County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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June 13, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

DANGERFIELD INSTITUTE OF URBAN PROBLEMS CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Dangerfield Institute of Urban Problems (Dangerfield) in June 2011, at which time they had three six-bed sites and 18 DCFS placed children. Dangerfield is licensed to serve a capacity of 18 children, male and female, ages seven through 17.

Dangerfield's three sites are located in the Second Supervisorial District and provide services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Dangerfield's program statement, its stated goal is to provide "a stable, constant, nurturing and predictable environment, one that is responsive to the individual child's needs."

For the purpose of this review, a sample of five currently placed children was selected, their case files were reviewed and the children were interviewed. At the time of the review, the placed children's overall average length of placement was four months, and the average age was 17. The files of three discharged children 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.

One child was prescribed psychotropic medication. We reviewed her case file to assess timeliness of the Psychotropic Medication Authorizations (PMAs) and to confirm documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Dangerfield's compliance with its County contract and State Regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, five children's case files, and a random sampling of personnel files. A visit was made to the three facilities to assess the quality of care and supervision provided to 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

Overall, the children interviewed indicated that they were provided with good care and appropriate services, were comfortable in their environments and were treated with respect and dignity. The direct care staff stated they had open communication with the placed children and did their very best to address the children's needs in a timely manner.

Our review revealed the need for Dangerfield to address minor physical plant deficiencies; however, these deficiencies did not pose a safety hazard to any placed children. Dangerfield also needed to develop timely and comprehensive NSPs to include all the required information in accordance with the Group Home Contract. Further, Dangerfield needed to ensure that the placed children attended school as required, made progress toward their academic performance, and that placed children received timely initial medical examinations. Additionally, Dangerfield needed to ensure that staff who have direct contact with children meet the educational/experience requirements.

Based on our review, the few aforementioned deficiencies revealed the need for more thorough documentation and ensuring the group home sites are maintained in good repair in accordance with Title 22 Regulations. Overall, however, Dangerfield is providing good care and services to placed children.

Dangerfield was receptive to implementing some systemic changes to improve compliance with regulations and the contract. The Director and her management staff were cooperative and agreed to address noted deficiencies in a Corrective Action Plan (CAP).

NOTABLE FINDINGS

The following are the notable findings of our review:

- The resident sign-in/sign-out log was not always adequately completed. The Administrator stated all staff will be trained by their facility manager by September 19, 2011, as to the procedure for signing residents in and out of the facility, including mandatory staff signatures, dates/times out and in.

- There were several deficiencies noted in the common areas and children's bedrooms at the three group home sites. At Site One, a doorknob at the front door entryway was loose and not fastened to the door. The heating vent on the floor in the kitchen area was covered with a wooden board and uneven carpet. Also, a phone dock in the kitchen was hanging from the wall and dragging on the floor. There were tiles missing from the wall in the first bathroom and bathroom drawers were covered with graffiti and filled with trash. There was a hole in the hallway drywall and needed repair. Inside Bedroom Two, a window was missing the frame to keep the glass pane in place.

  At Site Two, Bathroom One had a hole in the ceiling above the bathtub that needed repair. The thermostat in the hallway was not secure and hung from the wall, and there was a small hole in the hallway wall needing repair.

  At Site Three, all hampers were broken and needed to be replaced. The lock on the door which leads to the basement was broken and needed to be repaired or replaced. Further the bedrooms did not have doors for privacy and needed to be installed.

  The Administrator stated that all of the items noted for all sites were repaired or replaced immediately. The only exceptions were the doors at Site Three, because more solid, durable doors needed to be ordered. The monitor verified that the doors were installed on September 15, 2011.

- Of the ten initial and updated NSPs reviewed, one was not timely and seven were not comprehensive in that they did not complete all the required elements in accordance with the NSP template. The Administrator stated effective immediately; the assigned Group Home Social Worker (GHSW) will create more detailed and comprehensive reports. The GHSW will also complete a review of all chart documentation, report cards, visitation logs and Special Incident Reports on the child for the period being done. This will ensure that the GHSW is able to address all areas required in the NSP report, including but not limited to, more detailed progress for the updated NSP reports, quality of family visits and documentation of all medical treatment received and all follow-up visits.

- There was no documentation on file confirming that Children Social Workers (CSWs) were contacted monthly by Dangerfield. The Administrator stated the CSWs will be contacted at least monthly to discuss progress and concerns, per the contract and the contacts will be documented on the CSW Log.

- Of the five children case files reviewed, one child did not have an initial medical examination conducted. The Administrator stated she would ensure children receive timely medical examinations.

- One staff who has direct contact with the children did not meet the educational/experience requirements. The Administrator stated that effective immediately, she will review employment verifications for all prospective employees. Dangerfield will only hire employees who meet the qualifications per their program statement.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held July 18, 2011:

In attendance:

Lorrie Irving, Administrator, Dangerfield Institute of Urban Problems; Patricia J. Cole, Group Home Social Worker, Dangerfield Institute of Urban Problems, and Jui Ling Ho, Monitor, OHCMD DCFS.

Highlights:

The Administrator was in agreement with our findings and recommendations. She was open to suggestions and would ensure that the minor physical plant deficiencies will be repaired and replaced immediately and all children will receive initial medical examinations within 30 days of placement. The Administrator expressed that staff members would continue to make every effort to ensure that all NSPs were comprehensive.

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

We will assess for full implementation of 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:RS:KR
EAH:PBG:jlh

Attachment

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
Lorrie Irving, Administrator, Dangerfield Institute of Urban Problems
Jean Chen, Regional Manager, Community Care Licensing
Leonora Scott, Regional Manager, Community Care Licensing

DANGERFIELD INSTITUTE OF URBAN PROBLEMS CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

1433 W. 81st St.
Los Angeles, CA 90047
License Number: 191800563
Rate Classification Level: 11

4736 11th Ave.
Los Angeles, CA 90047
License Number: 191801451
Rate Classification Level: 11

2306 W. 73rd St.
Los Angeles, CA 90043
License Number: 198205013
Rate Classification Level: 11

	Contract Compliance Monitoring Review	Findings: June 2011
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Log Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety and Plant Deficiencies 9. Sign In/ Out Logs	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Needs Improvement
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. Needs Improvement 3. Needs Improvement 4. Full Compliance 5. Full Compliance 6. Full Compliance

III	**Maintenance of Required Documentation and Service Delivery** (13 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. Progressing Toward Meeting the NSP Case Goals 6. Timely Initial NSP 7. Comprehensive Initial NSP 8. Therapeutic Services Received 9. Recommended Assessments/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Maintaining Important Relationships 12. Timely Updated NSPs 13. Comprehensive Updated NSPs	1. Full Compliance 2. Needs Improvement 3. Needs Improvement 4. Full Compliance 5. Needs Improvement 6. Needs Improvement 7. Needs Improvement 8. Full Compliance 9. Full Compliance 10. Needs Improvement 11. Full Compliance 12. Full Compliance 13. Needs Improvement
IV	**Education and Workforce Readiness** (8 Elements) 1. Timely 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	1. Full Compliance 2. Needs Improvement 3. Full Compliance 4. Needs Improvement 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
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	1. Needs Improvement 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance

VI	**Psychotropic Medications** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
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	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	 1. Needs Improvement 2. Needs Improvement 3. Full Compliance
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. Needs Improvement 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Not Applicable 14. Full Compliance

DANGERFIELD INSTITUTE OF PROBLEMS GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

1433 W. 81st St.
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License Number: 198205013
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The following report is based on a "point in time" monitoring visit and addresses findings noted during the June 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Dangerfield Institute of Urban Problems (Dangerfield) was in full compliance with three of 10 sections of our contract compliance review: Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being. 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, Dangerfield fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

We noted that the resident sign-in/sign-out logs were not always adequately completed. The Administrator reported that all staff were trained by their facility manager on September 7 and 14, 2011, as to the procedure for signing residents in and out of the facility, including mandatory staff signatures, dates/times out and in.

Recommendation:

Dangerfield's management shall ensure:

1. The resident sign-in/sign-out log is always adequately completed.

FACILITY AND ENVIRONMENT

Based on our review of Dangerfield, review of five children case files and/or documentation from the provider, Dangerfield fully complied with four of six elements in the area of Facility and Environment.

At Site One, located at 1433 West 81st Street, Los Angeles, CA 90047, a doorknob at the front door entryway was loose and not fastened to the door. The heating vent on the floor in the kitchen area was covered with a wooden board and uneven carpet. Also, a phone dock in the kitchen was hanging from the wall and dragging on the floor. There were tiles missing from the wall in the first bathroom and bathroom drawers were covered with graffiti and filled with trash. There was a hole in the hallway drywall and needed repair. Inside Bedroom Two, a window was missing the frame to keep the glass pane in place.

At Site Two, located at 4736 11th Avenue, Los Angeles, CA 90043, Bathroom One had a hole in the ceiling above the bathtub that needed repair. The thermostat in the hallway was not secure and hung from the wall, and there was a small hole in the hallway wall needing repair.

At Site Three, located at 2306 W. 73rd Street, Los Angeles, CA 90047, all hampers were broken and needed to be replaced. The lock on the door which leads to the basement was broken and needed to be repaired or replaced. Further the bedrooms did not have doors for privacy and needed to be installed.

The Administrator stated that all of the items noted for all sites were repaired or replaced immediately. The only exception were the doors at Site Three because more solid, durable doors needed to be ordered. The monitor verified that the doors were installed on September 15, 2011.

Recommendations:

Dangerfield's management shall ensure that:

2. Dangerfield's common quarters are well maintained in accordance with Title 22 Regulations.

3. The children's bedrooms are well maintained in accordance with Title 22 Regulations.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

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

We noted that of the 10 initial and updated NSPs reviewed, one was not timely and seven were not comprehensive in that they did not complete all the required elements in accordance with the NSP template. In addition, one child did not participate in the development of her NSPs; there was insufficient documentation indicating the DCFS CSWs' authorization to implement the NSPs and monthly contacts with the CSW were not appropriately documented.

The review further revealed that one of the five sampled children was not progressing toward meeting the NSP goals. The Administrator stated that staff will be given further training to address all required sections in the NSP to ensure NSPs are comprehensive and that children progress towards achieving their NSP case goals.

Recommendations:

Dangerfield's management shall ensure:

4. All age-appropriate children participate in the development of the NSP.

5. NSPs are comprehensive, including all required elements in accordance with the NSP template.

6. NSPs are developed in a timely manner.

7. Monthly contacts with CSWs are appropriately documented.

8. Obtain or document efforts to obtain the DCFS CSWs' authorization to implement the NSPs.

9. Placed children are assisted with progressing toward meeting the NSP case goals.

EDUCATION AND WORKFORCE READINESS

Based on our review of five children's case files and/or documentation from the provider, Dangerfield fully complied with six of eight elements reviewed in the area of Education and Workforce Readiness.

We found that three of the five children did not attend school as required, and three children did not make progress toward their academic performance and/or attendance. The Administrator stated that an incentive program was developed to increase resident's school attendance and improve their grades. The facility manager or their designee made regular visits to the school one to two times a month to follow-up on residents' progress. The Dangerfield staff has also been working with the LAUSD Neglected & Delinquent Program as of September 30, 2011, to enlist their assistance in obtaining IEPs, credits from previous schools and collaboration with teachers regarding any problems with attendance or grades. All school contacts by phone and in person were documented in the child's record on a school log.

Recommendations:

Dangerfield's management shall ensure:

10. All children attend school as required.

11. Children's academic performance and/or attendance increase.

HEALTH AND MEDICAL NEEDS

Based on our review of five children's files and/or documentation from the provider, Dangerfield fully complied with five of six elements reviewed in the area of Health and Medical Needs.

We noted that one child did not have an initial medical examination conducted. The Administrator stated she would ensure children receive timely medical examinations.

Recommendation:

Dangerfield's management shall ensure:

12. All children receive initial medical examinations.

DISCHARGED CHILDREN

Based on our review of three children's files and/or documentation from the provider, Dangerfield fully complied with one of three elements reviewed in the area of Discharged Children.

We found that none of the discharged children were discharged according to their permanency plan, and none successfully met all of their NSP goals prior to their discharge. The Administrator stated that an incentive plan was developed to encourage children to work on their goals and follow their plan for discharge.

Recommendations:

Dangerfield's management shall ensure:

13. They work with the CSW to ensure children are discharged according to the permanency plan and/or document their efforts.

14. The children are assisted with making progress toward meeting their NSP goals prior to their discharge.

PERSONNEL RECORDS

Based on our review of four staff personnel files and/or documentation from the provider, Dangerfield fully complied with 12 of 13 elements reviewed in the area of Personnel Records. One element was not applicable because none of the reviewed staff were due for the annual on-going training.

A review of the Personnel Records revealed that one staff did not meet the job experience requirement per Dangerfield's program statement. The staff, however, did meet the minimum requirements per Title 22 Regulations. The Administrator attempted to resolve the issue by creating a new job position, Child Care Trainee. This change in the program statement has not been approved by DCFS and CCL. The employee has since met the requirement for the position of Childcare Worker. The Administrator stated that beginning immediately, she will review employment verifications for all prospective employees and the Agency will only hire employees who meet the qualification per their program statement.

Recommendation:

Dangerfield's management shall ensure:

15. All staff members who have direct contact with children meet the educational/experience requirements.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

Objective

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

Verification

We verified whether the outstanding recommendations from our prior report issued on April 27, 2011 were implemented.

Results

The OHCMD's prior monitoring report contained eight outstanding recommendations. Specifically, Dangerfield was to ensure that runaway procedures were maintained in accordance with the contract; SIRs were cross-reported to all required parties via I-Track in a timely manner; NSPs were comprehensive, including all required elements in accordance with the NSP template; and Youth Development Services (YDS) and Emancipation Planning were provided and children attended in accordance with the developmental expectations of the child. Additionally, Dangerfield was to ensure that

children received initial medical and dental examinations within 30 days of placement, children received follow-up medical and dental examinations, and children were allowed to make and receive private telephone calls.

Based on our follow-up of these recommendations, Dangerfield fully implemented six of eight recommendations. Dangerfield did not implement the OHCMD's recommendation regarding development of comprehensive NSPs and ensuring that children received timely initial medical examinations and follow-up dental examinations. Corrective action was requested of Dangerfield to further address the recommendations that were not implemented.

Recommendation:

Dangerfield's management shall ensure:

16. Full implementation of the outstanding recommendations from OHCMD's prior monitoring report, which is noted in this report as Recommendations 5 and 12.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Dangerfield has not been posted by the A-C.

April 4, 2012

TO: Patricia Bolanos-Gonzalez, DCFS MANAGER. OUT-OF-HOME CARE MANAGEMENT DIVISION *Via fax #626-572-2368*

FROM: LORRIE IRVING, DIRECTOR
DANGERFIELD GROUP HOME PROGRAM

RE: ADDENDUM CORRECTIVE ACTION PLAN:

The following information is the Corrective Action Plan for Dangerfield Group Home for the "Compliance Monitoring Review Evaluation" conducted on June 28, 2011.

1. **License/Contract Requirements:**

Facility #1 and #3—not all sign in/out logs include staff's signature

Plan: All staff will be trained by their facility manager by **9/19/11** as to the procedure for signing residents in and out of facility, including mandatory staff signatures, dates/times out and in. Once the training is completed a copy of the attendance sheet(s) will be sent to our monitor. If any of the staff misses the initial training, a make-up training will be scheduled to ensure that all staff is re-trained. Beginning immediately child care staff will be responsible for completing all sign in/out log sheets for each resident. The Facility manager at each facility will review the log sheets for each **resident each morning in order to make** sure there have not been any omissions. On Monday morning, the Facility manager will review the weekend entries by staff. When an omission/error/question occurs the facility manager will talk with the staff responsible in person or by phone in order to update/correct the log sheets.

II. Facility and Environment:

Repairs needed at facilities #1:

1. *Doorknob at entryway loose and not fastened to door*
2. *Doorbell not functioning properly*
3. *Area of carpet covered with wooden board & uneven with carpet*
4. *Phone dock in kitchen hanging from wall & dragging on floor*
5. *Tiles missing from wall in 1st bathroom*
6. *Drawers covered with graffiti & filled with trash in Is' bathroom*
7. *Hallway drywall broken and needs to be fixed or replaced.*
8. *Bedroom #2 a window is missing aframe for the glass*
9. *Bedroom #3 side windows too small for escape during emergency*

Repairs needed at facilities #2:

10. *Bathroom #1 has hole in ceiling above bathtub that needs closing*
11. *Thermostat in hallway not secure and hanging from wall*
12. *Hallway has a small hole in wall needing repair*

Repairs needed at facilities #3:

13. *Detergent not safely locked away*
14. *All hampers broke and need replacement*
15. *Entry lock broken for basement & needs to be repaired/replaced*
16. *Bedrooms #1 through #3 do not have doors & must be replaced*
17. *Bedroom #3 has a bent curtain rod needing to be replaced*

Plan: All of the items noted for Facility #1, #2 and #3 have been repaired. The only exception is Item #16 because the doors needed to be ordered (this was done to obtain solid more durable doors). The doors will be completed by 9/19/11. Pictures are attached for the completed repairs. Item #13 was corrected immediately and each staff completed a mandatory review of all items in the facility needing to be *securely locked* and documented the review on a form to be maintained in their personnel file, see attached.

Beginning immediately a QA team member will do a facility inspection twice a monthly, on the 1st and 15th day of each month. The inspection form will document all concerns and will be submitted to the Administrator within 24 hours. Any immediate concerns/deficiencies will

be addressed by the QA person-at the time of the inspection. The Administrator will ensure that the needed repair person does the work within 5 days.

III. **Maintenance of Required Documentation and Service Delivery:**

NSPs need to be approved by CSW, residents need to participate in the development and sign timely, and the reports need to be comprehensive in all of the sections, especially with regard to progress, quality of amily visits and medical treatment received. Children need to successfully meet their goals. CSW monthly contacts are not documented

Plan: Beginning immediately, the assigned group home social worker will create a more detailed and comprehensive report by conferring with the child's facility manager, child care staff, therapist and the group home administrator. The GHSW will also complete a review of all chart documentation, report cards, visitation logs and SIRs on the child for the period being done. This will ensure that the GHSW is able to address all areas required in the NSP report, including, but not limited to more detailed progress for the updated NSP reports, quality of family visits and documentation of all medical treatment received and all follow-up visits.

Children's participation will be rewarded through the incentive program in order to encourage their cooperation to work together with the GHSW in developing and updating, when needed, the goals. Should the resident refuse to sign their report for any reason, the child's facility manager will indicate 'refused' on the resident signature line and put their 1st initial and last name. Once each report is completed, it will be sent to the CSW for their review and signature and it will be documented in the CSW Log'.

An updated QA form has been developed to include all necessary components needing to be documented, see attached. All reports will be reviewed by the administrator and/or QA person 5 days prior to the due date, ensuring reports are correctly written and all documentation is included.

In order to address the ways to document progress with resident's goals, the agency Administrator will schedule a re-training for all child care workers and facility managers called, "Understanding, Documenting and Implementin Needs and Services Plans". The training will be held by 10/14/11. (Proof o this training will be forwarded to DCFS Group Home Monitor at its completion.) Although child care staff have full knowledge of each resident's goals (located in the child's 'daily log book'), proper documentation of the child's progress needs to be followed.

In order to assist children in achieving their goals, an incentive program will be developed. Whenever a goal does not seem to be working, the child will participate in making any change to the goal. Documentation that the CSW has been notified (by phone or email or fax) of any and all changes to this plan and will he noted on the CSW log.

The CSW will be contacted at least monthly to discuss progress and concerns, per the contract. Beginning immediately this contact will be documented on the CSW LOG. The QA staff will do monthly reviews for each child to make sure that there is a contact indicated for each child. The Administrator will meet with QA staff monthly to make sure all contacts have been completed and documented.

IV. **Education and Workforce Readiness:**

Residents not attending school 100% of the time, lack of improvement in grades.

In order to increase residents school attendance to 100% of the time the treatment team will develop an incentive program. This program will reward children for getting up and going to school each day. Additional incentives will be added when the child also stays at school and attends all classes for the day. Each child will take an attendance sheet to school daily and return it to the facility manager when they return home. This program will be in place no later than November 04, 2011. This will allow time for the development of the program, presentation to the residents and training for all staff.

The incentive program will also be used to improve resident grades. Also, the facility manager, or their designee, will make regular visits to the school one to two times a month. They will make contact with the school counselor and/or the teachers. They will ask teachers what the child can do to improve their grades including possibilities for extra credit. The group home will also work with the LAUSD Neglected & Delinquent Program beginning 9/30/11 to enlist their assistance in obtaining IEPs, credits from previous schools and collaboration with teachers regarding any problems with attendance or grades. All school contacts by phone and in person will be documented in the child's record on a school log.

The group home continues to offer on-site tutoring twice a week to all of the children and the treatment team will include working with the tutor as part of the above mentioned incentive program.

V. Health and Medical Needs:

Not all children's files contained complete medical examinations. One initial medical was not complete and only contained a pregnancy test.

Plan: Initial physicals will be scheduled within 7 days of admission by the facility manager to ensure they get completed timely. Two weeks after admission for all children, the QA team will verify whether a resident's medical and dental evaluations have been scheduled. If needed QA will work with the facility manager to secure all needed appointments.

If the child refuses to go to the doctor or dentist, the child will sign a refusal and their CSW will be notified immediately and this will be documented in the 'CSW Log'. The Facility manager will schedule another appointment for the child. The Administrator will make sure that staff follows this procedure.

VI. Psychotropic Medication:

No issues noted.

VII. Personal Rights and Social/Emotional Well-

Being: No issues noted.

VIII. Personal Needs/Survival and Economic Well Being:

No issues noted.

IX. Discharged Children:

Discharge summaries were incomplete and children discharged who were placed for 30 days or more did not meet their NSP goals.

Plan: Each discharge plan will be typed and completed thoroughly by the group home social work staff.

We will meet the contract benchmark which states that at *least 62% of placed children successfully meet the Needs and Services Plan goals as lvell as*

discharge plan. In order to meet the contract benchmark for 62% of all discharged children, an incentive plan is being developed to encourage children to work on their goals and follow their plan for discharge. Each child will review their discharge case plan and begin NSP goal development within two weeks of admission with the GHSW. Thereafter this review will be done on a monthly basis with to discuss progress and concerns. GHSW will make a note of this review with the child in their resident file, including any barriers preventing them from being successful. If a discharge plan/NSP goal needs to be modified, the minor and GHSW will develop a draft.. The proposed changes will be submitted to the treatment team for approval. The CSW will be notified of any change in NSP goals/discharge plan and their approval will be documented and the CSW contact will be noted on the CSW Log.

X. Personnel Records:

One child care staff had 'no experience' in *group home care.*

As of April 4, 2012 the Administrator will not hire any new staff that doesn't meet requirements per Agency Program Statement. Prior to new staff being hired, Dangerfield (Administrator) will have verification of their previous employment and experience regarding Residential Care.

THE DIRECTOR, LORRIE IRVING, WILL BE RESPONSIBLE FOR ENSURING THAT THE CAP IS FULLY IMPLEMENTED.

Sincerely,

Lorrie Irv

orrie Irving
Director

DIUP—Q/A REVIEW FOR NSP/QUARTERL

RESIDENT!

DUE DATE: _____

'.,RE11.iWE:R TO IN DicATE ANY PRQPLEM

AREAS ANY BLANK SPACES

YOUTH DEVELOPMENT FORM:

VISITATION &TRANSPORTATION

PROGRESS AND QUALITY OF VSITS MTH FAMILY OR OTHER SIGNIFICAPIT PERSON(S)..

RE-UNIFY/PERM PLAN·

"THOSE RESPONSIBLE oEF GOAL

WAS thirriAL. PHYSIC.A. & DE/ V Al COMPLETED TIMELYF IF NOT WAS AN EXPLANA *TION DOCUMENTED? ..*

ARE ALL DOCTOR/ DENTIST

Fop FoLLCII/ V-UP VISITS DOCUMENTED?

1\1IF_I 1= TC; E

GOALS TO ADDRES ALL PROF M_; EDUCATIONAL:

SCHOOL ENROLLMENT

CREDITS//G.PAI/CAH::IL

PROGRLSL-; r-c)H L'ACJ.;

ALL SIGNATURES' DONE: INCLUDING CHILD AND CMC

OTHER PROBLEM•--CONrE RNS:

R. I' VI EIA/F.1 *E* tijr

RE71/1::

FrAWMFMA 1.ZE TEIM AMAMEREMMINAMSZMLMMVHMMISE.1312L.rarEkdcn AWD.'. 4.9A R/VNEKIMJLMIMra-- ''War

QA RENtiFW FOP.1\4----L'',.:Ld ',.).(r1.1

DANGERFIELD GROUP HOME

POLL1','" FOR 'HA.I\IDIING DANGEROUS ITEM_`:

All D1UP staff is requirect to adhere to the licensing regulations regarding safeguarding dangerous items in the facility for child safely

I understand that it mandatory for me to adhere to the following licensing requirements listed in

Tide 2Z, General Requirements , 5ection 80087:

(g)i)isinfeduints. [.)n r.;ons . firearins and other items that c.',Duld Dose a clasilier tvailablr to el ient::, hi.; stored 'v viicyc. inaccessible to clients.

(h)Medicines shall hu i.ored as .specified in Section 80075(m) and (o) and scparate]y from other items sneci fied in Section 80087(i abov.,2,

(P. The items spezified i?,0087(g) above shall riot be si:ored in food si,..orae areas or areas used hy oi for

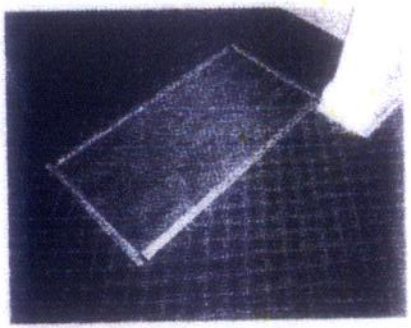
I have real' and undersiiend and will adhere to the above regulations at all times

81st Street Site

1. Doorknob at entryway loose and not fastened to door

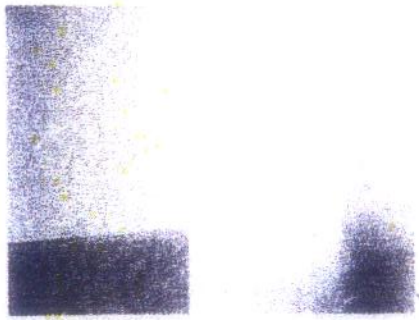
Doorbell not functioning properly
New Doorbell (left).
Old Doorbell (Right)

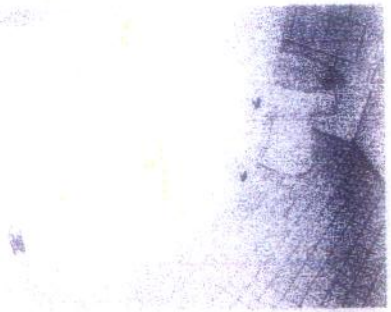
3. Area of carpet covered with wooden board & Uneven with carpet.



4. Phone dock in kitchen hanging from wall & dragging on floor.

(Phone-dock Removed)



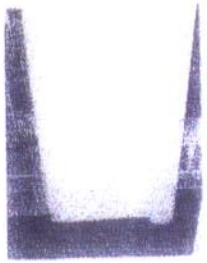


5. Tiles missing from wall in 1st bathroom

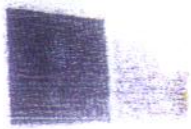
6. Drawers covered with graffiti & filled with trash in VI bathroom.

81st Street Site

(continued)



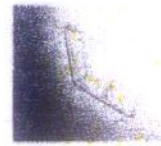
Bedroom #3: side windows too small for escape during emergency.



Bedroom #2: a window is missing a frame for the glass

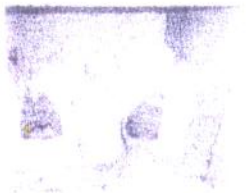
Street Site

10. Bathroom #1 has hole in ceiling above bathtub that

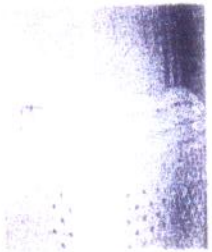


12. Hallway has a small hole in wall needing repair.

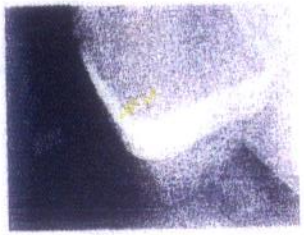
73rd Street Site

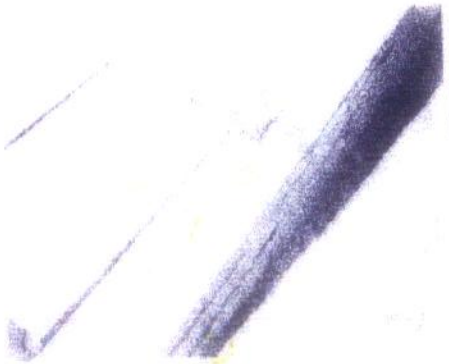


7. gent not safely
away

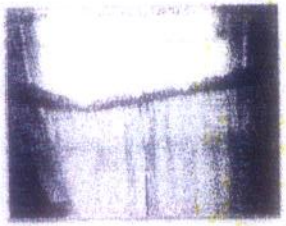


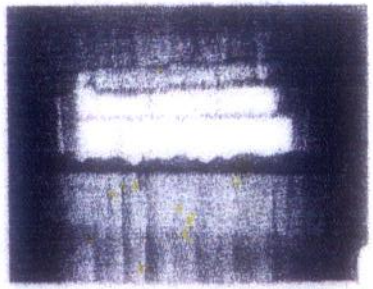
14. All hampers broke and need replacement.





15. Entry lock broken for basement & needs to be repaired/replaced.





1' Bedroom #3 has a bent curia in rod needing to be replaced.

16. Bedrooms #1 through #3 do not ha doors & must be replaced.

(Image n/a)

Month:
Dote:

' " Site /7":
1433 W. 81` Street
Los Angeles, Cl' 90041

Li Site #2
4736 11a' Avenue
Los Angeles, CA 90043

p' Site t;e3
2.306 W. 73'4 Street
Los Angeles, CA 90047

Da.11 i!':E.Y0.15 Assurance

(1.4traseciwcitintiwr :yes ur ':z■o" ;or eacti_oi_t foilowing ociflsticos)

YES ..... NO

I Physical Plant

From/Backyard area clean and neat
51'ftiens

All light and fixtures in good working conditions

'wash area Clean.

1 Kitchen

Dishes and pots clean and put away
Under the sink area clean and orderly
Floor clean and mopped
Refrigerator shelves and compartments
clean Food appropriately stored and labeled
Knives put away and secured
Trash-cans with Lids

1.1augdry Area

Washer and Dryer area wiped off and clean
Area swept down and free of trash

Bathrooms

Hunters, mirrors & sink clean and neat
1. Bathtub and Shower Area Cleart
Floor swept and mopped

LLiving Room & Other Common Areas

Area clean and orderly
Furniture in clean and good condition
Blinds and Curtains in clean and good condition
Floors clean and mopped
Light Fixtures

Client Files

Ace all client files in order

Does each the have current updated needs and services for each client?
Does each file have current updated quarterly reports?
Does each file have current medical, dental and eye exam paperwork?
authorization on file for each client?

Is there d current psychotropic medication

1--1_09 Books

I Is the daily activity log up t.c, date?
Is the activity/recreation log up to date?
Is the petty cash book up to date?
is the medication log up to date and completely filled out?
i Is the case management log up to datn?

Is the night shift log up to date?

Is client allowance: log up to eia:i:e::

Is the vehicle mileage log maintained and op to date?

Other

1 Are maintenance request turned in for needed repairs?

1 Comments:

If there are things that are not in compliance and up-to-date please list

tt

v.

: t :

the above listed items must be corrected by:

Quality Assurance Reviewer

Date:

Staff Signature

Date:

DANGERFIELD GROUP HOME

TELEPHONE VERIFICATION OF PRIOR EMPLOYMENT

IDENTIFY YOURSELF TO THE EMPLOYER AND ADVISE HIM/HER THAT THE PURPOSE OF THE CALL IS TO VERIFY PAID EMPLOYMENT OF A FORMER EMPLOYEE.

Etuployee Name: _____ **Job Classification:** _____

Start Date: _____ **Termination Date:** _____

❑ **Paid** ❑ **Volunteer** ❑ **Full Time (40 + Hour weekly)** ❑ **Part Time, hour per week?** _____

POPULATION EMPOYEE WORKED WITH:

❑ **Children** ❑ **Adults**

WHO DID YOU TALK TO?

_____ _____

FACILITY *REPRESENTATIVE*

_____ _____ _____

TITLE *TELEPHONE* *DATE*

VERIFIER:

_____ _____

PLEASE PRINT *SIGNATURE*

_____

TITLE