County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

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October 22, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
FOR Director

EGGLESTON YOUTH CENTER 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 Eggleston Youth Center (the Group Home) in April 2013. The Group Home has three sites located in the Fifth Supervisorial District and provides services to County of Los Angeles DCFS foster children and Probation Department youth. According to the Group Home's program statement, its purpose is "to provide foster youth with opportunities to develop into emotionally healthy and successful individuals."

The Group Home has two 6-bed sites and one 34-bed site and is licensed to serve a capacity of 46 male youth, ages 12 through 17. At the time of review, the Group Home served 12 placed DCFS foster youth and 18 Probation youth. The placed children's overall average length of placement was 5 months, and their average age was 17.

SUMMARY

During OHCMD's review, the interviewed children reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The Group Home was in full compliance with 8 of 9 applicable areas of our Contract compliance review: Licensure/Contract Requirements; Maintenance of Required

Documentation and Service Delivery; Educational and Workforce Readiness; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

Psychotropic Medication was not applicable, as none of the placed children were prescribed psychotropic medication at the time of the review.

OHCMD noted deficiencies in the area of Facility and Environment, related to a lack of carbon monoxide detectors installed at any of the group home sites. The Group Home Administrator corrected the deficiency during the monitoring process. OHCMD instructed the Group Home supervisory staff to enhance monitoring in order to eliminate facility maintenance concerns and ensure compliance with Title 22 Regulations.

Attached are the details of our review.

REVIEW OF REPORT

On July 29, 2013, the DCFS OHCMD Monitor, Mary Espinoza, held an Exit Conference with the Group Home Representatives Billy McDaniel, Program Director; Don Gutierrez, Administrator; and Cristina Hernandez, Group Home Social Worker. The Group Home representatives agreed with the review finding and recommendation; were receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiency in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD will assess for implementation of the recommendation during our next monitoring review.

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

PLB:EM:KR
RDS:PBG:me

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
Clarence Brown, Acting Executive Director, Eggleston Youth Center
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

EGGLESTON YOUTH CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

3594 Stichman Avenue
Baldwin Park, CA 91706
License # 191592649
Rate Classification Level: 12

12768 Torch Street
Baldwin Park, CA 91706
License # 191500940
Rate Classification Level: 12

4841 Marion Street
Baldwin Park, CA 91706
License # 191590894
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: April 2013**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Provided Children's Transportation Needs 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign-In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (ALL)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms Well Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Children's Social Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals	Full Compliance (ALL)

	5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Children's Social Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely Comprehensive Updated NSPs with Child's Participation	
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Not Applicable (N/A)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System	Full Compliance (ALL)

	7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	Full Compliance (All)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

EGGLESTON YOUTH CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the April 2013 review. The purpose of this review was to assess Eggleston Youth Center Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, seven placed children were selected for the sample. The Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, five discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, none of the children were prescribed psychotropic medication.

OHCMD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements, and site visits were conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following area out of compliance.

Facility and Environment

- During a walkthrough of the facilities, OHCMD observed that there were no carbon monoxide detectors installed at any of the sites. The finding was immediately brought to the Group Home Administrator's attention, and he corrected the deficiency during the monitoring process. Carbon monoxide detectors were immediately purchased and installed. OHCMD verified the installation of the carbon monoxide at each facility.

Recommendation

The Group Home's management shall ensure that:

1. The facilities are maintained in compliance with Title 22 Regulations and County contract requirements.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated June 24, 2012, identified no recommendations.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller issued a report dated June 5, 2009. The fiscal review identified $37,806 in disallowed costs and $81,648 in unsupported/inadequately supported costs. The Fiscal Monitoring and Special Payments Section informed OHCMD that the Group Home is current on its repayment agreement.

EGGLESTON YOUTH CENTERS INC.

NON-PROFIT CORPORATION, P.O. BOX 638

BALDWIN PARK, CALIFORNIA 91706

TEL: (626) 960-4079 FAX: (626) 851-9789

7/30/2013

To: Out of Home Care Management

Fr: Eggleston Youth Centers

Re: Corrective Action Plan

Attached is Eggleston Youth Centers Corrective Action Plan for July 2013. If you have any questions, please feel free to contact Don Gutierrez, Administrator at (626) 407-7555.

Thank you,

Don Gutierrez

EGGLESTON YOUTH CENTERS INC.

GROUP HOME

LICENSE NUMBER: 191500940, 191592649, 191590894

CORRECTIVE ACTION PLAN

JULY 30, 2013

II. Facility and Environment

Recommendation number 11. Install carbon monoxide detectors.

Status: (implemented) carbon monoxide detectors were installed at all three sites during monitoring. Group Home Administrator provided photographic documentation of the installations of all three sites; OHCMD monitor verified the installation of the carbon monoxide in all three sites. At the time of inspection Eggleston Youth Center was unaware of the new policy for carbon monoxide detectors.

Plan to prevent reoccurrence: Facility manager will ensure that carbon monoxide detectors are mounted and operative.

Person responsible for implementing corrective action plan: This will be done by having monthly inspections to test the carbon monoxide detectors.

Person responsible for monitoring to ensure corrective action pl n remains implemented and is working as intended: Facility manager will be responsible for ensuring that this procedure takes place on a monthly basis

Administrator, Don Gutierrez Don Gutierrez Date 7/30/13