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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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October 10, 2013

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

From: Philip L. Browning
Director

WASHINGTON HANCOCK HOME FOR GIRLS 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 Washington Hancock Home for Girls (the Group Home) in June 2013. The Group Home has one site located in the Second Supervisorial District. The Group Home provides services to County of Los Angeles DCFS foster children. According to the Group Home's program statement, its purpose is "to meet the needs of neglected, abused and delinquent-oriented youths who are dependent wards of the court by rehabilitating, re-socializing and providing them with support systems."

The Group Home has one six-bed site and is licensed to serve a capacity of 6 girls, ages 6 through 17. At the time of review, the Group Home served 3 placed DCFS children. The placed children's overall average length of placement was 8 months, and their average age was 16.

SUMMARY

During OHCMD's review, the interviewed children generally reported feeling safe at the Group Home.

The Group Home was in full compliance with 3 of 10 areas of our Contract compliance review: Facility and Environment; Education and Workforce Readiness; and Personal Needs/Survival and Economic Well-Being.

Deficiencies were noted in the areas of Licensure/Contract Requirements, related to the vehicle in which the children are transported was not maintained in a good repair, SIRs were not properly

documented or timely cross-reported and Sign In/Out Logs were not properly completed; Maintenance of Required Documentation and Service Delivery, related to the Group Home not having obtained the DCFS Children's Social Worker's (CSW's) authorization to implement NSPs, children were not receiving the required therapeutic services, monthly contacts with DCFS CSWs were not properly documented, children were not assisted in maintaining important relationships and NSPs were non-comprehensive; Health and Medical Needs, related to one child not having received timely follow-up dental examinations; Personal Rights and Social/Emotional Well-Being, related to an unfair rewards and discipline system in place and not all children were given the opportunity to plan age appropriate activities.; Discharged Children, related to one child not having been discharged according to her permanency plan and two discharged children were not making progress toward achieving their NSP goals; and Personnel Records, related to one staff member's health screening/TB clearance could not be located, one staff member did not sign all required Group Home policy and procedure paperwork and three staff members did not receive the required annual training, per Title 22 Regulations.

OHCMD placed the Group Home on "Hold" status effective April 25, 2013, based on a referral dated January 11, 2013 regarding allegations of general neglect, which was substantiated by DCFS. The Group Home was not ensuring appropriate supervision of the children, and the actions of one staff created an unsafe environment for the children in her care. A Review Conference was held on May 16, 2013. Subsequent to the Review Conference, an Extension of the Hold Status was requested, on June 7, 2013, as the Group Home had not submitted a CAP that could be approved and had not fully complied with OHCMD's request to provide the information or documentation regarding the issues addressed during the Review Conference.

On July 1, 2013, OHCMD conducted an unannounced visit to the Group Home and noted additional deficiencies: the Group Home's staff member Sign In/Out Log was not at the Group Home, as required; two staff members' work schedules did not comply with the recently submitted LIC 500, dated June 21, 2013; one staff member reported that the Executive Director's sons were only working the night shift, leaving only one staff member approved as a Facility Manager to provide supervision when the children are present; the refrigerators were locked in the food pantry and not accessible to the children; the Group Home vehicle was not at the facility and there was no vehicle available to meet transportation needs for the placed children.

On July 19, 2013, the OHCMD imposed a Do Not Use (DNU) status on the Agency, based on the Group Home's non-compliance with the County contract, as noted in this most recent compliance review, substantiated General Neglect allegation, and not having an approved Facility Manager present at all times children are present. All placed children were transitioned from the Group Home by July 30, 2013.

Attached are the details of our review.

REVIEW OF REPORT

On July 2, 2013, the DCFS OHCMD Monitor, Jui Ling Ho, held an Exit Conference with the Group Home representative, Jacqueline Washington, Program Director. The Group Home representative was in agreement with the review findings.

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

OHCMD did not require the Group Home to submit a CAP addressing the deficiencies noted in this report, as the Group Home is on DNU, and the Department will not renew their contract.

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:jlh

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
Jacqueline Washington, Executive Director, Washington Hancock Home for Girls
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

WASHINGTON HANCOCK HOME FOR GIRLS GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

517 West 48th Street
Los Angeles, CA 90037
License # 191871149
Rate Classification Level: 7

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

	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	8. Improvement Needed 9. Improvement Needed 10. Improvement Needed
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 Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed
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 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities	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. Reasonable Chores 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)	9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Improvement Needed 13. Full Compliance
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	1. Improvement Needed 2. Improvement Needed 3. Full Compliance
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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Improvement Needed 7. Improvement Needed

WASHINGTON HANCOCK HOME FOR GIRLS 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 June 2013 review. The purpose of this review was to assess Washington Hancock Home for Girls' (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, all three Department of Children and Family Services' (DCFS) placed children were reviewed. The Out-of-Home Care Management Division (OHCMD) monitor interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three 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 four staff files for compliance with Title 22 Regulations and County contract requirements, and conducted a site visit to assess the provision of quality care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following six areas out of compliance.

Licensure/Contract Requirements

- The Group Home vehicle in which children were transported was not maintained in good repair. The van's interior was poorly maintained. The side panels were unattached and the headliner fabric was hanging. The interior upholstery/door panel fell when the door was opened. The carpet was unkempt and there were many stains. There were also many empty bottles and plastic containers scattered

across the back seat. These deficiencies were immediately brought to the Executive Director's attention, as they presented safety concerns. OHCMD requested that the repairs to the vehicle be completed within three days. On June 19, 2013, the Group Home replaced the van; the Group Home purchased a 2011 Dodge Caravan.

- Special Incident Reports (SIRs) were not appropriately documented or submitted via the I-Track System timely, and the SIRs were not cross-reported to all required parties. The Executive Director stated staff that prepare and submit SIRs received three hours of in-service training regarding I-Track System and submitting SIRs on May 22, 2013. She further stated that the Group Home will immediately begin submitting SIRs via I-Track System timely and that SIRs will be cross-reported to all required parties, in accordance with SIR reporting protocols. Verification of training was submitted to OHCMD.

- The resident Sign In/Out Logs were not properly completed. The logs were either missing information regarding the child's destination, return time, or follow-up action by staff when the child returned late.

Recommendations

The Group Home's management shall ensure that:

1. The vehicle in which the children are transported is maintained in good repair.

2. SIRs are appropriately documented and cross-reported to all required parties via I-Track System, in a timely manner.

Maintenance of Required Documentation and Service Delivery

- The Children's Social Worker's (CSW's) authorization to implement the Needs and Services Plan (NSP) was not obtained timely for 4 of 7 NSPs reviewed.

- A review of the children's records revealed that the children did not receive required therapeutic services per their NSP treatment plans and the Group Home's program statement. According to the program statement, the Group Home's Licensed Clinical Social Worker is required to see the children in both a group and individual treatment setting, twice per week, two hours per child. However, the children reported that while the therapist did come twice per week to talk to them in a group and individual treatment setting, the sessions were usually only 5 to 10 minutes in duration. Further, one child's file only contained monthly notes for the period from April to December of 2012; there were no treatment notes for the month of January 2013. The Group Home's Program Director explained that the Group Home had hired a new therapist in February 2013. She further explained that she did not find the previous Group Home

social worker to be adequate, and she hired a lawyer to have that previous Group Home social worker fired.

- The children's files did not include monthly contact notes with the DCFS CSWs.

- One child did not have any family or significant others involved or visiting with the child. The Group Home did not offer mentoring services.

- Two initial NSPs were reviewed. The NSPs were timely; however, they were non-comprehensive, as they did not include all the required elements in accordance with the NSP template. The treatment goals were not measurable or child-specific. In addition, the NSPs did not have the correct permanency case plan goals for the children.

- Five updated NSPs were reviewed and none were comprehensive. The updated NSP quarterly sections lacked detailed information regarding progress made toward achieving the identified treatment goals, or the child's progress was not updated. Also, the NSPs did not include the dates of monthly contacts with DCFS CSWs. In addition, the achieved outcome goals section of the updated NSP was not completed.

Recommendations

The Group Home's management shall ensure that:

3. The group home staff obtain or document efforts to timely obtain, the DCFS CSW's authorization to implement the NSP.

4. Children receive required therapeutic/treatment services.

5. Monthly contacts with DCFS CSWs are appropriately documented.

6. Children are assisted in maintaining important relationships.

7. Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.

8. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

Health and Medical Needs

- One child did not receive timely dental follow-up examinations. The child has been placed in the Group Home for two years. Dental records were only found for two appointments, May 22, 2012 and June 4, 2013. The Group Home did not comply with the Group Home Foster Care Services Master Contract to have the

child receive timely annual dental exams. The Group Home immediately informed all staff members regarding this deficiency. The Program Director stated that a tracking system will be implemented to ensure all children received required dental examinations and follow-ups.

Recommendation

The Group Home's management shall ensure that:

9. Children receive timely dental follow-up examinations.

Personal Rights and Social/Emotional Well-Being

- The children reported that the Group Home did not have a written standard point and level system to track their behaviors and performance. Levels achieved or rewards and consequences were solely dependent upon the duty staff's personal judgments and decisions. OHCMD addressed the need for a detailed tracking system.

- One child reported they were given the opportunities to plan their activities; however, the final decision was made by staff regardless of their input.

Recommendations

The Group Home's management shall ensure that:

10. There is an appropriate method of documenting the rewards and discipline system to further ensure consequences are fair and appropriate.

11. Children are given opportunities to plan in age-appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the group home.

Discharged Children

- One of three discharged children was not discharged according to her permanency plan.

- Two discharged children did not successfully meet all of their NSP goals prior to discharge.

Recommendations

The Group Home's management shall ensure:

12. Efforts are made to ensure all children are discharged according to the permanency plan.

13. All children make progress toward meeting their NSP goals.

Personnel Records

- One recently hired staff member's health screening/TB clearance was not in the employees personnel file. The employee stated that she had received her health-screening prior to the start of employment, but there were no copies in the employee's personnel file.

- There was no signed copy of the Acknowledgement of Group Home Policy and Procedures in one employee's personnel file.

- Three staff members did not receive required annual training per Title 22 Regulations and the Group Home's Program Statement.

Recommendations

14. All employees receive timely health-screenings and that a copy is placed in the personnel file.

15. All required employees sign copies of the Group Home policies and procedures and the signed documents are included in their personnel file.

16. All appropriate employees receive required trainings in accordance 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 September 4, 2012, identified 14 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 6 of 14 recommendations for which they were to ensure that:

- NSPs are developed timely,
- All children are assisted with progressing toward meeting their NSP case goals,
- All children are enrolled in school timely,
- All children attend school as required,
- Children improve academic performance and/or attendance, and

- All children receive timely initial dental examinations.

The Group Home did not implement 8 recommendations for which they were to ensure that:

- All SIRs are appropriately documented and cross-reported timely,
- The Group Home staff obtains or documents efforts to obtain the DCFS CSWs' authorization to implement the NSP,
- Initial NSPs are comprehensive and include required information,
- Updated NSPs are comprehensive and include required information,
- All children receive timely follow-up dental examinations,
- Efforts are made to ensure all children are discharged according to the permanency plan,
- All children make progress toward meeting their NSP goals, and
- Full implementation of the outstanding recommendations from the OHCMD's prior monitoring report regarding developing of comprehensive NSPs.

Recommendation

The Group Home's management shall ensure that:

17. The outstanding recommendations from the 2011-2012 monitoring report dated September 4, 2012, which are noted in this report as Recommendations 2, 3, 7, 8, 9, 12, 13, and 17, are fully implemented.

OHCMD placed the Group Home on "Hold" status effective April 25, 2013, based on concerns related to general neglect and the safety and well-being of placed children. The Group Home was not ensuring appropriate supervision of the children, and the actions of one staff created an unsafe environment for the children in her care. Children alleged that staff would make children leave the group home, or was not available when the children returned to the group home.

It should be noted that there were prior concerns regarding neglect and lack of supervision by the Group Home; in May 2012, it was alleged that the same staff was not available when children returned home, and that children were being taken to her boyfriend's home, a convicted felon. A Corrective Action Plan (CAP) was requested by OHCMD in August 2012 to ensure the Group Home was providing appropriate supervision of staff, as well as ensuring appropriate supervision and provision of services to the placed children. The Group Home did not comply with the approved CAP.

A Review Conference was held on May 16, 2013. Concerns regarding the lack of appropriate supervision of the placed children and the continued inappropriate actions of a staff member were discussed. The Group Home's lack of compliance with the

August 2012 CAP was also addressed, as it was determined that the Executive Director was not conducting daily checks to ensure that staff is always available.

A new CAP was requested at the Review Conference. Subsequent to the Review Conference, an Extension of the Hold Status was requested, on June 7, 2013, as the Group Home had not submitted a CAP that could be approved and the Group Home had not fully complied with OHCMD's request to provide the information or documentation regarding the issues addressed during the Review Conference. During the time the Group Home was on Hold Status, OHCMD maintained weekly communication with the Executive Director to check on the status of compliance and to provide technical support in the development of the CAP.

On July 1, 2013, OHCMD conducted an unannounced visit to the Group Home and noted additional deficiencies: the Group Home's staff member Sign-In/Sign-Out log was not at the Group Home, as required; two staff members' work schedules did not comply with the recently submitted LIC 500, dated June 21, 2013; one staff member reported that the Executive Director's sons were only working the night shift, leaving only one staff member approved as a Facility Manager to provide supervision when the children are present; the refrigerators were locked in the food pantry and not accessible to the children; the Group Home vehicle was not at the facility and there was no vehicle available to meet transportation needs for the placed children.

On July 19, 2013, the OHCMD imposed a Do Not Use status on the Agency, based on the Group Home's non-compliance with the County contract, as noted in this most recent compliance review, the General Neglect referral dated January 11, 2013, which was substantiated by DCFS, and not having an approved Facility Manager present at all times children are present. All placed children were transitioned from the Group Home by July 30, 2013.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of the Group Home's fiscal operations from January 1, 2009 to December 31, 2009. The fiscal report, dated September 1, 2011, states the Group Home had $1,672 in unsupported/inadequately supported costs.

The DCFS Fiscal Monitoring Section informed OHCMD that the Group Home has reimbursed DCFS for the unsupported/inadequately supported costs; there is no outstanding debt.