County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

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Director

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August 28, 2015

To: Supervisor Michael D. Antonovich, Mayor
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

From: Philip L. Browning
Director

Cynthia McCoy Nolla for

THE DREAM CATCHER FOUNDATION GROUP HOME FISCAL ASSESSMENT AND CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a fiscal and contract compliance review of The Dream Catcher Foundation Group Home (the Group Home) in February and March 2015. The Group Home has three sites located in the Second Supervisorial District and provides services to County of Los Angeles DCFS placed children and youth. According to the Group Home's program statement, its stated purpose is, "to achieve a successful outcome for each youth's treatment plan and designated case goal." It further states, "The larger overall goal is two-fold. First, to help youth develop skills and self-esteem; this will enable the youth to become self-sufficient and productive persons in society. And, second, to help develop and promote a viable social support system for youth outside the foster care system."

The Group Home has three 6-bed sites, and is licensed to serve a capacity of 18 female children, ages 8 through 17. At the time of the review, the Group Home served 18 DCFS placed children. The placed children's overall average length of placement was 14 months and their average age was 16.

SUMMARY

CAD conducted a fiscal compliance assessment, which included an on-site review of the Group Home's financial records, such as financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home Contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The Group Home was in full compliance with 4 of 5 areas of the fiscal compliance assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; and Payroll and Personnel.

CAD identified a deficiency in the area of: Cash/Expenditures, related to the bank reconciliations not signed and dated by the preparer and reviewer and one bank reconciliation was not prepared within 30 days.

During CAD's contract compliance review, the interviewed children generally 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 10 areas of our contract compliance review: Facility and Environment; 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.

CAD noted defiencies in the areas of: Licensure/Contract Requirements, related to not maintaining comprehensive monetary allowance logs; and Maintenance of Required Documentation and Service Delivery, related to updated NSPs not being developed timely.

Attached are the details of our review.

REVIEW OF REPORT

On April 27, 2015, Rosalind Arrington, DCFS CAD, held an Exit Conference with the Group Home staff, Theresa McPherson. DCFS staff included Sonya Noils, Out-of-Home Care Management Division. On May 8, 2015, Luis Moreno, DCFS CAD Fiscal held the Fiscal Exit Conference with Pamela Norris, Chief Executive Officer. The Group Home's representatives were in agreement with the review findings and recommendations; were receptive to implementing systemic changes to improve compliance with regulatory standards; and prepared to address the noted deficiencies in a Corrective Action Plan (CAP) and Fiscal Corrective Action Plan (FCAP).

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

The Group Home provided the attached approved FCAP and CAP, addressing the recommendations noted in this compliance report.

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

PLB:EM
LTI:ra

Attachments

c: Sachi Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Pamela Norris, Chief Executive Officer, The Dream Catcher Foundation
Leonora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

THE DREAM CATCHER FOUNDATION
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014 –2015

SCOPE OF REVIEW

The fiscal compliance assessment included review of The Dream Catcher Foundation's (the Group Home's) financial records for the period of January 1, 2013 through January 2015. Contracts Administration Division (CAD) staff reviewed the financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The on-site fiscal compliance assessment review focused on five key areas of internal controls:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The Group Home was in full compliance with 4 of 5 areas of the fiscal compliance assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; and Payroll and Personnel.

FISCAL COMPLIANCE

CAD found the following area out of compliance:

Cash/Expenditures

- Bank Reconciliations were not signed and dated by the preparer and reviewer; and 1 of 9 bank reconciliations was not prepared within 30 days.

Bank reconciliations lacked signatures; only some were initialed by the preparer and/or reviewer. The Group Home immediately implemented corrective action requiring the completion of all bank reconciliations within 30 days with the preparer and reviewer signatures.

Recommendations:

The Group Home's management shall ensure that:

1. Timely bank reconciliations contain the preparer and reviewer signatures and are dated.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review report has not been posted by the Auditor-Controller. However, the Group Home has an outstanding debt of $3,654.00 and is making payments in accordance with invoice dates.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next fiscal compliance assessment of the Group Home will be conducted in County Fiscal Year 2015-2016.

THE DREAM CATCHER FOUNDATION GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

1782 West 42nd Street	3601 2nd Avenue	1537 West 49th
Los Angeles, CA 90062	Los Angeles, CA 90018	Los Angeles, CA 90062
License #198205787	License #198205789	License #198205798
Rate Classification Level: 10	Rate Classification Level: 10	Rate Classification Level: 10

	Contract Compliance Monitoring Review	Findings: March 2015
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. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	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's Social Worker's Authorization to Implement NSPs	2. Full Compliance
	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. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Workers Monthly Contacts Documented	7. Full Compliance

	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. Full Compliance 9. Full Compliance 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	Full Compliance (All)
VI	**Psychotropic Medication** (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** (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 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	Full Compliance (All)

	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/Photo Album	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)

THE DREAM CATHER FOUNDATION, INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the March 2015 review. The purpose of this review was to assess The Dream Catcher Foundation, Inc. Group Home's (the Group Home's) 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, five County of Los Angeles Department of Children and Family Services (DCFS) placed children were selected for the review. The Contracts Administration Division (CAD) 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, three of the five sampled children were prescribed psychotropic medication. Their case files were reviewed to assess for the timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed three Group Home staff files for compliance with Title 22 regulations and County contract requirements, and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following three areas out of compliance:

Licensure/Contract Requirements

- Comprehensive monetary allowance logs were not maintained for two children.

A monetary allowance log for two children for a one-week period was missing.

After this was discussed with the Group Home, each child was paid the one week that was missing from the log. Signed documentation was provided to CAD to confirm that the children

received their missing allowance on March 5, 2015. Staff were also re-trained on the GH's allowance policy and procedures and contract requirements.

Recommendation

The Group Home management shall ensure that:

1. Comprehensive monetary allowance logs are maintained.

Maintenance of Required Documentation and Service Delivery

- Development of an Initial Needs and Services Plans (NSPs) with the child's participation was not timely.

One NSP was developed timely; however, it was not signed by the child until two months later.

Recommendation

The Group Home management shall ensure that:

2. All updated NSPs are developed timely and include the participation of the child.

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISON'S (OHCMD's) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated March 14, 2014, identified three recommendations.

Results

Based on CAD's follow-up, the Group Home fully implemented 3 of 3 recommendations for which they were to ensure:

- The children are progressing toward meeting their NSP goals.
- Comprehensive Initial NSPs are developed and include all required elements in accordance with the NSP template.
- Comprehensive Updated NSPs are developed and include all required elements in accordance with the NSP template.

Recommendation

The Group Home's management shall ensure that:

3. The recommendations from the 2013-2014 monitoring report are fully implemented.

CAD conducted a follow-up visit on June 30, 2015. It was noted that the Group Home implemented all of the recommendations noted in this report. CAD will continue to assess implementation of the recommendations during our next monitoring review. The OCHMD will provide on-going technical assistance prior to the next review.

May 27, 2015

Department of Children and Family Services
Contracts Administration Division
3530 Wilshire Blvd., 5th Floor Los Angeles, CA90010
Attention: Luis Moreno

From: The Dream Catcher Foundation, Inc
2535- 9th Avenue
Los Angeles, CA 90018

Regarding: Corrective Action Plan (CAP) - Group Home Fiscal Compliance Review Results

Date of Audit: February 24, 2015

FISCAL CORRECTIVE ACTION PLAN (FCAP) SECTION IV- CASH EXPENDITURES

Question No. 25
FISCAL COMPLIANCE ASSESSMENT FINDING
The bank reconciliation for November, December, and January were only initialed and did not have complete signatures and dated by the preparer and reviewer. Also, the bank reconciliation for November was not prepared within 30 days.

PLAN OFCORRECTION

The Dream Catcher Foundation, Inc is contracted with the accounting firm, Thornton & Fathy. A meeting was held with Larry Thornton, CEO of the accounting firm and the above finding was discussed. The Auditor Controller Handbook Section B. 1.4 was also reviewed with Mr. Thornton. Mr. Thornton assured that all future financials will be in compliance with the fiscal regulations and accounting practices with full signature of preparer and reviewer. In addition, he will ensure each month of financials are prepared within 30 days from the end of the respective month.

2535 9th Ave., Los Angeles, CA 90018
Tel: 323.730.1255 Fax: 323.730.1273
www.TheDreamCatcherFoundation.net

PERSON(S) RESPONSIBLE FOR IMPLEMENTATION OF THE CAP

The Dream Catcher Foundation's accountant will be responsible for implementing the CAP. Dream Catcher's Executive Director, Pamela Norris, will review the monthly financials to ensure the consistency of the implementation of the CAP.

TIME FRAME OF IMPLEMENTATION

The CAP has been implemented

Respectfully submitted,

Pamela Norris

Pamela Norris, MSC
Executive Director

2535 9th Ave., Los Angeles, CA 90018
Tel: 323.730.1255 Fax: 323.730.1273
www.TheDreamCatcherFoundation.net

June 22, 2015

Contract Compliance Section
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

Attention: Contract Compliance

The Dream Catcher Foundation, Inc
2535 9th Avenue
Los Angeles, California, 90018

Regarding: Corrective Action Plan (CAP) - Group Home Compliance Review Findings CAP Addendum

I. Licensure/ Contract Requirements:

Question 7: Are appropriate and comprehensive monetary and clothing allowance logs maintained?

Finding(s): Two (2) of the sampled children did not receive their first week of allowance. Those two (2) children entered the program two (2) days before the end of the allowance period.

Correction Action Plan

On March 4, 2015, Child Care Worker Supervisor (CCWS), whom is responsible for issuing the allowance to the children in the three (3) respective group homes, Has been retrained regarding the allowance distribution contract requirements; **All children, no matter what day in the allowance period they enter the program, will be issued the minimum amount of allowance, seven dollars ($7.00), plus any additional allowance they may have earned during the allowance period (Friday-Thursday).** Training was performed by the Executive Director, regarding this contract requirement. The CCWS provided each girl with the minimum allowance of seven dollars ($7.00) in March 2015.

Person(s) Responsible for Implementation of the CAP

CCWS, will be responsible for implementing the CAP.

Time Frame of Implementation

CAP was implemented in March 2015

III. Maintenance of Required Documentation and Service Delivery

Question 24. Did the treatment team develop timely, comprehensive updated (quarterly) Needs and Services Plans (NSP) with the participation of the developmentally age-appropriated child?

Finding(s): One (1) of the sampled children's updated NSP was not timely. It was due 6/5/2014 and the child signed 8/5/2014

Correction Action Plan

To ensure that the NSPs are timely, Dream Catcher Foundation (DCF) has implemented the following:

- Facility Social Workers will review and sign NSPs with minor one week before due date.
- After NSP is signed by Facility Social worker and child, the Social Worker supervisor will review NSP for comprehensiveness as well as timely signatures before NSP is faxed to the respective DCFS Social Worker.

Person(s) Responsible for Implementation of the CAP

DCF Social Work Team, Social Worker Supervisor, Agency Social Workers and Administrators, Will ensure implementation of the CAP.

Time Frame of Implementation

The CAP was implemented in March 2015

Respectfully submitted,

Theresa McPherson, MFT
Administrator