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

PHILIP L. BROWNING
Director

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

August 28, 2015

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

From: Philip L. Browning
Director

GUARDIANS OF LOVE FOSTER FAMILY AGENCY CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of Guardians of Love Foster Family Agency (the FFA) in January 2015. The FFA has two offices, one located in the Second Supervisorial District and one in San Bernardino County. Both offices provide services to the County of Los Angeles DCFS placed children. According to the program statement, the FFA's mission is "to provide safe, nurturing, therapeutic certified family homes where children can receive protection from abuse, maltreatment, economic exploitation, malnutrition and/or any form of unsafe environment."

At the time of review, the FFA supervised 162 DCFS placed children in 98 Certified Foster Homes. The placed children's average length of placement was 10 months and their average age was 14.

SUMMARY

During CAD's contract compliance review, the interviewed children generally reported: feeling safe; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity. The Certified Foster Parents reported they were supported by the FFA staff in their efforts to provide care, supervision and service delivery to the children placed in their homes.

The FFA was in full compliance with 7 of 11 sections of our contract compliance review: Certified Foster Homes (CFHs); Facility and Environment; Educational and Workforce Readiness; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) not being timely and cross-reported and Community Care Licensing (CCL) citations; Maintenance of Required Documentation and Service Delivery, related to a child not

progressing toward meeting Needs and Services Plan (NSP) goals and an updated NSP not being comprehensive; Health and Medical Needs, related to a follow-up medical exam not being conducted timely; Personal Needs/Survival and Economic Well-Being, related to an insufficient supply of personal care items, age-appropriate children not allowed to manage their allowance/earnings and children not receiving encouragement/assistance with Life Books/ Photo Album.

Attached are the details of our review.

REVIEW OF REPORT

On March 3, 2015, Jennifer Higuchi, DCFS CAD, held an Exit Conference with the FFA Representatives: Kinikki Fullerwood, Chief Operating Officer, and Brittany Oliver, Supervising Foster Care Social Worker. DCFS staff included Sonya Noil, Out-of-Home Care Management Division (OHCMD). The FFA Representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve the FFA's compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

The FFA provided the attached approved CAP, addressing the recommendations noted in this report.

On February 5, 2015, OHCMD provided the FFA with technical assistance to assist them in implementing the recommendations noted in this report. CAD conducted a follow up visit to the FFA on May 26, 2015, to verify implementation of the CAP.

PLB:EM
LTI:jh

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Rev. Ralph Butler, Chief Executive Officer, Guardians of Love FFA
Leonora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

GUARDIANS OF LOVE FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

3756 Santa Rosalia Drive, Suite 312/315
Los Angeles, CA 90008
License No: 197805376

225 W Hospitality Lane, Suite 302
San Bernardino, CA 92408
License No: 366408570

	Contract Compliance Monitoring Review	**Findings: January 2015**
I	**Licensure/Contract Requirements** (7 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Timely, Cross Reported SIRs	2. Improvement Needed
	3. Runaway Procedures in Accordance with the Contract	3. Full Compliance
	4. Are there CCL Citations/OHCMD Safety Reports	4. Improvement Needed
	5. If Applicable, FFA Ensures Complete Required Whole Foster Family Home Training	5. Not Applicable
	6. FFA Pays Certified Foster Parents (CFP) Whole Foster Family Home Payments	6. Not Applicable
	7. FFA Conducts an Assessment of CFP Prior to Placement of Two (2) or More Children	7. Full Compliance
II	**Certified Foster Homes (CFHs)** (12 Elements)	
	1. Home Study and Safety Inspection Prior to Certification	Full Compliance (All)
	2. Agency's Inquiry with OHCMD for Historical Information Prior to Certification	
	3. Timely Criminal Clearances (DOJ, FBI, CACI) Prior to Certification	
	4. Timely, Completed, Signed Criminal Background Statement	
	5. Health Screening & TB Test Prior to Certification	
	6. All required Training Prior to Certification	
	7. Certificate of Approval on File/Including Capacity	
	8. Safety Inspection At Least Every Six Months or Per-Approved Program Statement	
	9. Completed Annual Training Hours for Re-certification and Current CPR/First-Aid/Water Safety Certificates	
	10. Current CDL/Auto Insurance/Annual Vehicle Maintenance Documentation for CFPs and Designated Drivers	
	11. Criminal Clearances and Health Screening/CDL/ CPR/DOJ/FBI/CACI/Auto Insurance for Other Adults in the Home	
	12. FFA Assists CFPs in Providing Transportation Needs	

III	**Facility and Environment** (7 Elements) 1. Exterior/Grounds Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms/Interior Well Maintained 4. Sufficient and Appropriate Educational Resources 5. Adequate Perishable and Non-Perishable Food 6. CFP Conducted Disaster Drills and Documentation Maintained 7. Money and Clothing Allowance Logs Maintained	Full Compliance (All)
IV	**Maintenance of Required Documentation/Service Delivery** (10 Elements) 1. FFA Obtains or Documents Efforts to Obtain County Children's Social Worker's (CSW) Authorization to Implement NSPs 2. CFPs Participated in Development of the NSPs 3. Children Progressing Towards Meeting NSP Goals 4. FFA Social Workers Develop Timely, Comprehensive Initial NSP with Child's Participation 5. FFA Social Workers Develop Timely, Comprehensive Updated NSPs with Child's Participation 6. Therapeutic Services Received 7. Recommended Assessments/Evaluations Implemented 8. County Children's Social Workers Monthly Contacts Documented in Child's Case File 9. FFA Social Workers Develop Timely, Comprehensive Quarterly Reports 10. FFA Social Workers Conduct Required Visits	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance
V	**Education and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. Children Attend School as Required and FFA Facilitates in Meeting Children's Educational Goals 3. Current Children's Report Cards/Progress Reports Maintained 4. Children's Academic Performance and/or Attendance Increased 5. FFA Facilitates Child's Participation in YDS or Equivalent Services and Vocational Programs	Full Compliance (All)

VI	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance
VII	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (All)
VIII	**Personal Rights and Social Emotional Well-Being** (10 Elements) 1. Children Informed of Agency's Policies and Procedures 2. Children Feel Safe in the CFP Home 3. CFP's Efforts to Provide Nutritious Meals and Snacks 4. CFPs Treat Children with Respect and Dignity 5. Children Allowed Private Visits, Calls and to Receive Correspondence 6. Children Free to Attend or Not Attend Religious Services/Activities of Their Choice 7. Children's Chores Reasonable 8. Children Informed About Their Medication and Right to Refuse Medication 9. Children Aware of Right to Refuse or Receive Medical, Dental and Psychiatric Care 10. Children Given Opportunities to Participate in Extra-Curricular Activities, Enrichment and Social Activities	Full Compliance (All)
IX	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. Clothing Allowance Provided in Accordance with FFA Program Statement 2. On-going Clothing Inventories of Adequate Quantity and Quality 3. Children's Involvement in Selection of Their Clothing 4. Provision of Sufficient Supply of Clean Towels and Personal Care Items Meeting Ethnic Needs 5. Minimum Weekly Monetary Allowances 6. Management of Allowance/Earnings	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Improvement Needed

	7. Encouragement/Assistance with Life Book/Photo Album	7. Improvement Needed
X	**Discharged Children** (3 Elements) 1. Completed Discharge Summary 2. Attempts to Stabilize Children's Placement 3. Child Completed High School (if applicable)	Full Compliance (All)
XI	**Personnel Records** (9 Elements) 1. Criminal Clearances (DOJ, FBI, CACI) Signed and Submitted Timely 2. Timely, Completed, Signed Criminal Background Statement 3. FFA Social Workers Met Education/Experience Requirements 4. Timely Employee Health Screening/TB Clearances 5. Valid CDL and Auto Insurance 6. FFA Employees Signed Copies of FFA Policies and Procedures 7. FFA Employees Completed All Required Training and Documentation Maintained 8. FFA Social Workers Have Appropriate Caseload Ratio 9. FFA Maintained Written Declarations for Part-Time Contracted FFA Social Workers Caseloads Not to Exceed a Total of 15 Children	Full Compliance (All)

GUARDIANS OF LOVE FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the January 2015 review. The purpose of this review was to assess Guardians of Love Foster Family Agency's (the FFA's) compliance with its County contract and State regulations and included a review of the FFA's program statement as well as internal administrative policies and procedures. The monitoring review covered the following 11 areas:

- Licensure/Contract Requirements,
- Certified Foster Homes,
- Facility and Environment,
- Maintenance of Required Documentation/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, 12 Department of Children and Family Services (DCFS) placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, four discharged children's files were reviewed to assess the FFA's compliance with permanency efforts. At the time of the review, one placed child was prescribed psychotropic medication. The child's case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed six certified foster home (CFH) files and five staff files for compliance with Title 22 regulations and County contract requirements. Interviews were conducted with six certified foster parents (CFPs) to access the quality of care and supervision provided to children.

CONTRACTUAL COMPLIANCE

CAD found the following areas out of compliance:

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were not submitted timely and cross-reported.

A review of 83 SIRs revealed that 12 were not submitted into the I-Track database in a timely manner. Additionally, one SIR was not cross-reported to Out-of-Home Care Management Division (OHCMD), Community Care Licensing (CCL) or the DCFS County Children's Social Workers (CSWs), per SIR reporting guidelines.

The FFA representatives confirmed that all clinical staff and CFP were re-trained on how to properly report SIRs on February 15, 2015 and further training on the topic was provided on April 15, 2015.

On May 26, 2015, CAD conducted a follow-up visit to assess the effectiveness of the FFA's training. CAD reviewed 10 new SIRs and found that all were timely and appropriately cross-reported.

- Community Care Licensing (CCL) cited the FFA.

CCL cited the FFA as a result of deficiencies and findings for a complaint received on April 16, 2014. According to the report dated April 22, 2014, CCL substantiated a personal rights violation when it was determined that a CFH did not have functioning smoke detectors. The report indicated that all smoke detectors in the home have been beeping since they were installed in 2011. CCL requested a Plan of Correction (POC), which included an electrician being called out on the same day to remedy the problem. Proof of repair was submitted to CCL. The POC was cleared by CCL on April 22, 2014.

CCL cited the FFA as a result of deficiencies and findings in a complaint received by CCL on February 4, 2014. According to the report dated May 6, 2014, CCL substantiated allegations of personal rights violations and neglect when it was determined that a CFP did not provide the placed children with transportation and the children were left unsupervised. CCL requested a POC by May 13, 2014, to address the findings. On May 6, 2014, the CFP was voluntarily decertified from the FFA. A referral was investigated by a DCFS Emergency Response (ER) Children's Social Worker (CSW), who determined the allegations of general neglect to be inconclusive. The Out of Home Care Investigation Section (OHCIS) recommended that a Corrective Action Plan (CAP) be submitted by June 27, 2014.

CCL cited the FFA as a result of deficiencies and findings in a complaint received on February 13, 2014. According to the report dated May 6, 2014, CCL substantiated a personal rights violation and determined that a CFP grabbed and shook an 11-year-old child. A referral was investigated by a DCFS ER CSW who determined the allegation of physical abuse to be unfounded. OHCIS recommended that a CAP be submitted. CCL requested a POC on May 27, 2014. However, the FFA subsequently decertified the home on October 21, 2014.

CCL cited the FFA as a result of deficiencies and findings in a complaint received on June 16, 2014. According to the report dated September 4, 2014, CCL substantiated an allegation of neglect/lack of supervision when it was determined that a child was injured while in the care of a CFP. The report stated that the children in her care were fighting over a toy and she did not know that the child was injured until the biological parent pointed it out the next day. The child sustained bruises and a bite mark on the leg. A referral was investigated by a DCFS ER CSW who determined the allegation of physical abuse to be inconclusive. All children were removed from the CFH and OHCMD placed a "hold" on the home pending an investigation. The FFA decertified the home on October 16, 2014.

CCL cited the FFA as a result of deficiencies and findings in a complaint received on May 27, 2014. According to the report dated June 16, 2014, CCL substantiated an allegation of neglect/lack of supervision when it was determined that a CFP allowed the children to sleep over at an individual's home whose address was not known to the CFP. A referral was investigated by a DCFS ER CSW who determined the allegation of general neglect to be inconclusive. CCL requested a POC on June 20, 2014 for the above listed allegations. CCL conducted a case management visit on September 25, 2014, and observed that there was a hole in the wall with peeling paint and a broken

dresser drawer with nails lying on the floor. CCL requested another POC on October 3, 2014. OHCIS recommended that a CAP be submitted by October 25, 2014. On October 20, 2014, CCL substantiated another allegation of neglect/lack of supervision when it was determined that a foster child's shoes were in poor condition. According to the report, the child had five pairs of shoes, three were in good condition and the other two were in poor condition. One pair of shoes had a sole that had separated from the shoe, and the other pair had a hole at the bottom of the shoe. A referral was investigated by a DCFS ER CSW who determined the allegation of general neglect to be unfounded. CCL requested a POC on October 27, 2014. OHCIS recommended that a CAP be submitted by May 29, 2015. During the review, the FFA Representative stated that the FFA was in the process of decertifying the home, due to the significant number of issues.

The FFA representative acknowledged that there has been an increase in the number of CCL citations. Therefore, as of March 1, 2015, the FFA implemented a new review process in which the CFP's history of allegations and complaints are reviewed prior to annual recertification.

On May 26, 2015, CAD conducted a follow-up visit to ensure the FFA's implementation of the new protocol. The FFA representative stated that they had one additional substantiated allegation by CCL in the last 90 days.

Recommendations:

The FFA's management shall ensure that:

1. All SIRs are submitted timely and cross-reported to all required parties.

2. The FFA is in compliance with Title 22 regulations and free of CCL citations.

Maintenance of Required Documentation/Service Delivery

- Child not progressing towards meeting Needs and Services Plan (NSP) goals.

A 9-year-old child was placed in a CFH on June 11, 2014. A goal was set for this child on July 11, 2014 to learn how to keep her room clean. As of January 11, 2015, the child had not met this goal and was given an extension to March 11, 2015. On September 11, 2014, another goal was set for the child to identify three extracurricular activities that she would like to participate in, but in her NSP dated December 11, 2014, this goal was deleted without the child having achieved it.

On May 26, 2015, CAD conducted a follow-up visit and reviewed the child's latest NSP dated March 11, 2015. The child was continuing to work on her goal to keep her room clean, but the suggestions presented to the child had remained the same as in the prior NSPs. As of March 11, 2015, the child had not met any goals since placement.

The FFA representatives stated that an individual training was conducted for the social worker that developed the NSPs for the child described above. The FFA will continue to work with the FFA social workers and stated that they will ensure compliance with all required guidelines.

- Comprehensive updated NSP was not developed.

An updated NSP for an 11 year-old child was not comprehensive and did not contain Specific Measureable, Attainable, Relevant, and Time-bound (SMART) goals that addressed the child's needs. Since the child's placement on January 31, 2014, the child had two non-SMART goals on the NSP dated July 31, 2014, the first goal was for the child to participate in Family Reunification Services and the second goal was for the child to complete an initial assessment with a psychiatrist.

On May 26, 2015, CAD conducted a follow-up visit. The FFA representative stated that the above child was discharged in February 2015 and was no longer placed with the FFA. The two most recent updated NSPs were reviewed at this visit. CAD noted that they were comprehensive and contained appropriate SMART goals that addressed the children's needs.

Recommendations:

The FFA's management shall ensure that:

3. Children are progressing towards meeting NSP goals.

4. Comprehensive updated NSPs are developed.

Health and Medical Needs

- Follow-up medical exam were not conducted timely.

A child placed at the FFA in February 2014 did not receive prescription eyeglasses until October 2014.

CAD notified the FFA of this situation, and on March 2, 2015, the FFA representative stated that the child was placed without her eyeglasses and that the CSW was supposed to obtain them from the child's previous home. The FFA's social worker discussed the above matter with the CSW on several occasions and called a new ophthalmologist, but learned that the child was not eligible for new eyeglasses until October 2014. The child received a new pair of prescription eyeglasses in October 2014.

On May 26, 2015, CAD conducted a follow-up visit and was informed that on March 25, 2015, the FFA clinical staff was provided training regarding the necessity to escalate medical issues to the FFA management, service providers such as physicians or medical staff and to ensure that the children receive proper medical services in a timely manner.

Recommendation:

The FFA's management shall ensure that:

5. Follow-up medical exams are conducted timely.

Personal Needs/Survival and Economic Well-Being

- Sufficient supplies of personal care items were not provided.

A child had to purchase his deodorant with his allowance. This was a different brand from the one provided by the CFP.

- Management of allowance/earnings.

The same child, as stated above, paid $5.00 per week to participate in a soccer league and paid separately for haircuts with his weekly allowance. Another child in the same home also paid for his haircuts with his weekly allowance.

The FFA representative stated that the children did not inform their CFP that they were utilizing their allowance to purchase personal care items, paying fees to participate in extra-curricular activities and paying for haircuts. The FFA representative stated that the CFP provides extra allowance for such things, as haircuts, which is not documented in the allowance logs. The FFA representatives stated that they have met with the CFP and instructed her to document all allowances provided and to have frequent conversations with the children about their personal care needs and extra-curricular activities.

On May 26, 2015, CAD conducted a follow-up visit and verified that the FFA had reviewed the items discussed above with the placed children. The children signed verifications that they were aware of their rights and were responsible for informing the CFP of their needs.

- Encouragement/assistance with Life Book/Photo Album was not provided.

Five children did not receive encouragement/assistance with Life Books/Photo Albums.

The FFA representative stated that some children do not want to participate in updating their Life Books. In cases where the children refuse, the FFA requires the children to sign a "Refuse to Participate" form.

On May 26, 2015, CAD conducted a follow-up visit. CAD noted that the FFA social workers have begun documenting in their weekly case notes their efforts to encourage children to participate in the development of Life Books/Photo Albums.

Recommendations:

The FFA's management shall ensure that:

6. Sufficient supplies of personal care items are provided.

7. Management of allowance/earnings is allowed.

8. Encouragement/assistance with Life Books/Photo Albums is provided.

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

The OHCMD's last compliance report dated July 10, 2014, identified seven recommendations.

Results

Based on CAD's follow-up, the FFA fully implemented 4 of 7 recommendations for which the FFA was to ensure that:

- The FFA social worker staff develops comprehensive initial NSPs.
- CSW's signatures authorizing implementation of the NSP are obtained in a timely manner.
- CSWs are contacted monthly and documentation is maintained in the children's case files.
- Children's quarterly reports are comprehensive and sent to their respective DCFS CSWs in a timely manner.

The FFA did not implement 3 of 7 recommendations for which the FFA was to ensure that:

- All SIRs are reported via I-Track database in a timely manner to all required parties.
- The FFA is in full compliance with Title 22 regulations and free of CCL citations.
- Updated NSPs are comprehensive and completed in accordance with the NSP template, are child specific, measurable and goals include a timeframe.

Recommendation:

9. The outstanding recommendations from the report dated July 10, 2014, which are noted in this report as Recommendation numbers 1, 2, and 4, are fully implemented.

At the Exit Conference, the FFA Representative stated they will remain in compliance with Title 22 regulations and County contractual requirements. The FFA made efforts to utilize information from the CAD contract compliance review to strive towards greater overall compliance.

CAD conducted an on-site follow-up visit on May 26, 2015. Based on the results of the follow-up, the FFA implemented 6 of 8 recommendations noted in this report. The agency conducted SIR training for CFPs and FFA social workers; NSP training for FFA social workers was completed on February 15, 2015; all clinical staff were trained in regards to appropriately escalating and documenting medical issues in a timely manner on March 25, 2015; CFPs were re-trained on March 25, 2015, in regard to the management of allowance/earnings; and the FFA's social workers were instructed to document children's initial and subsequent refusals to participate in the development of Life Books/Photo Albums. CAD will continue to assess implementation of the recommendations during our next monitoring review. The OHCMD will provide on-going technical assistance prior to the next review.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER (A-C)

A fiscal review of the FFA has not been posted by the A-C. However, the FFA has an overpayment of $18,444 and they are not making payments in accordance with invoice dates. The FFA has been contacted by DCFS regarding late payments.

3756 Santa Rosalia Drive, Suite 305
Los Angeles, California 90008
Office: 323-295-6030
Fax: 323-295-6310

225 Hospitality Way, Suite 302
San Bernardino, California 92408
Office: 909-383-5088
Fax: 909-383-5090

CORRECTIVE ACTION PLAN
AMENDMENT I

REQUESTING AGENCY:	**DCFS – CONTRACTS ADMINISTRATION DIVISION**
AUDIT YEAR:	**2014**
CAP DUE DATE:	**APRIL 27, 2015**
AMENDMENT DATE:	**JULY 30, 2015**
CAP SUBMITTED TO:	**JENNIFER HIGUCHI, CHILDREN SERVICES ADMINISTRATOR I**
CAP SUBMITTED BY:	**KINIKKI FULLERWOOD, CHIEF OPERATING OFFICER**

GOL FFA has amended its original CAP to address Section IX – Personal Needs/Survival and Economic Well-Being in further detail.

CONTRACTS ADMINISTRATION DIVISION FINDINGS:

- **One child was not provided with a sufficient supply of clean towels along with adequate personal care items appropriate to their ethnic needs (#61).**
- **Two placed children were not free to manage their allowance and/or earnings as noted on FYBR (#63).**

GOL believes a conflict in the information the children and the certified parent related to the agency staff and contract monitor resulted in the aforementioned findings. The certified parent stated she was not aware the minor was paying $5 weekly for soccer, which the minor confirmed. To ensure contract compliance and address the need for increased communication; GOL re-trained the certified parent on March 25, 2015. The training addressed appropriate allowance usage and the financial responsibility of a certified parent. The training was specific to the age group primarily placed in the certified home. The majority of children placed in the certified home are responsible adults who are involved in several extracurricular activities. GOL expressed to the certified parent the heightened importance of effective communication with children who lead active lives and subsequently spend less time at home. The certified parent was reminded she was ultimately responsible for initiating and ensuring open communication regarding children's personal needs. GOL provided the certified parent with communication techniques and tools to create open communication. GOL also suggested mandatory monthly meetings and having list available in a common area to request specific preferred items (food, snacks, personal hygiene items, etc.). The certified parent was very receptive and implemented the suggestions immediately. Additionally, the two children related to this finding were reimbursed (as applicable per child) for two months of haircuts, soccer fees and personal hygiene products.

Guardians of Love also used this finding to provide additional training to all certified parents and encourage more communication between the FCSW, certified parent and children placed in the aforementioned certified home. The certified home's FCSW spoke with all the children placed in the home to reiterate the certified parent's responsibilities as it relates to personal items, extracurricular activities and allowance. A refresher training was provided to all certified parents during the certified parent training on April 15, 2015.

Prepared By: _____ Date: July 30, 2015

Kinikki Fullerwood
Chief Operating Officer

3756 Santa Rosalia Drive, Suite 305
Los Angeles, California 90008
Office: 323-295-6030
Fax: 323-295-6310

225 Hospitality Way, Suite 302
San Bernardino, California 92408
Office: 909-383-5088
Fax: 909-383-5090

CORRECTIVE ACTION PLAN

REQUESTING AGENCY:	DCFS - CONTRACTS ADMINISTRATION DIVISION
AUDIT YEAR:	2014
CAP DUE DATE:	APRIL 27, 2015
CAP SUBMITTED TO:	JENNIFER HIGUCHI, CHILDREN SERVICES ADMINISTRATOR I
CAP SUBMITTED BY:	KINIKKI FULLERWOOD, CHIEF OPERATING OFFICER

OVERVIEW

Guardians of Love, FFA (GOL) has been providing foster care services since 1997. It is and has always been our desire to provide comprehensive services to all the children that we serve, while concurrently adhering to all the contractual requirements specified in our Department of Children and Family Services contract and CDSS Title 22 regulations.

During our 2014 Foster Family Agency Monitoring Review conducted by Jennifer Higuchi, CSA I, deficiencies were noted that required correction. The following Corrective Action Plan details the deficiencies in their entirety and provides GOL's Plan of Action, which will ensure that all corrective actions are executed. The Chief Operating Officer, [redacted] will be responsible for creating the CAP and ensuring its implementation. The Supervising Foster Care Social Workers, [redacted] and [redacted] will provide oversight to ensure ongoing compliance of items addressed within this Corrective Action Plan. While most corrective actions were implemented immediately, GOL will fully implement the Corrective Action Plan no later than June 30, 2015.

DEFICIENCES:

I. LICENSURE/CONTRACT REQUIREMENTS

CONTRACTS ADMINISTRATION DIVISION FINDINGS:

- **Special Incident Reports were not always appropriately documented and cross-reported (#2).**

  Special Incident Reporting was a finding during the previous monitoring period. The previous CAP stated that GOL would retrain certified parents, social workers and supervising social workers on SIR reporting and completing and approving SIRs within the appropriate timeframes. To address the repeat SIR finding and to clarify previous training materials presented GOL consulted with [redacted]. [redacted] and created a new SIR training manual which incorporated [redacted] recommendations, the county contract, an SIR reportable incident checklist and a retraction of information (the specific examples presented previously In the DCFS/CCL *Special Incident Reporting – Clarifying the Most Confusing Reportable Incident* training conducted on July 10, 2014). An SIR Reporting training was conducted with all clinical staff on February 15, 2015. GOL also retrained all of our certified parents on April 15, 2015. On-going trainings will also be conducted as needed for all certified parents and clinical staff.

To emphasize the importance of timely SIR reporting; Guardians of Love will take disciplinary action toward any FCSW, SFCSW or certified parent responsible for an SIR being reported outside of the appropriate timeframes. Disciplinary action taken will include but not be limited to training, counseling sessions, verbal and written warnings, employee suspension/certified parent internal hold and termination/decertification.

- **GOL was not free of substantiated Community Care Licensing Complaints' reports on safety and physical plant deficiencies since the last review (#4).**

  It was noted during the previous monitoring review period that GOL had five substantiated Community Care Licensing complaints in 2013. The previous Corrective Action Plan stated that GOL took appropriate certified parent disciplinary action and would closely monitor all certified homes and as needed, would immediately address and resolve any concerns with the agency's certified homes. GOL also trained FCSWs on allegation indications and conducted weekly SFCSW meetings to discuss individual certified parent concerns and review case visits, SIRs and allegation history. During the current compliance monitoring review period (2014), GOL had five substantiated Community Care Licensing Complaints. In all five complaints a timely Plan of Correction (POC) was submitted to Community Care Licensing and was subsequently approved. Of the five complaints, three were Personal Rights complaints and two were General Neglect complaints. Corrective actions included re-training of certified parents on prudent parent/appropriate supervision (CC# 32-CR-20140527100821) and repair of a certified parent's smoke detector (CC# 32-CR-20140416082851). Two of the substantiated Personal Rights complaints and one of the substantiated General Neglect complaints resulted in the agency determining that the complaints warranted decertification (CC# 32-CR-20140213152919, CC# 32-CR-2014020491838 & CC# 32-CR-20140616092049) based on the certified parents' historical information, complaint substantiations and complaint narratives. GOL concluded that the certified homes no longer met agency standards and were therefore not viable placement resources.

  Based on the increase in Community Care Licensing substantiated complaints GOL created a new certified parent recertification policy. Effective March 01, 2015, GOL administration conducts detailed reviews of all certified parent allegations and complaints on an annual basis at the time of a certified parent's recertification. Utilizing the certified parent's agency and allegation/complaint history, administration will determine if a certified parent is automatically cleared for recertification or if disciplinary action needs to be taken. Disciplinary action may include additional training, certified parent advisory and/or decertification.

  In an effort to prevent future substantiated allegations in the same categories; GOL trained all of our certified parents (during the certified parent training following the individual allegation substantiations) using the specific substantiated complaints as tangible examples to illustrate the individual Title 22 regulatory infraction. Guardians of Love will continue to train parents during certified parent trainings using the actual complaints (inconclusive, unfounded & substantiated) for that quarter and the corrective actions noted in the previous Corrective Action Plan as a precautionary strategy to reduce Community Care Licensing substantiated complaints.

IV. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

CONTRACTS ADMINISTRATION DIVISION FINDINGS:

NEEDS AND SERVICES PLAN RELATED

- **One placed child did not progress toward meeting the NSPs case goals (#29).**
- **The FFA social worker did not develop timely, comprehensive, updated (NSPs) with the participation of the developmentally age-appropriate child for two of the twelve placed children selected (#31).**

During the previous monitoring review period one of the two current findings was noted (#29). The previous Corrective Action Plan was based on four findings within this area. GOL concluded that the majority of the findings were attributed to an individual social worker that was subsequently individually reprimanded and retrained. GOL also provided training to the NSP coordinator and the SFCSWs to ensure that all NSPs are reviewed according to agency, CCL and DCFS standards. The previous corrective actions resulted in Guardians of Love reducing Maintenance of Required Documentation and Service Delivery findings by 50% during the current monitoring review period.

Guardians of Love will continue to focus on comprehensive service delivery. GOL continuously modifies our internal NSP process and procedures to streamline practices, incorporate contract monitor's findings/recommendations and increase overall contract compliance. Guardians of Love continues to employ an NSP coordinator and recently revised our NSP training manual to include more of a focus on children progressing toward their goals, modification of goals and documenting goal outcomes.

On February 25, 2015 GOL conducted an NSP training using the revised NSP manual to specifically address the deficiencies noted during our monitoring review. Guardians of Love will continue to provide initial and on-going NSP trainings.

VI. HEALTH AND MEDICAL NEEDS

CONTRACTS ADMINISTRATION DIVISION FINDINGS:

- **One child did not have required follow-up medical examinations conducted timely (#43).**

  In all 12 of the children's files reviewed the initial and follow-up medicals were conducted on time. This finding was based on one minor not receiving their glasses from their biological grandmother in a timely manner. Administration spoke with the specific FCSW and stressed the importance of timely resolve and made suggestions on how the matter could have been resolved more efficiently. Some of the suggestions presented were escalating the issue to an agency SFCSW and/or a department SCSW, documenting every attempt made to obtain the eyeglasses, exploring alternative options to secure another pair of eyeglasses, etc. GOL also expressed our stance on children's medical needs and that it is ultimately our responsibility to ensure that the medical needs of all children placed within our agency are met. If this situation had been escalated to a supervisor, the agency would have undoubtedly purchased the minor's eyeglasses. To ensure transference of relevant information, all clinical staff was trained on appropriate escalation, documentation and resolve timeframes during a training conducted on March 25, 2015.

IX. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

CONTRACTS ADMINISTRATION DIVISION FINDINGS:

- **One child was not provided with a sufficient supply of clean towels along with adequate personal care items appropriate to their ethnic needs (#61).**
- **Two placed children were not free to manage their allowance and/or earnings as noted on FYBR (#63).**

  GOL believes that a conflict in the information that the children and the certified parent related to the agency staff and contract monitor resulted in the aforementioned findings. To ensure contract compliance GOL re-trained the certified parent on March 25, 2015. The training addressed appropriate allowance usage and the financial responsibility of a certified parent. The certified parent stated that she was not aware that the minor was paying $5 weekly for soccer, which the minor confirmed. Guardians of Love also used this situation to provide additional training and to

encourage more communication within the certified home. The certified home's FCSW spoke with all the children placed in the home to reiterate the certified parent's responsibilities as it relates to personal items, extracurricular activities and allowance. A refresher on the aforementioned topic was discussed with all of our certified parents during the certified parent training on April 15, 2015.

- **Certified parents did not always encourage and assist children to update a Lifebook or a photo album (#64).**

  Guardians of Love will ensure that a Lifebook is encouraged and offered to all children placed within the agency. Certified parents will assist all children interested in updating their lifebooks. If a Lifebook is refused, the agency will document the FCSWs attempt to offer a Lifebook and the minor's subsequent denial. If a Lifebook is initially refused, Guardians of Love will ensure that a Lifebook is encouraged and offered periodically throughout the duration of the minor's placement. Each subsequent attempt/denial will be documented and placed in the minor's case file.

Guardians of Love would like to thank Ms. Higuchi for her know edge, valuable recommendations and for her professionalism and assistance throughout the new contract monitoring process. GOL respectfully submits this Corrective Action Plan for your review.

Prepared By: _____ Date: _____ 27, 2015

Kinikki Fullerwood
Chief Operating Officer