



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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

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November 2, 2016

To: Supervisor Hilda L. Solis, Chair
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

MCKINLEY CHILDREN'S CENTER GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the McKinley Children's Center (the Group Home) in May 2016. The Group Home has one licensed office located in the Fifth Supervisorial District and provides services to the County of Los Angeles DCFS placed children and to children placed by other counties. According to the Group Home's Program Statement, its stated purpose is to "help children achieve their goals by providing a healthy, safe and therapeutic milieu."

The Group Home has one 88-bed site and is licensed to serve a capacity of 28 males, ages six through 21. At the time of the review, the Group Home served 24 DCFS placed children. The placed children's average length of placement was 14 months and their average age was 15.

SUMMARY

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe at the Group Home; being provided with good care and appropriate services; being comfortable in their placement environment; and treated with respect and dignity.

The Group Home was in full compliance with 9 of 10 applicable areas of CAD's Contract Compliance Review: 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.

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CAD noted deficiencies in the area of: Licensure/Contact Requirements, related to Community Care Licensing (CCL) citations.

Attached are the details of CAD's review.

REVIEW OF REPORT

On May 5, 2016, Matthew St. John, Beatriz Meza and Ali Bhatti, DCFS CAD, and Aiyana Rios, DCFS Out-of-Home Care Management Division (OHCMD), held an exit conference with the Group Home representatives: Anil Vadaparty, Chief Executive Officer; Ira Kruskol, Chief Program Officer for Mental Health and Residential; Talesha Payne, Director of Residential Treatment; and Mario Gallegos, Chief Quality Officer. Although, the Group Home Representatives may have disagreed with CCL citations, they agreed with DCFS' review findings and recommendations, were 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 Active Plan (CAP).

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

The Group Home provided the attached approved Compliance CAP addressing the recommendations noted in this report. On May 18, 2016, the OHCMD provided technical assistance to the Group Home to help in implementing the recommendations noted in this report.

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

PLB:KR
LTI:ms

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Anil Vadaparty, Chief Executive Officer, McKinley Children's Center
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Leonora Scott, Regional Manager, Community Care Licensing Division

**MCKINLEY CHILDREN'S CENTER GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY**

Rate Classification Level 12

License No. 19150275

	Contract Compliance Review	Findings: May 2016
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign-In/ Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies 	<ol style="list-style-type: none"> 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. Improvement Needed
II	<p><u>Facility and Environment</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms Well Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Food 	<p align="center">Full Compliance (All)</p>
III	<p><u>Maintenance of Required Documentation and Service Delivery</u> (10 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Capacity and Program Statement 2. DCFS Children's Social Worker's Authorization to Implement Needs and Services Plans (NSPs) 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. DCFS Children's Social Worker's Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with the Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with the Child's Participation 	<p align="center">Full Compliance (All)</p>

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<p>IV</p>	<p><u>Education and Workforce Readiness</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. Children Enrolled in School Within Three School Days 2. Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic Performance and/or Attendance Increased 5. Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs 	<p>Full Compliance (All)</p>
<p>V</p>	<p><u>Health and Medical Needs</u> (4 Elements)</p> <ol style="list-style-type: none"> 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 	<p>Full Compliance (All)</p>
<p>VI</p>	<p><u>Psychotropic Medication</u> (2 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 	<p>Full Compliance (All)</p>
<p>VII</p>	<p><u>Personal Rights and Social/Emotional Well-Being</u> (13 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. Efforts to Provide Nutritious 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 12. Children Given Opportunities to Plan Activities in Extracurricular, Enrichment and Social Activities (Group Home, School, and Community) 13. Children Given Opportunities to Participate in Extracurricular, Enrichment and Social Activities (Group Home, School, and Community) 	<p>Full Compliance (All)</p>

<p>VIII</p>	<p><u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in the 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 a Life Book or Photo Album 	<p>Full Compliance (All)</p>
<p>IX</p>	<p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement 	<p>Full Compliance (All)</p>
<p>X</p>	<p><u>Personnel Records</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. Federal Bureau of Investigation (FBI), Department of Justice (DOJ), and Child Abuse Central Index (CACI) 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 	<p>Full Compliance (All)</p>

**MCKINLEY CHILDREN'S CENTER GROUP HOME
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2015-2016**

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the May 2016 review. The purpose of this review was to assess McKinley Children's Center (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 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, seven Department of Children and Family Services (DCFS) placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed all seven children. During the site visit, the children were observed to be comfortable and well cared for in the Group Home and 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, 13 placed children were prescribed psychotropic medication. Four case 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. A site visit was conducted to assess the quality of care and supervision provided to the placed children.

CONTRACTUAL COMPLIANCE

CAD found the following area to be out of compliance:

Licensure/Contract Requirements

- Community Care Licensing (CCL) citations.

CCL cited the Group Home on September 25, 2015, during a case management visit for a Personal Rights Violation related to the facility staff taunting and laughing at the placed children while they were being restrained, disciplined or when their privileges were being taken away; for removing the children's privileges inappropriately; and Staffing Requirements related to the staff

MCKINLEY CHILDREN'S CENTER GROUP HOME CONTRACT COMPLIANCE REVIEW
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using a restraint on the placed children which the staff had not been trained to use. A Plan of Correction (POC) was requested, and after the Group Home decided to terminate the employee, the POC was cleared by CCL on September 25, 2015. No investigation was required by DCFS.

CCL cited the Group home on March 24, 2016, during a case management visit, for an incident that was disclosed to the Group Home of a prior sexual assault on the placed child that was disclosed by a family member to the Group Home after the child's placement. The Group Home did not submit this incident via a Special Incident Report into the I-Track system, and appropriately cross-report this incident to CCL for seven days. A POC was requested, and cleared by CCL on April 13, 2016. No investigation was required by DCFS.

Recommendation:

The Group Home's management shall ensure that:

1. The Group Home is in compliance with Title 22 Regulations and free of CCL citations.

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

CAD's last compliance report dated April 22, 2016 (review conducted in June, 2015), identified two recommendations.

Results:

Based on CAD's follow-up, the Group Home implemented 1 of 2 recommendations for which they were to ensure that:

- A fair rewards and discipline system is maintained.

Based on results of the current review, 1 of 2 recommendations was not implemented:

- The Group Home is in compliance with Title 22 Regulations and free of CCL citations.

Recommendation:

2. The outstanding recommendation from the prior report noted in this report as recommendation number 1 is fully implemented.

At the exit conference, the Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and Contract requirements. The Group Home will continue to consult with the Out-of-Home Care Management Division for additional support and technical assistance, and CAD will assess implementation of the recommendation at the next review.



May 24, 2016

Matthew St. John, CSA I
Department of Children and Family Services
Contract Administration Division
Contract Compliance
3530 Wilshire Boulevard, 4th Floor
Los Angeles, California, 90010

Chief Executive Officer

Anil Vadaparty

Re: Corrective Action Plan for McKinley Children's Center Group Home Monitoring Compliance Review

Dear Mr. St. John:

Thank you for your review of McKinley Children's Center during the Group Home Monitoring Compliance Review. We were quite pleased with the results of the Review presented on May 5, 2016 and we appreciate the positive comments you and your team made of our Group Home program. As per your request, we are submitting the Corrective Action Plan (CAP) with regards to #9 The Group Home has 2 CCL citations.

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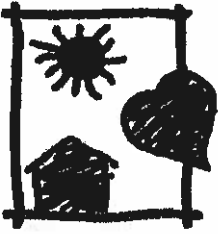
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America

DCFS Findings: Reporting Requirements. Upon the occurrence, of specified events, reports shall be made to the licensing agency within the agency's next working day. In addition, written reports shall be submitted to the licensing agency within seven days following the occurrence of such events. The facility failed to report a reportable incident to CCL. **Plan of Correction (POC):** The facility will provide training regarding reportable incidents and time frames of reportability and provide proof of training to CCL by the POC date.

McKinley's Response: Please note that McKinley did not agree with CCL's findings because, per the child's County Social Worker, this allegation had previously been reported prior to the resident being placed. However, McKinley still complied with the request for a Plan of Correction (POC) by conducting a training for the residential administrative/management team on Reporting Incidents. This training was completed on April 12, 2016. A copy of the training materials and sign-in sheet is attached.



**McKINLEY
CHILDREN'S
CENTER**

Chief Executive Officer

Anil Vadaparty

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Accrediting Commission for Schools
533 Airport Blvd., Suite 200
Burlingame, CA 94010
Phone: (510) 698-1080



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DCFS Findings: Personal Rights: Facility staff taunted and laughed at children while they were being restrained, disciplined or client's privileges were taken away. Children were not treated accordingly.

Staffing Requirements: S5 used the restraint emergency intervention technique with children in the Whittier cottage, when he was not trained to do so. **Plan of Correction:** As a result of provided findings the agency has decided to terminate the employment with S5.

Please note that McKinley disagreed with this finding and an appeal was filed. To date, McKinley has not received a response. The basis of the appeal was that the staff in question reported to McKinley that he did not engage in any restraints while employed by us, and that his teammates did not recall him being involved in any restraints. That being said, due to concerns regarding the employee's overall job performance, his employment was terminated.

Please note that McKinley has an established protocol that all residential employees will complete PRO-Act training within 30 days of their employment or they will be put on unpaid administrative leave until they have completed this training.

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I believe this adequately responds to your findings. Please contact me should you have any further questions. Thank you again for the review and feedback as we greatly appreciate the collaboration.

Sincerely,

Ira Kruskol, LCSW

Chief Program Officer, Residential and Mental Health Services

CC: Anil Vadaparty, *Chief Executive Officer*