. Four staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

None of the sampled children were prescribed psychotropic medication.

SCOPE OF REVIEW

The purpose of this review was to assess Fred Jefferson's compliance with the County contract and State regulations. The visit included a review of Fred Jefferson's program statement, administrative internal policies and procedures, five placed children's case files, three discharged children's case files and a random sampling of personnel files. A visit was made to the Group Home site to assess the quality of care and supervision provided to the children, and we conducted interviews with the 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, Fred Jefferson was providing good quality care to DCFS placed children, and services were provided as outlined in Fred Jefferson's program statement. The children interviewed reported they were treated with respect and dignity, that they liked residing in the home and felt safe.

Our review revealed the need for Fred Jefferson to maintain sufficient age-appropriate recreational equipment in good condition. In addition, Fred Jefferson needed to ensure children are placed in accordance with the Group Home's population criteria; that Children's Social Workers' (CSWs) authorizations to implement the NSPs are documented; comprehensive initial and updated NSPs are developed; staff contact CSWs monthly and that contacts are appropriately documented. Fred Jefferson also needed to ensure that all employees sign a criminal background statement in a timely manner and that all employees receive timely health-screenings.

Fred Jefferson's Director was receptive to implementing systemic changes to improve compliance with regulations and the contract, but did not agree with the finding regarding non-compliance with the Group Home's population criteria. She felt the placement of older youth at Fred Jefferson was a good thing, as placement resources for older youth are scarce. The Director reported she would develop a plan to correct the deficiencies.

NOTABLE FINDINGS

The following were the notable findings of our review:

- Since our last review, CCL had cited Fred Jefferson as a result of a finding during a random annual review/licensing visit; a dresser drawer was not functioning properly. Corrective action was required; the dresser drawer was replaced.

- There was insufficient age-appropriate recreational equipment available and recreational equipment was not maintained in good condition. The Director reported that she would replace the broken portable basketball system and purchase additional outdoor recreational equipment. In the interim, staff members were transporting the children to a park and the monitor verified that a new portable basketball system had been purchased.

- Children were not placed in accordance with the Group Home's population criteria. There were two 20-year olds placed at Fred Jefferson at the time of the review. One youth was placed at the age of 18 and has since emancipated from Fred Jefferson. The other youth was placed at the age of 14 and remains placed at Fred Jefferson. The Director reported that Fred Jefferson was responding to the needs of the Department and was not aware that they could be held accountable for not complying with the program statement. The Monitor informed the Director that Fred Jefferson must also comply with the licensing requirements. Fred Jefferson has since initiated the process with CCL and DCFS to begin working with youth in need of extended foster care services.

- The agency did not obtain DCFS CSWs' authorizations to implement the NSPs. The Director understands that CSWs' authorization to implement NSPs is required, and staff's efforts to obtain authorizations should be documented.

- Five initial NSPs and six updated NSPs were reviewed; none were comprehensive. The NSPs were missing specific case plan goals; had inaccurate dates on face sheets, and staff was not documenting contacts with CSWs. It should be noted that some of the NSPs reviewed were prepared prior to the OHCMD NSP training. Fred Jefferson staff attended the NSP training conducted by the OHCMD in January 2012. The Director reported that the information obtained through the training and from the Monitor was helpful, and she will continue to work with Fred Jefferson's treatment team to improve in this area.

- Fred Jefferson did not have a timely criminal background clearance or timely health-screening for staff. Fred Jefferson understands that all personnel records should be timely.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit conference held July 13, 2012:

In attendance:

Cecelia Jefferson, Director and CEO, Fred Jefferson Group Home; and Sonya Noil, Monitor, DCFS OHCMD.

Highlights:

The Director was not in agreement with the finding regarding not being in compliance with the Group Home's population criteria. She stated, however, that the information and suggestions received from the Monitor were helpful and that Fred Jefferson would begin doing things differently in efforts to obtain a better outcome in the future.

Fred Jefferson provided an approved Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

We will assess for full implementation of the recommendations during our next review.

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

PLB:RRS:KR
EAH:PBG:sn

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Cecelia Jefferson, Director and CEO, Fred Jefferson Group Home
Angelica Lopez, Acting Regional Manager, Community Care Licensing
Deborah Santos, Acting Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

FRED JEFFERSON MEMORIAL GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

1000 West 152nd Street
Compton, CA 90220
License Number: 198200050
Rate Classification Level: 10

1448 East 142nd Street
Compton, CA 90220
License Number: 198206276
Rate Classification Level: 10

	Contract Compliance Monitoring Review	Findings: March 2012
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation	2. Full compliance
	3. SIRs	3. Full Compliance
	4. Compliance with Licensed Capacity	4. Full Compliance
	5. Disaster Drills Conducted & Log Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Allowance Logs	7. Full Compliance
	8. CCL Citations/OHCMD Investigation Reports on Safety and Plant Deficiencies	8. Improvement Needed
	9. Sign In/ Out Logs	9. Full Compliance
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms/Interior Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment	4. Improvement Needed
	5. Sufficient Educational Resources	5. Full Compliance
	6. Adequate Perishable and Non Perishable Food	6. Full Compliance

III	**Maintenance of Required Documentation and Service Delivery** (13 Elements)	
	1. Child Population Consistent with Program Statement.	1. Improvement Needed
	2. DCFS CSW Authorization to Implement NSPs	2. Improvement Needed
	3. Children's Participation in the Development of NSPs	3. Full Compliance
	4. NSPs Implemented and Discussed with Staff	4. Full Compliance
	5. Progressing Toward Meeting the NSP Case Goals	5. Full Compliance
	6. Timely Initial Needs and Services Plans	6. Full Compliance
	7. Comprehensive Initial Needs and Services Plans	7. Improvement Needed
	8. Therapeutic Services Received	8. Full Compliance
	9. Recommended Assessments/Evaluations Implemented	9. Full Compliance
	10. DCFS CSWs Monthly Contacts Documented	10. Improvement Needed
	11. Maintaining Important Relationships	11. Full Compliance
	12. Timely Updated Needs and Services Plans	12. Full Compliance
	13. Comprehensive Updated Needs and Services Plans	13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements)	
	1. Timely School Enrollment 2. Attend School As Required 3. Facilitate Educational Goals 4. Academic Performance and/or Attendance Increased 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. Emancipation/Vocational Programs Provided 8. Facilitate ILP Emancipation Planning	Full Compliance (ALL)
V	**Health and Medical Needs** (6 Elements)	
	1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	Full Compliance (ALL)

VI	**Psychotropic Medications** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	N/A
VII	**Personal Rights and Social/Emotional Well-Being** (15 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. Consequences Fair 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 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Participation in Recreational Activity Planning 14. Participation in Recreational Activities 15. Participation in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)
VIII	**Personal Needs/Survival and Economic well-Being** (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/Photo Album	Full Compliance (ALL)

IX	**Discharged Children** (3 Elements) 1. Discharged According to Permanency Plan 2. Make Progress Toward Meeting NSP Goals 3. Stabilize Placement Prior the Removal	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Timely Submitted 2. FBI Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. Child Abuse Training 11. CPR Training Documentation 12. First Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance

FRED JEFFERSON MEMORIAL GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

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The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the March 2012 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Fred Jefferson Memorial Group Home (Fred Jefferson) was in full compliance with five of 10 sections of our contract compliance review: Education and Workforce Readiness; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharge Children. Psychotropic Medication was not applicable. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of five children's case files and/or documentation from the provider, Fred Jefferson fully complied with eight of nine elements in the area of Licensure/Contract requirements.

CCL cited Fred Jefferson as a result of a finding during a random annual review/licensing visit. A dresser drawer was not functioning properly, preventing a child from properly storing their belongings. Fred Jefferson corrected the deficiency and replaced the dresser drawer.

Recommendation:

Fred Jefferson's management shall ensure:

1. All sites are in compliance with Title 22 Regulations and County contract requirements.

FACILITY AND ENVIRONMENT

Based on our review of documentation from the provider and a walk-through of the facility, Fred Jefferson fully complied with five of six elements reviewed in the area of Facility and Environment.

It was noted that there were insufficient age-appropriate recreational equipment available and the available equipment was not maintained in good condition. The Director reported she would replace the broken portable basketball system and purchase additional outdoor recreational equipment. In the interim, staff was transporting the children to the park.

The Facility Manager informed the Monitor that a new portable basketball system had been purchased; this was also verified by the monitor.

Recommendation:

Fred Jefferson's management shall ensure:

2. There is sufficient age-appropriate recreational equipment maintained in good condition.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of five children's case files and/or documentation from the provider, Fred Jefferson fully complied with eight of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

Children were not placed in accordance with the Group Home's population criteria. There were two 20-year olds placed at Fred Jefferson at the time of the review. One youth was placed at the age of 18 and has since emancipated from Fred Jefferson. The second youth was placed at the age of 14 and remains placed at Fred Jefferson. The Director reported that Fred Jefferson had accepted the placements because they were responding to the needs of the Department. The Director claimed that she was not aware Fred Jefferson could be held accountable for not complying with the program statement. Fred Jefferson has since initiated the process with CCL and DCFS to begin working with youth in need of extended foster care services.

It was further noted that the Group Home did not obtain the CSW's authorization to implement NSPs. The Director understands that the CSW's authorization to implement the NSP must be obtained, or Fred Jefferson staff must document efforts to obtain authorization to implement the NSP. The Director reported that effective immediately, she will ensure the CSWs' authorizations are obtained on all NSPs.

The treatment team did not develop comprehensive initial and updated NSPs. It was further noted that the CSWs were not contacted monthly, as is required, and contacts with CSWs were not appropriately documented. The Director reported that Fred Jefferson's Licensed Clinical Social Worker will ensure that all NSPs/Quarterly reports are comprehensive, that CSWs are contacted monthly, and that contacts are appropriately documented.

The Monitor provided Fred Jefferson administration with a sample CSW Communication Log to assist with their documentation efforts; Fred Jefferson administration was receptive to utilizing the sample log.

Recommendations:

Fred Jefferson's management shall ensure:

3. Children are placed in accordance with the Group Home's population criteria.

4. The CSW's authorization to implement the NSPs is obtained.

5. The treatment team develops comprehensive initial NSPs.

6. The treatment team develops comprehensive updated NSPs.

7. DCFS CSWs are contacted monthly by Fred Jefferson staff and that the contacts are appropriately documented.

PERSONNEL RECORDS

Based on our review of a random sampling of personnel files and/or documentation from the provider, Fred Jefferson fully complied with 12 of 14 elements reviewed in the area of Personnel Records.

We noted that one staff had not signed a criminal background statement in a timely manner and another staff did not have a timely health-screening. The Director understands all required personnel records should be timely. The Director reported that the Fred Jefferson Human Resource Department will ensure that all staff sign the required personnel records at the time of hire.

Recommendations:

Fred Jefferson's management shall ensure:

8. Staff sign a criminal background statement in a timely manner.

9 Staff receive timely health-screenings.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

Objective

Determine the status of the recommendations reported in our prior monitoring review.

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was issued April 25, 2012.

Results

The OHCMD's prior monitoring report contained three outstanding recommendations. Specifically, Fred Jefferson was to ensure that common quarters are clean and well maintained and that children's bedrooms are well maintained. The Group Home also needed to ensure that NSPs were comprehensive.

Based on our follow-up of these recommendations, Fred Jefferson fully implemented two of three recommendations; NSPs were not comprehensive and the recommendation remains outstanding.

Recommendation:

Fred Jefferson's management shall ensure:

10. Full implementation of the outstanding recommendations from the prior monitoring review, which are noted in this report as Recommendations 5 and 6.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Fred Jefferson GH was posted on March 6, 2007. The A-C questioned a $358,606 loan of programs funds made to Freeman Enrichment Center; a private school operated by the Fred Jefferson's management and identified $8,889 in disallowed costs. The A-C recommended that DCFS resolve the questioned costs and if appropriate, collect all disallowed amounts. Also noted, DCFS is to ensure that Fred Jefferson management take appropriate corrective action to address the recommendations in the A-C's report and monitor to ensure the corrective actions result in permanent changes. Fred Jefferson submitted a fiscal CAP and it is monitored by DCFS Fiscal Monitoring Section.

According to DCFS Fiscal Monitoring, the disallowed amount of $8,889 was on a payment schedule, and those monies have been collected. In addition, DCFS Fiscal Monitoring reported that the loan of programs funds made to Freeman Enrichment Center has been paid back to Fred Jefferson; Fred Jefferson provided supporting documentation.

Fred Jefferson Memorial Homes For Boys
152 West Walnut Street, Suite 150
Gardena, CA 90248

Phone: (310) 763-1660 *Fax: (310) 763-0357*

I. LICENSURE/CONTRACT REQUIREMENTS

8. Community Care Licensing cited Fred Jefferson Memorial Homes on the same day that a resident had broken his drawer. The dresser was replaced that same night. The Facility Manager will ensure that all furniture in the community area and individuals' areas are in good working condition. The Administrator will monitor this correction.

II. FACILITY AND ENVIRONMENT

13. A basketball court and ball was placed at the 152nd Street Site. The group home will maintain sufficient and age appropriate recreational equipment in good condition. The staff will report to the Facility Manager regarding any recreational equipment needing to be replaced or fixed. The Facility Manager will replace all equipment not in good condition. The Administrator will monitor to ensure that all equipment is replaced when needed.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

16. Resident 1 was placed in the group home at the appropriate age. He was fourteen when placed. Resident 2 was placed at age eighteen because the department needed an emergency placement for two months and it turned into time being more than a year. The agency will ensure to accept residents in accordance with the group home's population criteria. The CEO will do all necessary paperwork for Community Care Licensing and the Department of Children and Family Services to include and change population criteria to include residents over seventeen years of age. Program change has been submitted and is awaiting approval. The Board of Directors will ensure that the appropriate documents are filed.

17. The County Social Worker's (CSW) signatures will be requested within the timeline they are required. If the CSW signatures are not received, the agency will document the attempt via email confirmation that the request has been sent. Contact with the Social Worker will be done monthly by the Agency Social Worker (ASW).

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY (Continued)

22. Within thirty (30) days of placement, the treatment team will develop comprehensive initial Needs and Service Plan's (NSP) with each resident. The goals will be developed with the resident and they will be comprehensive and obtainable. The ASW along with input from the treatment team will ensure the initial NSP is developed and the Administrator will ensure that the group home's Clinical Director will ensure compliance is maintained within thirty (30) days of placement.

25. The ASW will document the monthly contacts in the CSW contact log book. The ASW will be responsible for requesting signatures and the Administrator will monitor to ensure the group home's compliance with both of these corrections.

28. NSPs will be clear and readable. Goals will be developed by the ASW and the resident. They will be comprehensive and obtainable goals. They will state the duties of the group home, resident and CSW. The ASW will implement this correction and the Clinical Director will monitor and ensure group home compliance.

IV. PERSONNEL RECORDS

76. Before hiring, all staff will sign a Criminal Background Statement. The Administrator will monitor corrections to ensure compliance and the Human Resource Manager will obtain all signatures in a timely manner.

78. Health screenings will be completed and documented prior to hiring. The Human Resource Manager will ensure that the group home is in compliance with all personnel records. The Administrator and the CEO will monitor these corrections and ensure that the group home maintains compliance with personnel records.

Respectfully Submitted,

Cecilia Jefferson Freeman
Chief Executive Officer