



County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 14, 2017

To: Supervisor Mark Ridley-Thomas, Chairman  
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Supervisor Janice Hahn  
Supervisor Kathryn Barger

From: *for Cynthia McCoy Miller*  
Brandon T. Nichols  
Acting Director

**FIELDS COMPREHENSIVE YOUTH SERVICES GROUP HOME CONTRACT COMPLIANCE REVIEW**

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Fields Comprehensive Youth Services Group Home (the Group Home) in March 2017. The Group Home has two licensed sites located in San Bernardino County. The sites provide services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties, and Non-Minor Dependents (NMDs). According to the Group Home's Program Statement, its stated purpose is "to provide a safe, nurturing, structured living environment for adolescents in need of a group home placement."

At the time of the review, the Group Home served six DCFS placed children and one Probation foster youth. The Group Home has two 6-bed sites and is licensed to serve a total capacity of 12 male children, ages 13 through 17, and NMDs. The children's average length of placement was eight months and their average age was 16.

**SUMMARY**

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 placement environment; and being treated with respect.

The Group Home was in full compliance with 8 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personnel Rights and

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Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to a Special Incident Report (SIR) not submitted timely; and Maintenance of Required Documentation and Service Delivery, related to concurrent case plan goals not documented in the Needs and Services Plans (NSPs).

### **REVIEW OF REPORT**

On March 28, 2017, Christopher J. Jarosz, DCFS CAD, and Kirk Barrow, DCFS Out-of-Home Care Management Division (OHCMD), held an exit conference with the Group Home representative, Towana L. Bryant, Program Supervisor. The Group Home representative agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve the Group Home's compliance with regulatory standards; and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

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

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

BTN:KR  
LTI:cj

#### **Attachments**

c: Sachi A. Hamai, Chief Executive Officer  
John Naimo, Auditor-Controller  
Terri L. McDonald, Chief Probation Officer  
Sheila Mitchell, Assistant Chief Deputy Probation Officer, Juvenile Services  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Arby E. Fields, Executive Director, Fields Comprehensive Youth Services  
Lenora Scott, Regional Manager, Community Care Licensing Division

**FIELDS COMPREHENSIVE YOUTH SERVICES  
GROUP HOME CONTRACT COMPLIANCE REVIEW SUMMARY**

**Rate Classification Level 12  
License Number: 366402086**

**Rate Classification Level 12  
License Number: 366407015**

	<b>Contract Compliance Review</b>	<b>Findings: March 2017</b>
<b>I</b>	<p><b><u>Licensure/Contract Requirements</u></b> (8 Elements)</p> <ol style="list-style-type: none"> <li>1. The Group Home was free of any substantiated Community Care Licensing Division (CCLD) citations on child abuse/safety and/or physical deficiencies since the last review.</li> <li>2. Vehicles used to transport children are maintained in good repair.</li> <li>3. Disaster drills are conducted at least every six months and documented.</li> <li>4. The runaway policy is documented and properly maintained.</li> <li>5. Detailed sign-in/out logs are maintained.</li> <li>6. Weekly allowance logs are accurately maintained.</li> <li>7. Monthly clothing allowance logs are accurately maintained.</li> <li>8. Special Incident Reports (SIRs) documented in the Needs and Services Plans (NSPs) and case files and are properly reported via the ITrack system.</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Improvement Needed</li> </ol>
<b>II</b>	<p><b><u>Facility and Environment</u></b> (5 Elements)</p> <ol style="list-style-type: none"> <li>1. The exterior and the grounds of the Group Home are well maintained.</li> <li>2. Common quarters are well maintained.</li> <li>3. Children's bedrooms are well maintained.</li> <li>4. The Group Home maintains appropriate recreational equipment and educational resources (e.g. computer) in good repair and makes them readily available to children.</li> <li>5. The Group Home maintains adequate nutritious perishable and non-perishable food.</li> </ol>	<p align="center"><b>Full Compliance (All)</b></p>

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III	<p><b><u>Maintenance of Required Documentation and Service Delivery</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. The Initial NSP was completed accurately and on time.</li> <li>2. The Updated NSPs were completed accurately and on time.</li> <li>3. The Group Home provided children with counseling and other services (based on current NSPs).</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Needed</li> <li>2. Improvement Needed</li> <li>3. Full Compliance</li> </ol>
IV	<p><b><u>Education and Workforce Readiness</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. Children are enrolled in school within three school days.</li> <li>2. The Group Home ensured the children attend school as required.</li> <li>3. The Group Home ensures the children's report cards or progress reports, and if applicable, current copies of Individualized Education Programs (IEPs) are maintained in their files.</li> </ol>	Full Compliance (All)
V	<p><b><u>Health and Medical Needs</u></b> (4 Elements)</p> <ol style="list-style-type: none"> <li>1. Initial medical exams are conducted timely.</li> <li>2. Initial dental exams are conducted timely.</li> <li>3. Required follow-up medical examinations are conducted timely.</li> <li>4. Required follow-up dental examinations are conducted timely.</li> </ol>	Full Compliance (All)
VI	<p><b><u>Psychotropic Medication</u></b> (2 Elements)</p> <ol style="list-style-type: none"> <li>1. Current Court-Approved Authorizations are on file. (Including accurate dosage)</li> <li>2. Psychiatric Evaluation/Review (561c) is current.</li> </ol>	Full Compliance (All)
VII	<p><b><u>Personal Rights and Social/Emotional Well-Being</u></b> (18 Elements)</p> <ol style="list-style-type: none"> <li>1. Children are informed of the Group Home's rules and consequences.</li> <li>2. Children report the consequences for not following the rules are fair.</li> <li>3. Children are informed of the Foster Youth Bill of Rights.</li> <li>4. Children participate in the development of their NSPs.</li> </ol>	Full Compliance (All)

	<ol style="list-style-type: none"> <li>5. Children are supervised by staff.</li> <li>6. Children are treated with respect.</li> <li>7. Children feel safe in the Group Home.</li> <li>8. Children have an adult they can talk with privately.</li> <li>9. Children are allowed to have private telephone calls and to send and receive unopened mail.</li> <li>10. Children have privacy during the visits with family or close friends.</li> <li>11. Children are offered the opportunity to participate in a mentorship program.</li> <li>12. Children are allowed to attend or not attend religious services of their choice.</li> <li>13. Children are given the opportunity to participate in planning recreational activities with the staff.</li> <li>14. Children are given the opportunity to participate in recreational activities at the Group Home.</li> <li>15. Children are given the opportunity to participate in extracurricular or community activities.</li> <li>16. Children's chores are reasonable.</li> <li>17. Children are informed about their rights to medical and dental treatment (right to refuse).</li> <li>18. Children are informed about their right to refuse psychotropic medication.</li> </ol>	
<p><b>VIII</b></p>	<p><b><u>Personal Needs/Survival and Economic Well-Being</u></b>  <b>(16 Elements)</b></p> <ol style="list-style-type: none"> <li>1. Children are provided with medical care when needed.</li> <li>2. Children are provided with dental care when needed.</li> <li>3. Children are provided with transportation.</li> <li>4. Children are encouraged and supported by staff in keeping a Life Book.</li> <li>5. Children are assisted by adults in completing schoolwork when help is needed.</li> <li>6. Children are provided with youth development or daily living skills services.</li> <li>7. Children are provided with their own personal hygiene items.</li> <li>8. Children get enough food to eat.</li> <li>9. Children with special diet needs are provided with accommodations by the staff.</li> <li>10. Children receive at least the basic weekly allowance.</li> <li>11. Children are free to spend their allowance, as long as they are appropriate purchases.</li> </ol>	<p>Full Compliance (All)</p>

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	<ol style="list-style-type: none"> <li>12. Children receive at least the basic clothing allowance.</li> <li>13. Children are able to choose the clothes they buy, as long as they are appropriate.</li> <li>14. Children have enough clothes to wear.</li> <li>15. Children are supervised while in the pool area.</li> <li>16. Children report the home is free of unsecured dangerous items.</li> </ol>	
IX	<p><b><u>Discharged Children</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. The Group Home placed the child in accordance with their Program Statement and population criteria.</li> <li>2. The Group Home discharged the child in accordance with the NSP permanency plan, or to a lower level of care.</li> <li>3. The Group Home attempted to stabilize the child's placement prior to requesting a removal.</li> </ol>	Full Compliance (All)
X	<p><b><u>Personnel Records</u></b> (14 Elements)</p> <ol style="list-style-type: none"> <li>1. Staff signed a criminal record statement (LIC 508) prior to or on hire date.</li> <li>2. Staff received criminal clearance from CCLD prior to hire date.</li> <li>3. Staff received medical clearance within one year prior to hire date or within seven days after hire date.</li> <li>4. Staff received tuberculosis (TB) clearance within one year prior to hire date or within seven days after hire date.</li> <li>5. Staff met educational and/or experience requirements in accordance with the agency's Program Statement and Title 22 Regulations.</li> <li>6. Staff signed the agency's policies, including confidentiality agreement and mandated reporter acknowledgment.</li> <li>7. Staff had current California Driver's License (CDL) on file.</li> <li>8. Staff had current Cardiopulmonary Resuscitation (CPR) certification on file.</li> <li>9. Staff had current First Aid certification on file.</li> <li>10. Staff received initial emergency intervention training [e.g. Professional Assault Crisis Training (Pro-ACT)].</li> </ol>	Full Compliance (All)

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<p>11. 12. 13. 14.</p>	<p>Staff received initial 24-hours of training (eight hours prior to supervision of children and 16 hours within 90 days of hire).</p> <p>Staff has current emergency intervention training on file (e.g. Pro-ACT).</p> <p>Staff received 20 hours of on-going training.</p> <p>If site has a pool or other body of water, there is at least one staff with current water safety certification on file.</p>	
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**FIELDS COMPREHENSIVE YOUTH SERVICES  
GROUP HOME CONTRACT COMPLIANCE REVIEW  
FISCAL YEAR 2016-2017**

**SCOPE OF REVIEW**

The following report is based on a "point in time" review. This compliance report addresses findings noted during the March 2017 review. The purpose of this review was to assess the Group Home's compliance with its County contract. The review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Education 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, four DCFS placed children and one Probation foster youth were selected for the sample. CAD interviewed each child and reviewed their files to assess the level of care and services they received. During the site visits, the children were observed to be comfortable and well cared for in the Group Home and the staff were observed to be responsive to the children's needs. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, two placed children were prescribed psychotropic medication. These children's files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and required documentation of psychiatric monitoring.

CAD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements. Site visits were conducted to assess the quality of care and supervision provided to the placed children.

**CONTRACTUAL COMPLIANCE**

CAD found the following two areas out of compliance:

**Licensure/Contract Requirements**

- One SIR was not submitted timely.



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One of the eight SIRs reviewed was not submitted timely into the ITrack system. An incident that occurred on January 26, 2017, was submitted on January 31, 2017. The Group Home representative acknowledged the oversight in the timeliness of the SIR submission and stated that the Group Home would ensure that all reportable incidents are properly and timely submitted, and the CAP would be reviewed with all managers and staff to maintain accountability.

**Recommendation:**

The Group Home's management shall ensure that:

1. SIRs are submitted timely.

**Maintenance of Required Documentation and Service Delivery**

- The initial NSP was completed accurately and on time.

The Initial NSPs for three of the five children in the review sample did not identify concurrent case plan goals for permanency planning. The signature dates were pre-typed on the signature pages of the Initial NSP for one child.

- The Updated NSPs were completed accurately and on time.

The signature dates were pre-typed on the signatures pages of the Updated NSPs for one child.

The Group Home representative acknowledged the concerns about the NSPs, and discussed expectations with the clinician and the facility managers for the two sites to prevent reoccurrences.

**Recommendations:**

The Group Home's management shall ensure that:

2. Initial NSPs are completely accurately and on time.
3. Updated NSPs are completed accurately and on time.

**PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S GROUP HOME CONTRACT  
COMPLIANCE REVIEW**

CAD's last compliance report dated December 29, 2016 (review conducted in June 2016), identified four recommendations.

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**Results:**

Based on the results of the current review, the Group Home fully implemented 4 of 4 recommendations for which the Group Home was to ensure that:

- Children are provided with nutritious meals and snacks.
- A fair rewards and discipline system is in place.
- Children are discharged according to their permanency plans.
- Children make progress towards meeting their NSP goals.

At the exit conference, the Group Home representative expressed her desire to remain in compliance with Title 22 Regulations and contract requirements. The Group Home will consult with the OHCMD for additional support and technical assistance, and CAD will assess contract compliance during the next review.



**FIELDS COMPREHENSIVE**  
Youth Services, Inc.

**April 19, 2017**

**To: Christopher J. Jaroza, Children Services Administrator I  
Out of Home Care Management Division**

**From: Towana L. Bryant, Program Supervisor**

**Subject:  
Corrective Action Plan  
Final Performance Review and Compliance**

**Eddington Facility  
1214 Eddington Street  
Upland, CA 91786  
LIC#366407025**

**Napa Facility  
7062 Napa Avenue  
Alta Loma, CA 91701  
LIC#366402086**

**#Pages 4 including cover sheet**

**Comments: Please find the attached Corrective Action Plan for the Final Review results along with attachment**

- 1) Sign In sheet for SIR/I-track refresher training for employees**

Fields Comprehensive Youth Services, Inc.  
Corrective Action Plan (CAP)  
County of Los Angeles Department Children's Group Home Ombudsman Division

April 19, 2017

**I. Licensure/Contract Requirements**

**(8) Special Incident Reports (SIRs) appropriately documented in the NSPs and case files are being properly reported via the I-Track system.**

**NMD was arrested on a warrant for indecent exposure on 01-26-17, but the SIR was submitted via I-Track on 1-31-17**

**Future plan to ensure Special Incident Reports (SIR's) appropriately documented and cross-reported timely:**

**Corrective Action Plan:**

In addition to the reporting requirements in Title 22, Division 6 Chapter1, Section 80061, and Chapter 5, Section 84061, all reportable incidents will be submitted via the I-track web-based system to Probation, DCFS and all other required parties. Facility Managers and Lead Staff members received a refresher training on 4/12/17 (see attached sign in sheet) regarding LA County DCFS and Probation Special Incident Reporting Guideline for Group Homes procedures specifying type of reportable incidents, how, to whom, and when incidents are to be reported and cross reporting via the I-track web based system. If an incident is questionable the Facility Manager will submit the SIR/I track to ensure the incident is reported timely and follow up will be submitted if necessary.

- **Plan to prevent reoccurrence: The Facility Manager will ensure all reportable incidents are properly and timely submitted to Probation, DCFS via I-track web-based system according to the LA County SIR Guideline for group homes including cross reporting to the proper officials/authority**
- **Plan to prevent reoccurrence: The corrective action plan will be reviewed with all staff and managers to ensure accountability. The Group Home Program Supervisor will ensure the Group Home Facility Managers are continually completing and submitting SIR/I tracks timely.**
- **Person responsible for implementing corrective action plan: Group Home Program Supervisor and/or Executive Director effective 04/12/17**

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

**(14) The initial NSP was completed accurately and on time**

**(15) The updated NSPs were completed accurately and on time**

**Three clients concurrent case plan goals were not documented in the NSPs.**

**The dates were typed on the signature page one client's initial NSP as well as the same client's updated NSP.**

**Future plan to ensure the concurrent case plan goals are documented on all the NSP.**

**Corrective Action Plan:**

Program Supervisor will ensure clinicians understand that concurrent planning must be measured during case permanency planning for all clients and confirm all concurrent case planning goals are updated and documented in the NSPs consistently.

- **Plan to prevent reoccurrence:** The corrective action plan will be reviewed with clinicians and necessary staff members to ensure everyone is on the same page with understanding concurrent planning and making sure the concurrent plan goals are documented for all updated NSPs.
- **Person responsible for implementing corrective action plan:** Executive Director and/or Program Supervisor
- **Person responsible for monitoring to ensure corrective action plan remains implemented:**

**Future plan to ensure the dates are not pre-typed on the signature page of the NSPs and that the CSW and/or Probation Officer will write the date in once they receive the NSPs.**


**Corrective Action Plan:**

The dates will not be pre-typed on the signature page of the NSPs. The corrective action plan will be reviewed with the County Social Worker and/or Probation Officers so they understand they are to write the date in once they receive and sign for the NSP

- **Plan to prevent reoccurrence:** The corrective action plan will be reviewed with clinician and facility managers to ensure the dates are not pre-typed on the signature page of NSPs
- **Person responsible for implementing corrective action plan:** Executive Director and/or Program Supervisor
- **Person responsible for monitoring to ensure corrective action plan remains implemented:** Executive Director and/or Program Supervisor

**If you have any questions regarding the above Corrective Action Plan please feel free to contact Executive Director, Arby E. Fields at 909 376-4148 or Towana Bryant at 909 945-1318**

**Respectfully Submitted,**

  
**Towana L. Bryant**  
**Program Supervisor**