

Department of Health and Human Services

**OFFICE OF  
INSPECTOR GENERAL**

**SOME WASHINGTON STATE  
GROUP-CARE FACILITIES FOR  
CHILDREN IN FOSTER CARE  
DID NOT ALWAYS COMPLY WITH  
STATE HEALTH AND SAFETY  
REQUIREMENTS**

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# *Office of Inspector General*

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## Report in Brief

Date: March 2018

Report No. A-09-16-01006



### Why OIG Did This Review

Congress has expressed concerns about the safety and well-being of children in foster care. These issues were highlighted in media reports that provided several examples of children who died while in foster care. Additionally, a recent series of OIG health and safety audits of State-monitored childcare facilities found that the majority of childcare providers in various States had instances of potentially hazardous conditions and noncompliance with State health and safety requirements, including criminal records check requirements.

Our objective was to determine whether Washington State's monitoring ensured that group care facilities complied with State licensing requirements related to the health and safety of children in foster care, as required by Title IV-E of the Social Security Act.

### How OIG Did This Review

Of the 51 group care facilities in Washington State that were eligible to receive foster care Title IV-E funding at the time of our audit, we selected 20 group care facilities on the basis of various risk-based factors, including their locations, the number of children at each facility, and the children's ages. We conducted unannounced site visits from August 9 to September 15, 2016.

## Some Washington State Group-Care Facilities for Children in Foster Care Did Not Always Comply With State Health and Safety Requirements

### What OIG Found

Although Washington State performed the required onsite monitoring at all 20 of the group care facilities that we reviewed, this monitoring did not ensure that these facilities complied with State licensing requirements related to the health and safety of children in foster care, as required by Federal law. We determined that all 20 group care facilities did not comply with 1 or more State health and safety requirements. Specifically, these facilities did not comply with requirements related to medical safety (20 facilities); environmental, space, and equipment safety (18 facilities); background checks (16 facilities); food safety (11 facilities); and fire safety and emergency practices (7 facilities).

### What OIG Recommends and Washington State Comments

We recommend that Washington State (1) ensure that all instances of noncompliance that we identified are documented and corrected, (2) conduct unannounced visits for health and safety reviews of group care facilities, (3) ensure that regional licensors perform and document a site inspection during each health and safety visit at a group care facility, (4) ensure that regional licensors and group care facilities have adequate training and guidance on the best practices for administering medications and maintaining related documentation, (5) provide regional licensors and group care facilities with adequate guidance and supervision regarding background check requirements, (6) ensure that the handbook *Minimum Licensing Requirements for Group Care Facilities* is updated with the latest background check requirements, and (7) consider requiring Federal Bureau of Investigation (FBI) fingerprint-based background checks for all group care facility employees, seeking additional legislative authority as needed.

Washington State concurred with all of our recommendations and provided information on actions that it had taken or planned to take to address our recommendations. For example, Washington State commented that it had updated its policy to require 10 percent of health and safety monitoring visits to be unannounced. Furthermore, it commented that it was going through the rulemaking process to require FBI fingerprint-based background checks for all group care facility employees and that it will update the handbook *Minimum Licensing Requirements for Group Care Facilities* to reflect this change.

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## INTRODUCTION

### WHY WE DID THIS REVIEW

The Children's Bureau within the Administration for Children and Families (ACF) awards grants to States to fund the Federal Foster Care Program, which provides safe foster-care placements for eligible children and youth who cannot remain in their homes. Congress has expressed concerns about the safety and well-being of children in foster care. These issues were highlighted in media reports<sup>1</sup> that provided several examples of children who died while in foster care. Additionally, a recent series of Office of Inspector General (OIG) health and safety audits of State-monitored childcare facilities<sup>2</sup> found that the majority of childcare providers in various States had instances of potentially hazardous conditions and noncompliance with State health and safety requirements, including criminal records check requirements. To determine whether similar vulnerabilities existed in foster care facilities that provided group care (group care facilities), we performed reviews in several States, including Washington State. (Appendix B lists related OIG reports.) In Washington State, the Department of Social and Health Services (State agency) is responsible for administering the Title IV-E foster care program.

### OBJECTIVE

Our objective was to determine whether the State agency's monitoring ensured that group care facilities complied with State licensing requirements related to the health and safety of children in foster care, as required by Title IV-E of the Social Security Act (the Act).

### BACKGROUND

#### Federal Foster Care Program

Title IV-E of the Act established the Federal Foster Care Program, which helps States to provide safe and stable out-of-home care for children who meet certain eligibility requirements until they are safely returned home, placed permanently with adoptive families, or placed in other planned arrangements. At the Federal level, ACF administers the program. The State agency is responsible for administering the program at the State level.

A State must submit a State plan designating a State agency to administer the Federal Foster Care Program (the Act § 471(a)(2)). The State plan also provides for the establishment or designation of a State authority, or authorities, responsible for establishing and maintaining standards for foster family homes and childcare institutions, including standards related to

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<sup>1</sup> For example, *Mother Jones*, "The Brief Life and Private Death of Alexandria Hill." Available online at <http://www.motherjones.com/politics/2015/01/privatized-foster-care-mentor>. Accessed on August 11, 2017.

<sup>2</sup> All the audit reports in the OIG series "Child Care Providers: Compliance with State Health and Safety Requirements" can be viewed at <https://oig.hhs.gov/oas/child-care/text-map.asp>.

safety, and requires the State to apply the standards to any foster family home or childcare institution receiving funds under sections IV-E or IV-B of the Act (the Act § 471(a)(10)). The State plan further provides that the State must have developed and implemented standards to ensure that children in foster care placements in public or private agencies are provided quality services that protect their health and safety (the Act § 471(a)(22)).

### **State Agency's Oversight of Group Care Facilities**

The State agency's Children's Administration oversees Washington's foster care providers and is responsible for State-level administration and oversight of the foster care and adoption assistance programs. Providers include group care facilities, which are operated for a group of children in foster care on a 24-hour basis to provide a safe and healthy living environment that meets the children's developmental needs. These facilities enter into a contract with Behavior Rehabilitation Services (BRS), a department within the State agency, to provide temporary, intensive treatment for children with extreme, high-level service needs who have behavioral disorders or require complex medical care.

The State agency is in charge of licensing group care facilities. The licensing requirements for group care facilities are found in the Washington Administrative Code (WAC), section 388-145, and are laid out in the State agency handbook *Minimum Licensing Requirements for Group Care Facilities*. The State agency licenses a group care facility for a maximum of 3 years, and the facility must renew its license before the expiration date. State agency staff (regional licensors), as part of the initial licensing and relicensing process, conduct an announced site inspection of each group care facility, which includes a walkthrough to confirm that WAC licensing requirements are being met.<sup>3</sup>

According to the State agency's policies and procedures, regional licensors must complete two health and safety visits at each group care facility annually (the Guide § 5130). During our audit period, regional licensors were not required to conduct a site inspection (i.e., a walkthrough of the facility using a checklist) during a health and safety visit. Rather, they had the option to choose whether to perform a site inspection, child and staff interviews, child and personnel file reviews, medication log reviews, or a facility policy and procedure review.<sup>4</sup>

In the BRS Client Service Contract, the State agency requires all employees and others who may have unsupervised access to children to complete a Washington State Patrol (WSP) background check and a State database background check.<sup>5</sup> If a background check reveals that an individual

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<sup>3</sup> The site inspection counts as one of the two annual health and safety reviews.

<sup>4</sup> As a result of our audit, the State agency updated its procedures on October 19, 2017, to require regional licensors to complete a site inspection during health and safety visits.

<sup>5</sup> The Background Check Central Unit processes and runs background checks through a centralized database that collects information from several sources, such as the Federal Bureau of Investigation (FBI), Washington and other State court systems, WSP, and Western Identification Network ("Frequently Asked Questions").



has been convicted of a certain crime, such as child abuse or neglect, a crime against a child, or a crime involving violence, the individual is disqualified from having unsupervised access to children. For all employees hired after January 1, 2016, an FBI fingerprint-based background check is also required (Revised Code of Washington (RCW) § 74.39A.056(b)). However, the applicable provision at WAC § 388-145-1325 as laid out in *Minimum Licensing Requirements for Group Care Facilities* was not updated with the new requirements for FBI fingerprint-based background checks.<sup>6</sup>

## HOW WE CONDUCTED THIS REVIEW

Of the 51 group care facilities in Washington that were eligible to receive foster care Title IV-E funding at the time of our audit, we selected 20 group care facilities for our review. We selected these facilities by considering their geographic locations, the number of children at each facility, the ages of the children served, and the amount of time elapsed since the most recent health and safety or licensing review. We conducted unannounced site visits from August 9 to September 15, 2016.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology. Appendix C contains details on the Federal and State requirements cited in the report.

## FINDINGS

Although the State agency performed the required onsite monitoring at all 20 of the group care facilities that we reviewed, this monitoring did not ensure that these facilities complied with State licensing requirements related to the health and safety of children in foster care, as required by Title IV-E of the Act. We determined that all 20 group care facilities did not comply with 1 or more State health and safety requirements. Specifically, these facilities did not comply with requirements related to:

- medical safety (20 facilities);
- environment, space, and equipment safety (18 facilities);
- background checks (16 facilities);

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<sup>6</sup> The provision reflects the requirement that was in effect before January 1, 2016, that FBI fingerprint-based background checks must be completed only for employees who had lived out-of-State during the previous 3 years.

- food safety (11 facilities); and
- fire safety and emergency practices (7 facilities).

Appendix D contains photographic examples of noncompliance with requirements. Appendix E contains the number of instances of noncompliance at each group care facility we reviewed.

## **GROUP CARE FACILITIES DID NOT ALWAYS COMPLY WITH MEDICAL SAFETY REQUIREMENTS**

### **State Requirements**

Group care facilities must document all prescription and nonprescription medications given to children in their care. The medication record must include the child's name, the time and dosage of the medication, and the name of the person administering the medication (WAC § 388-145-1855(7)). Group care facilities are also required to give all medications to children as specified on the label or as prescribed by persons legally authorized to prescribe medication (WAC § 388-145-1865) and must properly discard medications when they are no longer being taken or have expired (WAC § 388-145-1870).

### **All Group Care Facilities Reviewed Did Not Fully Comply With Medical Safety Requirements**

All 20 group care facilities had 1 or more instances of noncompliance with medical safety requirements. Specifically, we found 42 instances of noncompliance, including the following examples:

- Twelve medications prescribed to treat a child for a variety of conditions, including manic episodes, anxiety, stress, and attention deficit hyperactivity disorder (ADHD), were dispensed in the morning over 2 consecutive days, but the staff did not write their initials 13 times on the Medical Administration Record (MAR) to document that the medications had been administered (Appendix D, photograph 1).<sup>7</sup> Without proper documentation, there is no assurance that medications were administered, which could jeopardize a child's health.
- Two medications prescribed to treat ADHD and prevent cavities were not administered to a child over 3 consecutive days; however, the staff had written their initials six times on the MAR to document that the child had taken the medications. The tablets were still sealed in the bubble packs when we visited the group care facility (Appendix D, photograph 2). The group care facility's director explained to us that, occasionally, one employee gives medication to a child while another employee initials the MAR at a convenient time. Medications not administered as prescribed could jeopardize a child's health.

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<sup>7</sup> We confirmed with the group care facility staff that the medications had been administered.

- A prescribed laxative with a discard date of 6/25/15 had not been discarded at the time of our site visit on 9/13/16 (Appendix D, photograph 3). This expired medication was available to be dispensed to a child and was stored with the non-expired medications. Expired medications may be inactive and could jeopardize a child's health.

## **GROUP CARE FACILITIES DID NOT ALWAYS COMPLY WITH ENVIRONMENT, SPACE, AND EQUIPMENT SAFETY REQUIREMENTS**

### **State Requirements**

Group care facilities must store cleaning supplies, toxic or poisonous substances, and items with warning labels in a place inaccessible to preschool children or other persons with limited capacity or who might be endangered by these products (WAC § 388-145-1580(1)). Group care facilities must maintain their buildings and premises in clean and sanitary condition, free of hazards, and in good repair (WAC § 388-145-1555(1)). They must provide an appropriately sized separate bed for each child, with clean bedding and a mattress in good condition (WAC § 388-145-1610(1)); hand-washing sinks (WAC § 388-145-1560(1)(a)); and soap, clean towels, or hand-drying devices to children in their care (WAC § 388-145-1560(1)(b)). The bedrooms must have a window that can open to the outside and permits emergency access or exit (WAC § 388-145-1600(2)(b)).

Group care facilities must make reasonable attempts to keep the premises free from pests, such as rodents, fleas, and other insects (WAC § 388-145-1555(4)) and maintain the room temperature at a reasonable level when occupied (WAC § 388-145-1595(1)(e)).

### **Most Group Care Facilities Reviewed Did Not Fully Comply With Environment, Space, and Equipment Safety Requirements**

We determined that 18 of the 20 group care facilities had 1 or more instances of noncompliance with environment, space, and equipment safety requirements. Specifically, we found 87 instances of noncompliance, including the following examples:

- A disinfectant spray and a floor cleaner were stored in an unlocked office accessible to children.
- A child's bedroom had food, clothes, shoes, and cat food strewn on the floor; the bed had no bedding, such as sheets or a comforter; and an adjoining bathroom had clothes on the floor and a litter box with old cat litter (Appendix D, photograph 4).
- A child's bedroom was unclean and unsanitary: clean and dirty clothes were mixed together, there was a strong musty odor in the room, and fishing equipment and sharp objects were in the room (Appendix D, photograph 5).

- The only bathroom sink at a facility did not have soap or water for children to wash their hands.
- The living room, kitchen pantry, dining room, game room, and other common areas had many holes in the walls (Appendix D, photograph 6).
- A broken and decayed wood staircase leading to a basement was in disrepair and was accessible to children (Appendix D, photograph 7).
- A bedroom's window fell off the hinges when we tried opening it.
- One bathroom had a leaking sink, causing excess water to pool on the bathroom floor, with a towel to soak up the excess water; a second bathroom at the same facility had a broken shower faucet; and a third bathroom at the same facility had a bathtub patched with plaster and duct tape (Appendix D, photograph 8).
- Two half-empty gasoline cans were stored in a detached garage that was kept open and was accessible to children. This garage also had an uncovered electrical junction box with loose wires (Appendix D, photograph 9).
- A group care facility was experiencing a bedbug infestation and was not free of pests according to the facility manager. The staff disposed of a box frame infested with bedbugs on the side of the house. The mattress that had been on the box frame was left on the bedroom floor for the child to sleep on (Appendix D, photograph 10).
- An occupied bedroom's air vent was screwed shut, preventing air or heat from coming into the room, which did not ensure that the room temperature was being maintained at a reasonable level (Appendix D, photograph 11). The staff explained that this measure was taken to prevent the potential clogging of the vent with urine and feces.
- An unidentified brown substance was splattered on the wall and ceiling of an accessible storage room located next to a recreational room (Appendix D, photograph 12).

## **GROUP CARE FACILITIES DID NOT ALWAYS COMPLY WITH BACKGROUND CHECK REQUIREMENTS**

### **State Requirements**

The BRS Client Service Contract states that a group care facility must ensure that no employee has unsupervised access to children until a full and satisfactory background check is completed and the documentation is returned to the facility (Program Requirements, § 8(e)). The State agency is required to disqualify any employee who does not undergo a background check or who has been convicted of a crime, such as child abuse or neglect, a crime against a child, or a

crime involving violence, from having unsupervised access to children (WAC § 388-145-1400(1)).<sup>8</sup>

Starting January 1, 2016, group care facilities must obtain fingerprint-based background checks through WSP and the FBI for all new employees (RCW § 74.39A.056(b)).<sup>9</sup> However, according to State agency officials, this provision is not being implemented for current group care facility employees whose background checks are required to be recertified.

### **Most Group Care Facilities Reviewed Did Not Fully Comply With Background Check Requirements**

We determined that, at 16 of the 20 group care facilities, employees with unsatisfactory, pending, or incomplete background checks supervised children. Specifically, we found 45 instances of noncompliance, including the following examples:

- One employee did not satisfactorily clear the background check.<sup>10</sup> A regional licensing supervisor allowed the employee to continue working until the beginning of the next month with supervised access to children. However, we determined that the employee continued working past the beginning of the following month, for a total of 17 days after not clearing her background check, with a period of unsupervised access to children.
- One employee with a pending background check had unsupervised access to five children when she worked four consecutive night shifts.
- Six employees' background-check clearance notification forms were not properly completed by the State agency. On each form, a box was not checked to indicate that the employee had cleared the background check, and a supervisory signature was missing. These incomplete forms were sent to the group care facility, whose staff believed that the State agency had cleared the employees.

During our fieldwork, we noted a vulnerability caused by the State agency's implementation of the FBI fingerprint-based background check requirement. We determined that 132 of 263 current employees working at the 20 group care facilities during the week before our site visits had not had FBI fingerprint-based background checks conducted because they were hired

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<sup>8</sup> For a comprehensive list of crimes, see WAC § 388-06A-0170.

<sup>9</sup> The statutory requirement applies to long-term-care workers employed by community residential services businesses. However, the State agency stated that this requirement has been interpreted to apply all group care facility staff.

<sup>10</sup> The State agency notifies a group care facility when a background check is completed by sending the Children's Administration Background Clearance Notification (Form DSHS 23-037), on which the State agency specifically indicates whether the applicant has been "cleared" to work on the basis of the results of the background check.

before the requirement went into effect. According to State agency officials, these employees are not required to have FBI fingerprint-based background checks during recertification of their background checks at the group care facility. State agency officials stated that such checks are required for new employees at a group care facility; however, if an employee were to move to a different group care facility under one parent company, an FBI fingerprint-based background check would not be required. Without FBI fingerprint-based background checks, the State agency has less assurance that employees do not pose a risk to children in their care.

## **GROUP CARE FACILITIES DID NOT ALWAYS COMPLY WITH FOOD SAFETY REQUIREMENTS**

### **State Requirements**

Group care facilities must properly store and serve foods that meet children's nutritional needs (WAC § 388-145-1790(1)). They must not serve home-canned foods to children (WAC § 388-145-1790(3)).

### **Some Group Care Facilities Reviewed Did Not Fully Comply With Food Safety Requirements**

We determined that 11 of the 20 group care facilities had 1 or more instances of noncompliance with food safety requirements. Specifically, we found 14 instances of noncompliance, including the following examples:

- Some home-jarred foods (jars of salsa, pickles, and sesame dressing, which were available to be served to children) were dated as early as July 2015, 1 year and 1 month before our site visit at the group care facility in August 2016, and others did not have a date (Appendix D, photograph 13).
- Spoiled, moldy, or rotten vegetables were available to be served to children (Appendix D, photograph 14).
- Sour cream that had expired on 5/18/16—over 2 months before our site visit in August 2016—was still available to be served to children (Appendix D, photograph 15).

## **GROUP CARE FACILITIES DID NOT ALWAYS COMPLY WITH FIRE SAFETY AND EMERGENCY PRACTICES REQUIREMENTS**

### **State Requirements**

Group care facilities must comply with the regulations developed by the chief of WSP (WAC § 388-145-1665(1)). They must ensure that children are able to escape from every floor, windows open to the outside, and windows are large enough for emergency personnel to enter and exit (WAC §§ 388-145-1665(4)(d) and (e)). In addition, all rooms must be accessible in case of emergencies (WAC § 388-145-1665(5)). Group care facilities must ensure that fire

extinguishers are kept in a normal path of exiting (WAC § 388-145-1690(2)) and that at least one is located on each floor (WAC § 388-145-1690(3)).

### **Some Group Care Facilities Reviewed Did Not Fully Comply With Fire Safety and Emergency Practices Requirements**

We determined that 7 of the 20 group care facilities had 1 or more instances of noncompliance with fire safety and emergency practices requirements. Specifically, we found 10 instances of noncompliance, including the following examples:

- The window openings were very small in a bedroom (4 by 8 inches) and a living room (34 by 12 inches), which would not enable children to escape in case of an emergency or emergency personnel to enter or exit (Appendix D, photograph 16). Also, the handles used to open the windows in the living room had been removed.
- Bedrooms' windows were screwed shut, preventing access in case of emergencies (Appendix D, photograph 17).
- A fire extinguisher was not easily accessible because it was stored in a locked room, which was not in the normal exit path.
- A fire extinguisher was not located on each floor.

### **STATE AGENCY MONITORING WAS NOT EFFECTIVE**

Although the State agency performed the required health and safety monitoring at all 20 of the group care facilities that we reviewed, this monitoring was not effective in ensuring that these facilities complied with State licensing requirements related to the health and safety of children in their care. We discussed our findings with State agency officials and determined that the instances of noncompliance occurred because of the following:

- There was no requirement that the State agency conduct unannounced health and safety reviews, which allowed a group care facility the opportunity to correct a potential licensing or contract violation before an announced visit.
- Regional licensors were not required to perform and document a site inspection during each health and safety visit.
- Regional licensors and group care facilities did not have adequate training and guidance on the best practices for administering medications and maintaining related documentation.

- Regional licensors and group care facilities had inadequate guidance and State agency supervision regarding background check requirements, which allowed employees with uncleared, pending, or incomplete background checks to have unsupervised access to children.
- The State agency's handbook *Minimum Licensing Requirements for Group Care Facilities* was not updated with the latest background check requirements.

Regarding the vulnerability we noted related to implementation of the FBI fingerprint-based background check requirement, the State agency did not have regulations requiring these background checks for all group care facility employees who had unsupervised access to children. We found that a large number of employees had not undergone FBI fingerprint-based background checks because they had been hired before January 1, 2016, when the FBI fingerprint-based background check requirement for new employees went into effect.

The State agency informed us that it had followed up with the group care facilities to address some of our findings. For example, the State agency provided more guidance to all group care facilities to remind them that employees with pending background checks should not have unsupervised access to children and updated the BRS Client Service Contract accordingly on October 1, 2017. The State agency updated its procedures on October 19, 2017, to require regional licensors to complete a site inspection during health and safety reviews. In addition, the State agency implemented online medical documentation training for regional licensors and group care facility staff on April 3, 2017.

## **RECOMMENDATIONS**

We recommend that the State agency:

- ensure that all instances of noncompliance that we identified are documented and corrected;
- conduct unannounced visits for health and safety reviews of group care facilities;
- ensure that regional licensors perform and document a site inspection during each health and safety visit at a group care facility;
- ensure that regional licensors and group care facilities have adequate training and guidance on the best practices for administering medications and maintaining related documentation;
- provide regional licensors and group care facilities with adequate guidance and supervision regarding background check requirements to ensure that employees with



uncleared, pending, or incomplete background checks do not have unsupervised access to children;

- ensure that the handbook *Minimum Licensing Requirements for Group Care Facilities* is updated with the latest background check requirements; and
- consider requiring FBI fingerprint-based background checks for all group care facility employees, seeking additional legislative authority as needed.

### **STATE AGENCY COMMENTS**

In written comments on our draft report, the State agency concurred with all of our recommendations and provided information on actions that it had taken or planned to take to address our recommendations. The State agency commented that it had addressed the instances of noncompliance at the group care facilities we reviewed and had followed up to verify the facilities were in compliance. In addition to its actions previously noted in our report, the State agency commented that it had updated its policy to require 10 percent of the 6-month health and safety monitoring visits to be unannounced. Furthermore, the State agency commented that it was going through the rulemaking process to require FBI fingerprint-based background checks for all group care facility employees and that it will update the handbook *Minimum Licensing Requirements for Group Care Facilities* to reflect this change.

The State agency's comments are included in their entirety as Appendix F.

## APPENDIX A: AUDIT SCOPE AND METHODOLOGY

### SCOPE

Of the 51 group care facilities in Washington that were eligible to receive foster care Title IV-E funding at the time of our audit, we selected 20 group care facilities for our review. We selected these group care facilities by considering their geographic locations, the number of children at each facility, the ages of the children served, and the amount of time elapsed since the most recent health and safety or licensing review.

We conducted a review of the group care facilities' records and homes at the time of our site visits. To gain an understanding of the State agency's operations related to group care facilities, we limited our review to the State agency's internal controls as they related to our objective.

We conducted fieldwork in the Washington cities of Spokane, Veradale, Loon Lake, Tacoma, Yakima, Olympia, Centralia, Kent, Woodinville, Sedro-Woolley, Burlington, Marysville, Everett, and Burien. We conducted unannounced site visits from August 9 to September 15, 2016.

### METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal foster care laws, State requirements for children's group care facilities, and the applicable Washington State plan approved by ACF;
- interviewed State officials to determine how Washington monitored its group care facilities;
- developed a health and safety checklist as a guide for conducting site visits by using the handbook *Minimum Licensing Requirements for Group Care Facilities*;
- obtained a list of the 51 group care facilities that were eligible to receive Title IV-E funding;
- reviewed 5 comprehensive review reports that the State agency completed during calendar year 2015 to understand the State agency's procedures and identify potential areas of risk;
- selected a judgmental sample of 20 group care facilities;
- reviewed State agency contracts for all 20 group care facilities to determine the adult-to-child staffing ratio requirements;

- conducted unannounced site visits at the 20 selected group care facilities to determine whether they met State health and safety requirements;
- interviewed staff at each of the 20 group care facilities to obtain the names of employees, work schedules, and background checks for all employees who worked during the week before our site visit;
- reviewed a judgmental sample of the State agency's health and safety visit documentation at 12 of the 20 selected group care facilities to understand the State agency's procedures and determine causes for our findings; and
- discussed the results of our review with State agency officials.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

## APPENDIX B: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>Some Massachusetts Group Homes for Children in Foster Care Did Not Always Comply With State Health and Safety Requirements</i>	<a href="#"><u>A-01-16-02500</u></a>	12/13/2017
<i>Some Oklahoma Group Homes Did Not Always Comply With State Requirements</i>	<a href="#"><u>A-06-16-07004</u></a>	9/27/2017
<i>Some Ohio Group Homes Did Not Always Comply With Foster Care Health and Safety Requirements</i>	<a href="#"><u>A-05-16-00049</u></a>	9/15/2017

## APPENDIX C: FEDERAL AND STATE REQUIREMENTS

### FEDERAL LAW

The U.S. Department of Health and Human Services, ACF, funds foster care and adoption assistance programs under Title IV-E of the Act.

Section 421 of the Act states:

- . . . State[s] [are provided the] flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families, by—
- (1) protecting and promoting the welfare of all children;
  - (2) preventing the neglect, abuse, or exploitation of children;
  - (3) supporting at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner;
  - (4) promoting the safety, permanence, and well-being of children in foster care and adoptive families; and
  - (5) providing training, professional development and support to ensure a well-qualified child welfare workforce.

The Act requires a State to submit a State plan that designates a State agency that will administer the Federal Foster Care Program for the State (the Act § 471(a)(2)).

The State plan provides for the establishment or designation of a State authority or authorities that will be responsible for establishing and maintaining standards for foster family homes and childcare institutions, including standards related to safety, and requires that the standards will be applied by the State to any foster family home or childcare institution receiving funds under sections IV-E or IV-B of the Act (the Act § 471(a)(10)).

Section 471(a)(22) of the Act states: “. . . the State shall develop and implement standards to ensure that children in foster care placements in public or private agencies are provided quality services that protect the safety and health of the children . . . .”

### STATE REQUIREMENTS: REVISED CODE OF WASHINGTON<sup>11</sup>

*RCW § 74.15.030: Powers and duties of secretary.*

The secretary shall have the power and it shall be the secretary’s duty: . . .

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<sup>11</sup> All State requirements cited in this section and the following sections are directly quoted from the applicable sources.

- (2) In consultation with the children's services advisory committee, and with the advice and assistance of persons representative of the various type agencies to be licensed, to adopt and publish minimum requirements for licensing applicable to each of the various categories of agencies to be licensed. The minimum requirements shall be limited to: . . .
- (e) Submitting a fingerprint-based background check through the Washington state patrol under chapter 10.97 RCW and through the federal bureau of investigation for:
    - (i) Agencies and their staff, volunteers, students, and interns when the agency is seeking license or relicense; . . .
    - (j) The safety, cleanliness, and general adequacy of the premises to provide for the comfort, care and well-being of children, expectant mothers or developmentally disabled persons;
    - (k) The provision of necessary care, including food, clothing, supervision and discipline; physical, mental and social well-being; and educational, recreational and spiritual opportunities for those served; . . .
- (5) To issue, revoke, or deny licenses to agencies pursuant to chapter 74.15 RCW and RCW 74.13.031. Licenses shall specify the category of care which an agency is authorized to render and the ages, sex and number of persons to be served; . . .
- (7) To inspect agencies periodically to determine whether or not there is compliance with chapter 74.15 RCW and RCW 74.13.031 and the requirements adopted hereunder.

*RCW § 74.39A.056: Criminal history checks on long-term care workers.*

(b)(i)<sup>12</sup> Except as provided in (b)(ii) of this subsection, for long-term care workers hired after January 7, 2012, the background checks required under this section shall include checking against the federal bureau of investigation fingerprint identification records system and against the national sex offenders registry or their successor programs. The department shall require these long-term care workers to submit fingerprints for the purpose of investigating conviction records through both the Washington state patrol and the federal bureau of investigation. The department shall not pass on the cost of these criminal background checks to the workers or their employers.

(ii) This subsection does not apply to long-term care workers employed by community residential service businesses until January 1, 2016.

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<sup>12</sup> By its terms, this provision applies to "long-term care workers," who by statutory definition provide care to elderly or disabled persons. The State agency informed us that the Division of Licensed Resources (a division within the Children's Administration) decided to apply this requirement to all group care facility staff because sometimes disabled youth are placed in group care facilities, and it would be too difficult to track where and when disabled youth are placed.

## STATE REQUIREMENTS: WASHINGTON ADMINISTRATIVE CODE

### Background Check Process

#### *WAC § 388-06A-130*

For children's administration, these regulations apply to all applications for new and renewal licenses, contracts, certifications, and authorizations to have unsupervised access to children that are processed by the children's administration after the effective date of this chapter [2/15/2015].

#### *WAC § 388-06A-170*

(1) There are convictions for certain crimes that will permanently prohibit you from being licensed, contracted, certified or authorized to have unsupervised access to children. Those felony convictions are as follows:

- (a) Child abuse and/or neglect;
- (b) Spousal abuse;
- (c) A crime against a child (including child pornography);
- (d) A crime involving violence (including rape, sexual assault, or homicide but not including other physical assault or battery); or
- (e) Any federal or out-of-state conviction for an offense that under the laws of this state would disqualify you from having unsupervised access to children in any home or facility.

(2) If you are convicted of one of these crimes listed in WAC 388-6A-017(1)(a) through (e) you will not be able to:

- (a) Receive a license to provide care to children;
- (b) Be approved for adoption of a child;
- (c) Be a contractor;
- (d) Be employed by a licensed agency or contractor, if you will have unsupervised access to children;
- (e) Volunteer or participate as an intern in a home or facility that offer care to children; or
- (f) Provide any type of care to children, if the care is funded by the state.

### Licensing Requirements for Group Care Facilities and Services

#### *WAC § 388-145-1305: Definitions*

"Group care" is a general term for a licensed facility that is maintained and operated for a group of children on a twenty-four hour basis to provide a safe and healthy living environment that meets the developmental needs of the children in care per RCW 74.15.020(1)(f).

...

“I, my, you, and your” refers to an applicant for a license issued under this chapter, and to any party holding a license under this chapter.

...

“Medically fragile” means the condition of a child who requires the availability of twenty-four hour skilled care from a health care professional or specially trained staff or volunteers in a group care setting. These conditions may be present all the time or frequently occurring. If the technology, support and services being received by the medically fragile children are interrupted or denied, the child may, without immediate health care intervention, experience death.

...

“Staffed residential home” means a licensed facility that provides twenty-four hour care to six or fewer children who require more supervision than can be provided in a foster home.

...

“Washington state patrol fire protection bureau” or “WSP/FPB” means the state fire marshal.

## **Licensing Process**

### *WAC § 388-145-1325*

- (1) You, the person responsible for the license, must submit a completed application which is available from the division of licensed resources, children’s administration.
- (2) You must submit the following for your executive director, agency staff, consultants, interns, volunteers, and anyone who may have unsupervised access to children per chapter 388-06A WAC:
  - (a) Completed background authorization form; and
  - (b) FBI fingerprint check if the individual over eighteen years of age has lived out of state during any portion of the previous three years.
- (3) You must ensure that no employee, volunteer or subcontractor has unsupervised access to children until a full and satisfactory background check is completed and returned to you, qualifying the individual for unsupervised access.

### *WAC § 388-145-1360*

- (1) You may serve children who are at least six years of age and meet one of the following conditions:
  - (a) Have behaviors that cannot be safely or effectively managed in foster care;
  - (b) Need temporary placement awaiting a more permanent placement;
  - (c) Need emergency placement during a temporary disruption of a current placement;
  - (d) Have emotional, physical, or mental disabilities;
  - (e) Need a transitional living setting;
  - (f) Need respite care from a licensed provider; or
  - (g) Are age sixteen or older and need to acquire independent living skills.



- (2) Your program may serve children younger than six years of age if it meets the following criteria:
- (a) Provides services to children with intellectual and developmental disabilities;
  - (b) Provides services to medically fragile children;
  - (c) Provides services to expectant mothers or parenting youth;
  - (d) Is licensed as a group receiving center;
  - (e) Is licensed as an emergency respite center;
  - (f) Is licensed as a resource and assessment center; or
  - (g) Is a facility approved and certified under chapter RCW 74.15.020(2)(m).

### **Rule Violations and Corrective Actions**

#### *WAC § 388-145-1400(1)*

The department must disqualify employees, volunteers or subcontractors if they do not meet the regulations of chapter 388-145 WAC, or cannot have unsupervised access to children because of their background check as outlined in chapter 388-06A WAC.

### **Environment, Space, and Equipment**

#### *WAC § 388-145-1555(1)*

You must maintain your buildings, premises, and equipment in a clean and sanitary condition, free of hazards, and in good repair.

#### *WAC § 388-145-1555(4)*

You must make reasonable attempts to keep the premises free from pests, such as rodents, flies, cockroaches, fleas, and other insects using the least toxic methods.

#### *WAC § 388-145-1560(1)*

You must meet the following requirements for toilets, sinks, and bathing facilities:

- (a) Provide toilet, urinals, and hand-washing sinks appropriate to the height for the children served, or have a safe and easily cleaned step stool or platform that is water-resistant;
- (b) Provide soap and clean towels, disposable towels or other approved hand-drying devices to the children in your care;

#### *WAC § 388-145-1580(1)*

You must store the following items in a place that is not accessible to preschool children or other persons with limited capacity or who might be endangered by access to these products:

- (a) Cleaning supplies;

- (b) Toxic or poisonous substances;
- (c) Aerosols; and
- (d) Items with warning labels.

*WAC § 388-145-1595(1)*

You must meet the following room requirements to operate a group care facility:

- (e) Maintain the temperature within your facility at a reasonable level when occupied. You must consider the age and needs of the children under your care in determining appropriate temperature.

*WAC § 388-145-1600(2)*

For facilities licensed after December 31, 1986, bedrooms must have:

- (a) A window that can open to the outside, allowing natural light into the bedroom and permitting emergency access or exit.

*WAC § 388-145-1610(1)*

You must provide an appropriate-sized separate bed for each child, with clean bedding and a mattress in good condition.

### **Fire Safety and Emergency Practices**

*WAC § 388-145-1665*

- (1) You must comply with the regulations developed by the chief of the Washington state patrol through the director of the fire protection bureau (WSP/FPB). These regulations are contained in the current fire code and Washington state amendments as adopted by the state of Washington. Contact the WSP/FPB for specific requirements. . . .
- (4) You and your staff must be able to:
  - (d) Ensure children are able to escape from every floor in your facility. In most cases, this includes a functional fire ladder available from upper stories; and
  - (e) Ensure windows open to the outside and are large enough for emergency personnel to enter and exit wearing rescue gear.
- (5) You must have easy access to all rooms in your facility in case of emergencies.

*WAC § 388-145-1690*

- (2) Approved fire extinguisher(s) must be located in the area of the normal path of exiting. The maximum travel distance to an extinguisher from any place on the premises must not exceed seventy-five feet. When the travel distance exceeds seventy-five feet, additional extinguisher(s) are required.
- (3) You must have at least one fire extinguisher on each floor of a multi-level facility.

**Daily Care, Behavior Management**

*WAC § 388-145-1790*

- (1) Food served to children in your care must be properly stored and prepared, and meet children's nutritional, cultural and developmental needs, offering a variety of foods for meal enjoyment . . . .
- (3) You must not serve home-canned foods to children.

**Medical Safety**

*WAC § 388-145-1855(7)*

You must keep a record of all prescription and nonprescription medications given to children in care. This documentation includes:

- (a) Child's name;
- (b) Time of medication;
- (c) Dosage of medication; and
- (d) Name of person administering medication.

*WAC § 388-145-1865*

You must give prescription and over the counter medications as specified on the medication label or as prescribed by persons legally authorized to prescribe medication. This includes herbal supplements and remedies, vitamins, or minerals.

*WAC § 388-145-1870(1)*

You must consult with a pharmacist or other professional on the proper disposal of medications that are no longer being taken or have expired. The disposal of any prescription medication must be documented and contain the following information:

- (a) What medication was disposed;

- (b) The name of the child for whom the medication was prescribed;
- (c) The amount disposed;
- (d) The name of the person disposing of the medication; and
- (e) The name of the person witnessing the disposal.

## **Children's Administration Practices and Procedures Guide**

### *Section 5130: Regional Licensing*

#### *Procedures*

#### **9: Health and Safety Monitoring**

The Regional Licensors must:

- a. Complete six month health and safety reviews on all contracted Behavioral Rehabilitative Services (BRS) child placing agencies and group care facilities.
- b. Document the six month health and safety reviews in a FamLink provider note with the activity "Regional Licensing Health and Safety".
- c. The six month health and safety reviews are not required for a BRS provider for the review period following completion of a Comprehensive Review or renewal.

## **Client Service Contract for Behavior Rehabilitation Services**

### *Program Requirements – Section 8: Criminal History Background Checks.*

- a. This requirement applies to any employees, volunteers and subcontractors who may have unsupervised access to children served under this Contract. . .
- c. The contractor shall ensure a criminal history background check pursuant to RCW 43.43.832, 43.43.834, RCW 43.20A.710 and WAC 388-06, or successor statutes, has been completed through [the State agency] for all current employees, volunteers, and subcontractors, and that a criminal history background check shall be initiated for all prospective employees, volunteers and subcontractors who may have unsupervised access to children served under this contract.
- d. The Contractor shall assist in obtaining additional state or national criminal history and/or child abuse/neglect history, if requested by [the State agency].
- e. The Contractor shall ensure that no employee, volunteer or subcontractor, including those provisionally hired pursuant to RCW 43.43.832(7), or successor statute, has unsupervised access to children served under this contract, until a full and satisfactory background check is completed and documentation, qualifying the individual for unsupervised access is returned to the Contractor.

## APPENDIX D: PHOTOGRAPHIC EXAMPLES OF NONCOMPLIANCE WITH REQUIREMENTS

**Medication Administration Record**

5/30/2016 [Redacted] [Redacted]  
**DIVALPROEX SODIUM ER 250 MG TAB ER 24H**  
 Take one tablet by mouth in the morning with 500mg=750mg  
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15  
 08:00 AM JL JL JB JL SH JL B JL JL JL [Redacted] 2  
 Missing initials

6/19/2014 [Redacted] [Redacted]  
**DIVALPROEX SODIUM ER 500 MG TAB ER 24H**  
 Take one tablet by mouth morning and evening  
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14  
 08:00 AM JL JL JB JL SH JL B JL JL JL [Redacted] 1  
 05:00 PM [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

12/15/2011 [Redacted] [Redacted]  
**FLUOXETINE HCL 40 MG CAPSULE**  
 Take one capsule by mouth once daily  
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14  
 08:00 AM JL JL JB JL SH JL B JL JL JL [Redacted] 1

10/30/2013 [Redacted] [Redacted]  
**GUANFACINE HCL ER 1 MG TAB ER 24H**  
 Take one tablet by mouth once daily  
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13  
 08:00 AM JL JL JB JL SH JL B JL JL JL [Redacted] 1

**Medication Administration Record**

LEVOTHYROXINE SODIUM 125 MCG TABLET  
 Take 1/2 tablet by mouth in the morning before breakfast  
 QTY 0.5  
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13  
 08:00 AM JL JL JB JL SH JL B JL JL JL [Redacted] 1

8/11/2014 [Redacted] [Redacted]  
**METHYLPHENIDATE ER 54 MG TAB ER 24**  
 Take one tablet by mouth in the morning (take at same time as methylphenidate 10mg and 5mg tablets) bid 6/7/16  
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12  
 08:00 AM JL JL JB JL SH JL B JL JL JL [Redacted] 1

5/29/2016 [Redacted] [Redacted]  
**METHYLPHENIDATE HCL 5 MG TABLET**  
 Take one tablet by mouth once daily dnf 07/08/16  
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12  
 08:00 AM JL JL JB JL SH JL B JL JL JL [Redacted] 1

9/15/2016 [Redacted] [Redacted]  
**METHYLPHENIDATE HCL 10 MG TABLET**  
 Take one tablet by mouth once daily dnf 07/08/16  
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12  
 08:00 AM JL JL JB JL SH JL B JL JL JL [Redacted] 1

6/15/2016 [Redacted] [Redacted]  
**RANITIDINE HCL 150 MG TABLET**  
 Take one tablet by mouth twice a day  
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12  
 08:00 AM JL JL JB JL SH JL B JL JL JL [Redacted] 1

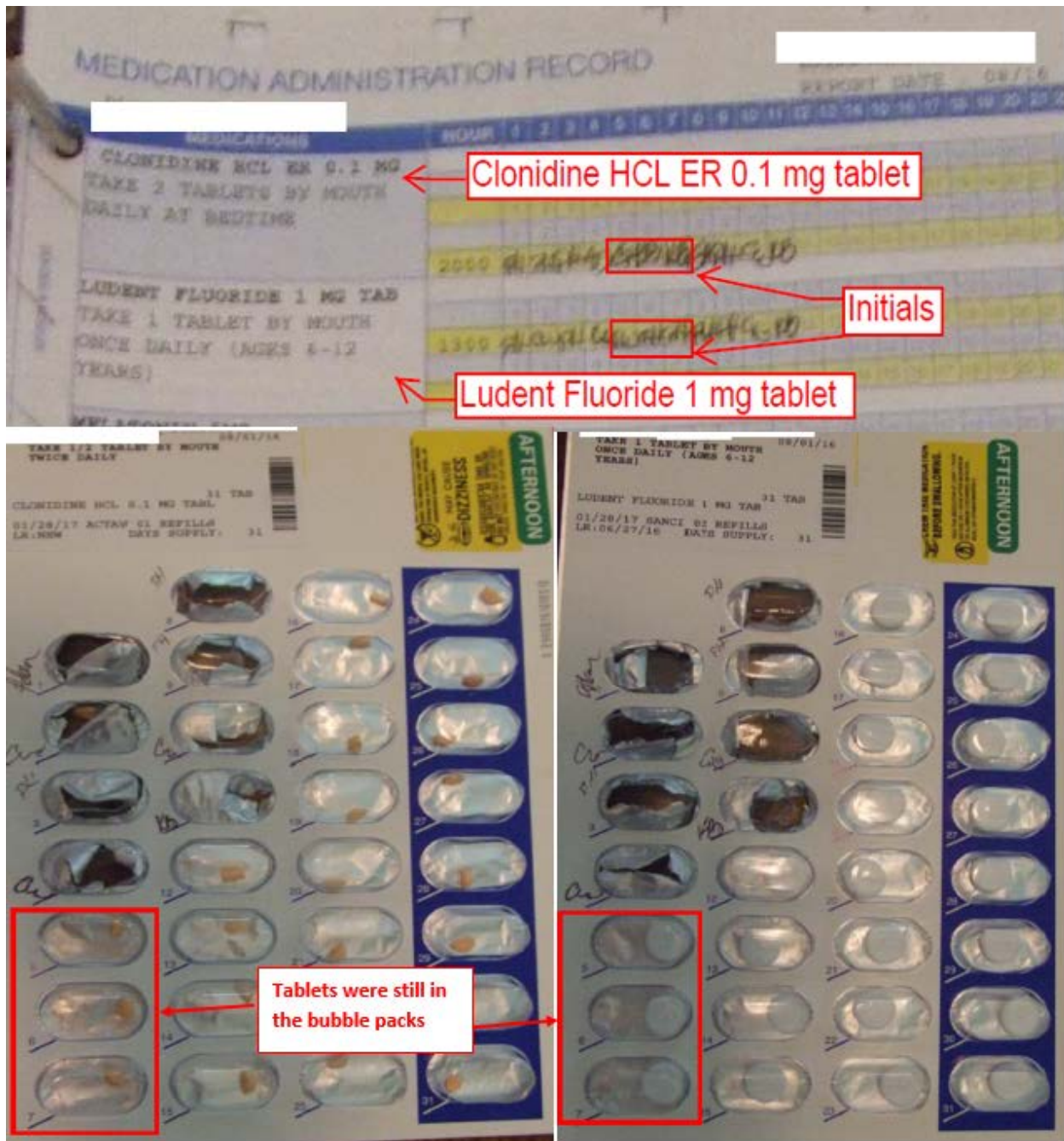
**VITAMIN D 1,000 unit TABLET**  
 Take one tablet by mouth once daily  
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14  
 08:00 AM JL JL JB JL SH JL B JL JL JL [Redacted] 1

8/9/2014 [Redacted] [Redacted]  
**FLUTICASONE PROPIONATE 50 MCG/ACTUATOR**  
 2 sprays in each nostril once daily  
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13  
 08:00 AM JL JL JB JL SH JL B JL JL JL [Redacted] 1

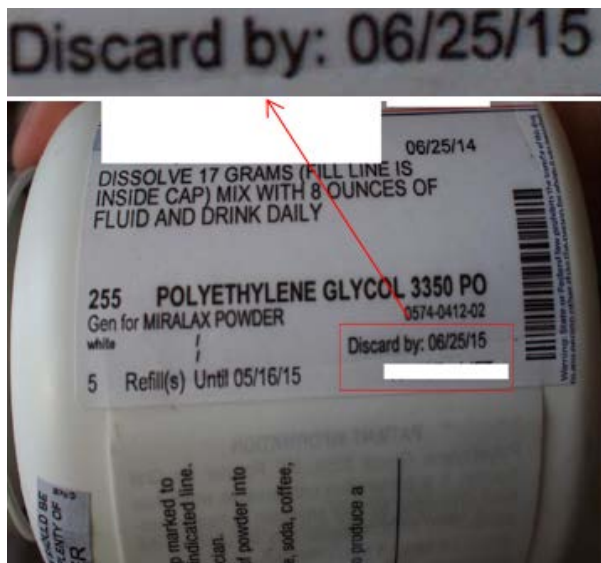
9/5/2012 [Redacted] [Redacted]  
**GLYCOLAX 17 GRAM/DOSE POWDER**  
 Use 1 capful with 8oz water and drink once daily  
 HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13  
 08:00 AM JL JL JB JL SH JL B JL JL JL [Redacted] 1

Photograph 1: Medications were dispensed to the child, but the staff did not initial the MAR 13 times to document that the medications had been administered.

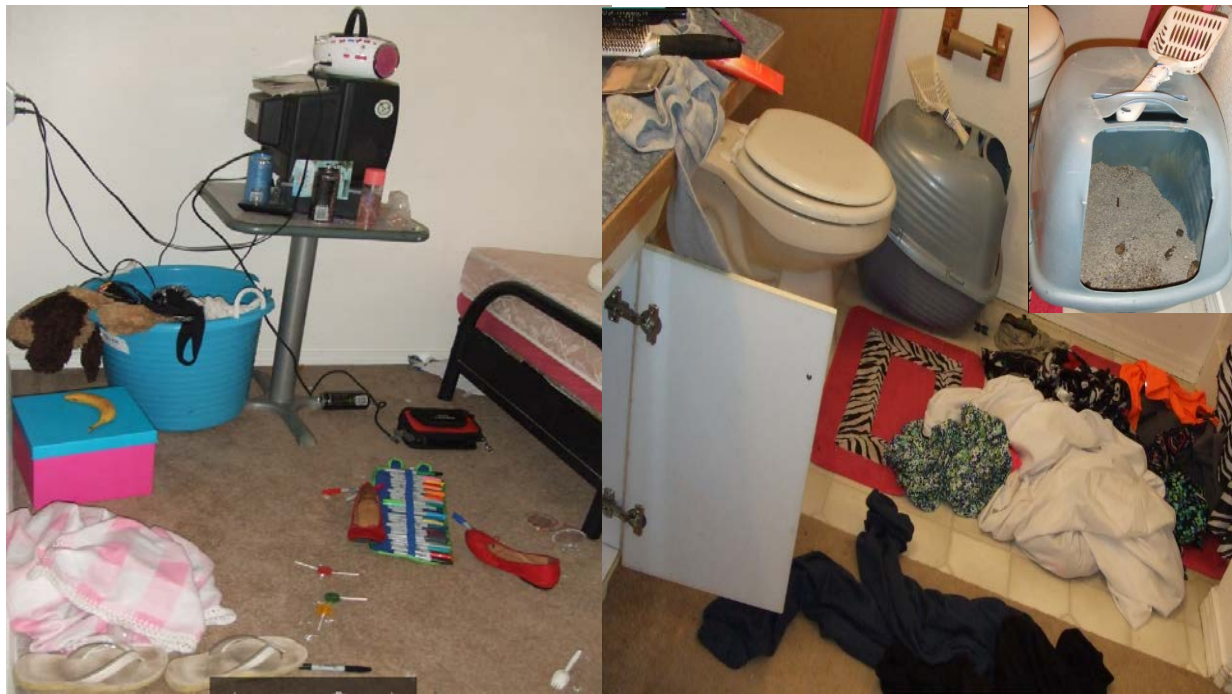




**Photograph 2: The MAR was initiated by the group care facility staff, indicating that two medications were given to a child over 3 days from 8/5/16 to 8/7/16. However, the tablets were still sealed in the bubble packs on 8/12/16.**



**Photograph 3: An expired laxative had not been discarded at the time of our site visit on 9/13/16 and was available to be dispensed to a child.**



**Photograph 4: A child's bedroom and an adjoining bathroom were unsanitary and unclean. Food, clothes, shoes, and cat food were strewn on the bedroom floor; the bed had no bedding, such as sheets or a comforter; and the bathroom had clothes on the floor and a litter box with old cat litter.**





**Photograph 5: A child's bedroom was unclean and unsanitary. Clean and dirty clothes were mixed together, and fishing equipment and sharp objects were in the room.**



**Photograph 6: The living room and kitchen pantry had many holes in the walls.**

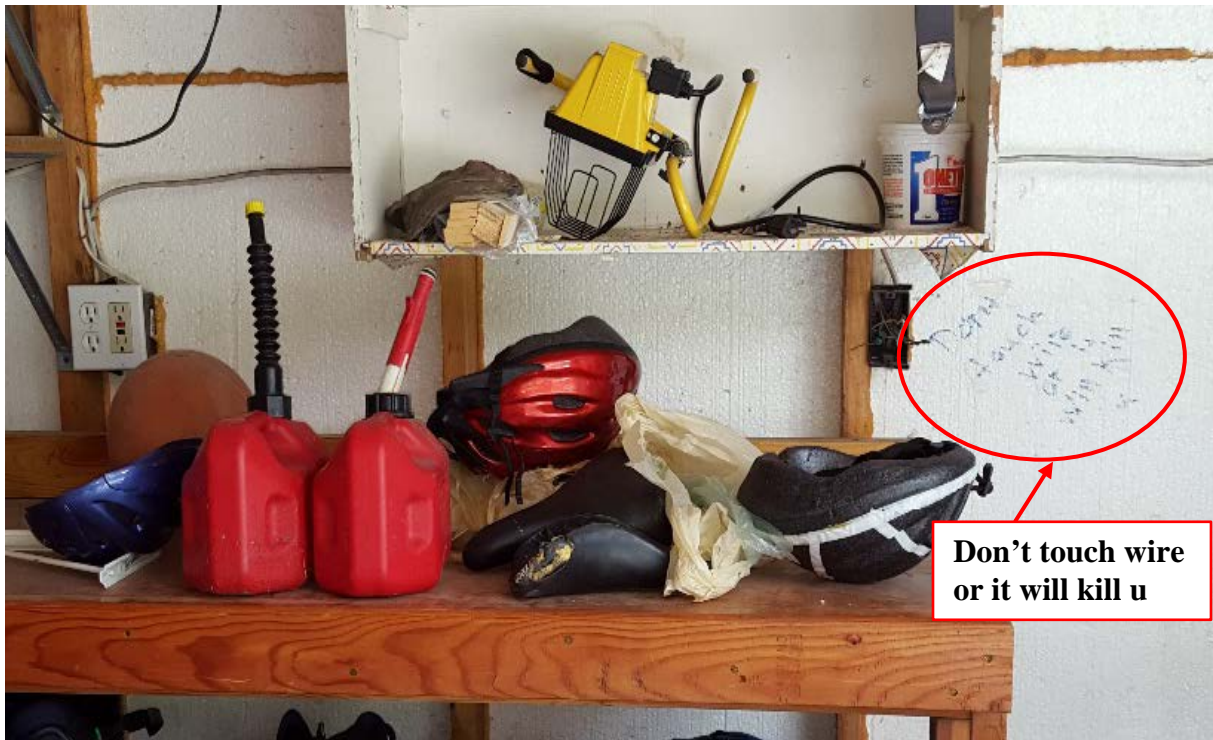




**Photograph 7: A broken and decayed wood staircase leading to a basement was in disrepair and was accessible to children.**



**Photograph 8: One bathroom had a leaking sink pipe, a second bathroom had a broken shower faucet, and a third bathroom had a bathtub patched up with plaster and duct tape.**



**Photograph 9: Two cans of gasoline were stored next to an uncovered electrical junction box with loose wires in a garage that was accessible to children.**



**Photograph 10: A group care facility disposed of a box frame infested with bedbugs on the side of the house and left the mattress that had been on the box frame on a child's bedroom floor.**





**Photograph 11: An occupied bedroom's air vent was screwed shut, preventing air or heat from coming into the room, which did not ensure that the room temperature was being maintained at a reasonable level.**



**Photograph 12: An unidentified brown substance was splattered on the wall and ceiling of an accessible storage room next to a recreation room.**

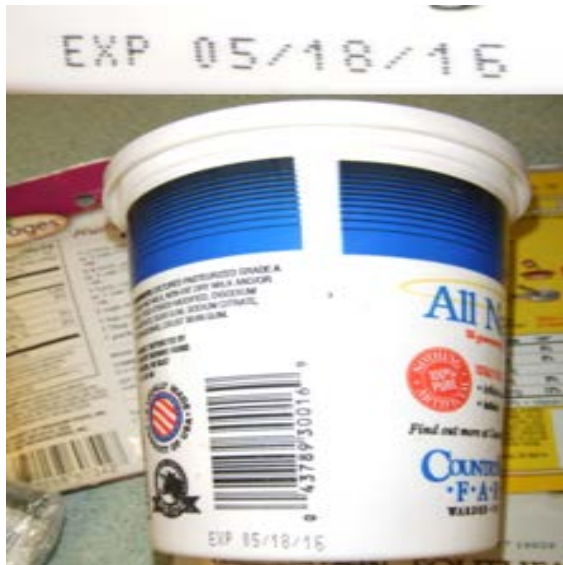


**Photograph 13: Home-jarred foods, some dated more than a year before our site visit, were available to be served to children.**



**Photograph 14: A spoiled head of lettuce and moldy potatoes were kept in the refrigerator and kitchen pantry and were available to be served to children.**





**Photograph 15: Expired perishable dairy foods, such as sour cream, were available to be served to children.**



**Photograph 16: The window openings in a bedroom (left) and living room (right) were too small to be accessed in case of emergencies, and the handles used to open the windows in the living room had been removed. The upper portions of the windows could not be opened.**



**Photograph 17: Bedrooms' windows were screwed shut, preventing access in case of emergencies.**

**APPENDIX E: NUMBER OF INSTANCES OF NONCOMPLIANCE AT  
GROUP CARE FACILITIES IN WASHINGTON**

Group Care Facility No.	Medical Safety		Environment, Space, and Equipment Safety	Background Checks	Food Safety	Fire Safety and Emergency Practices	Total
	Administration of Medication	Expired Medication					
1	2	1	6	3	1		13
2	1	1	6	1			9
3	2		8	1	2	1	14
4	2		6	1	1	1	11
5	1		6		1	1	9
6	1	1			1		3
7	3		7				10
8	1		7	3	2		13
9	1	1	5	1	2		10
10	2		2	4	1		9
11	1		2	2	1		6
12	2	1	1	6			10
13	2		5	1			8
14	1		3	5	1	1	11
15	2	1	5	1			9
16		1	6		1		8
17	3	1	2	1		1	8
18	3		5	1			9
19	2	1	5	1		1	10
20	1			13		4	18
<b>Total</b>	<b>33</b>	<b>9</b>	<b>87</b>	<b>45</b>	<b>14</b>	<b>10</b>	<b>198</b>

**Note:** We provided to the State agency the names of the 20 group care facilities that we reviewed. For each category, we defined an instance of noncompliance as follows:

- **Medical safety:** per child for medication administration issues and per facility for expired medications.
- **Environment, space, and equipment safety:** per issue per facility for not meeting the licensing requirements.
- **Background checks:** per employee not meeting the background check requirements.
- **Food safety:** per issue per facility for not meeting the licensing requirements.
- **Fire safety and emergency practices:** per issue per facility for not meeting the licensing requirements.

## APPENDIX F: STATE AGENCY COMMENTS



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
CHILDREN'S ADMINISTRATION  
PO Box 45040 • Olympia WA • 98504-5710

February 1, 2018

Lori Ahlstrand, Regional Inspector General for Audit Services  
Office of Audit Services, Region IX  
90 – 7<sup>th</sup> Street, Suite 3-650  
San Francisco, CA 94103

Report Number: A-09-16-01006

Ms. Ahlstrand:

The Department of Social and Health Services (Department) appreciates the opportunity to respond to the Office of Inspector General (OIG) report entitled, *Some Washington State Group-Care Facilities for Children in Foster Care Did Not Always Comply With State Health and Safety Requirements (A-09-16-01006)*.

On behalf of the Children's Administration (CA), we would like to thank you and your team for your professionalism throughout your review of the health and safety requirements in group-care facilities for children in foster care in Washington state. CA has reviewed your recommendations and will continue to ensure the health and safety requirements observed during the audit are addressed at all group-care facilities.

You requested the Department provide you with written comments, including a statement of concurrence or non-concurrence with the recommendations. The Department concurs with all seven recommendations.

The following is the Department's response to OIG's recommendations:

**Recommendation 1:**

Ensure all instances of noncompliance identified by OIG are documented and corrected.

**Response:** We concur with the recommendation. Instances of noncompliance were addressed as soon as CA received the instances. Regional licensors who were assigned the group-care facilities in question, addressed the issues with each agency and followed up to verify they were in compliance. The issues were further discussed at the regional licensing meeting in March 2017.

**Recommendation 2:**

Conduct unannounced visits for health and safety reviews of group-care facilities:

**Response:** We concur with the recommendation. During May 2017, the Regional Licensing policy (5130) was updated to require regional licensors to complete ten percent of the six-month health and safety monitoring visits unannounced.\*

\* **OIG Note:** The State agency updated its *Practices and Procedures Guide* (5130) on October 19, 2017.



**Recommendation 3:**

Ensure regional licenser perform and document a site inspection during each health and safety visit at a group-care facility.

Response: We concur with the recommendation. During May 2017 the Regional Licensing policy (5130) was updated to require the completion of a site inspection during each health and safety visit.

**Recommendation 4:**

Ensure regional licensors and group-care facilities have adequate training and guidance on the best practices for administering medications and maintaining related documentation:

Response: We concur with the recommendation. The Division of Licensed Resources Program Manager, Regional Medical Consultants and CA's training partner, the Alliance, created a training during April 2017. All regional licensing staff completed this training by May 2017. The training was also added as a contractual requirement for group-care facilities starting July 2017. The group-care facilities have provided positive feedback for the training, and regional licensors are reporting fewer medications issues during their reviews.

**Recommendation 5:**

Provide regional licensors and group-care facilities with adequate guidance and supervision regarding background checks requirements.

Response: We concur with the recommendation. Regional licensors were following the background check requirement per licensing guidelines. The requirements were different for licensing than those listed in the contracts, this audit revealed that discrepancy. Our contracts personnel notified the group-care facilities they were not allowed to use the provisional hire per the contract.

CA now does an interim clearance for group-care staff, which includes the completion of a Washington State Patrol background check prior to the group-care staff having unsupervised access to children in the facility or being able to count toward their staff to client ratios. The employees will then complete their fingerprint checks and receive their final clearance. If an employee has a criminal history that needs to be reviewed by the administrative unit or if the person has lived outside of Washington state in the past three years, they are not eligible for an interim clearance and must wait until a final fingerprint check clearance is completed to work unsupervised in the group-care facility.

**Recommendation 6:**

Ensure the Minimum Licensing Requirements for Group-Care Facilities handbook is updated with the latest background check requirements.

Response: We concur with the recommendation. DLR is currently in the rule making process following 34.05 RCW, Administrative Procedure Act. Documentation was filed during December 2017 which requires agency employees, who may have unsupervised access to children, complete a FBI fingerprint check. It is expected the rule will become a Washington Administrative Code (WAC) by March of 2018. At that time the WAC books will be updated to reflect this change and they will be provided to group-care facilities.

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**Recommendation 7:**

Consider requiring FBI fingerprint-based background checks for all group-care facility employees, seeking additional legislative authority as needed.

**Response:** We concur with the recommendation. When the new WAC, mentioned in response to recommendation 6, goes into effect, CA will require fingerprints for all group-care staff. For those staff hired before January 1, 2016, CA will fingerprint those staff at the time of group-care facility license renewals. CA will continue to fingerprint all new staff at the time of hire.

Thank you for the opportunity to review this report. Please direct any follow-up inquiries on this response to Rick Meyer, External Audit Compliance Manager at (360) 664-6027.

Sincerely,



Connie Lambert-Eckel, Acting Assistant Secretary  
Children's Administration