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

PHILIP L. BROWNING
Director

BRANDON NICHOLS
Chief Deputy Director

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

June 20, 2016

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

From: Philip L. Browning
Director

SOUTH BAY BRIGHT FUTURE FOSTER FAMILY AGENCY CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of South Bay Bright Future Foster Family Agency (the FFA) in May 2015. The FFA has one office located in the Fourth Supervisorial District and provides services to the County of Los Angeles DCFS placed foster children. According to the FFA's Program Statement, its stated purpose is to "ensure the safety of each child, support and strengthen biological/certified families and promote the healthy development of all children."

At the time of the review, the FFA supervised 43 DCFS placed children in 34 Certified Foster Homes (CFHs). The children's overall average length of placement was 13 months and their average age was 11.

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 being supported by the FFA staff in their efforts to provide care and supervision to the children placed in their homes.

The FFA was in full compliance with 7 of 11 applicable sections of CAD's Contract Compliance Review: CFHs; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Community Care Licensing (CCL) citing the FFA for deficiencies and findings; Facility and Environment, related to money and clothing allowance logs not maintained; Maintenance of Required Documentation and Service Delivery, related to FFA Social Workers not obtaining or documenting the efforts to obtain the DCFS Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs), children not progressing toward meeting NSP case goals, FFA Social Workers not developing comprehensive Initial NSPs, and FFA Social Workers not developing comprehensive Updated NSPs; and Personnel Records, related to employees not receiving all required training.

Attached are the details of our review.

REVIEW OF REPORT

On June 26, 2015, Jennifer Higuchi, DCFS CAD, held an exit conference with Marvett Black, FFA Administrator. The FFA representative agreed with the review findings and recommendations; was 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 Compliance CAP addressing the recommendations noted in this report.

CAD conducted an on-site follow-up visit on August 14, 2015, to verify implementation of the CAP.

PLB:EM
LTI:dlf

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Levetta Dianne Holloway, Chief Executive Officer, South Bay Bright Future
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

SOUTH BAY BRIGHT FUTURE FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW SUMMARY

24404 Vermont Avenue, Suite 206
Harbor City, CA 90710
License Number: 198201659

	Contract Compliance Review	Findings: May 2015
I	**Licensure/Contract Requirements** (7 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Timely, Cross-Reported SIRs	2. Full Compliance
	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 (WFFH) Training	5. Non-Applicable
	6. FFA Pays Certified Foster Parents (CFP) WFFH Required Supplemental Payments	6. Non-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 Conducted Prior to Certification	Full Compliance (All)
	2. Agency's Inquiry with OHCMD for Historical Information Prior to Certification	
	3. Timely Criminal Clearances (Federal Bureau of Investigation (FBI), California Department of Justice (DOJ), Child Abuse Central Index (CACI) Prior to Certification	
	4. Timely, Completed, Signed Criminal Background Statement	
	5. Health Screening & Tuberculosis (TB) Test Prior to Certification	
	6. All Required Training Prior to Certification	
	7. Certificate of Approval on File/Including Capacity	
	8. Safety Inspections Completed 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 Driver's License (DL)/Auto Insurance/Annual Vehicle Maintenance Documentation for CFPs and Designated Drivers	
	11. Criminal Clearances and Health Screening/DL/CPR/FBI/DOJ/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	1. Full Compliance
	2. Common Areas Well Maintained	2. Full Compliance
	3. Children's Bedrooms/Interior Well Maintained	3. Full Compliance
	4. Sufficient and Appropriate Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Food	5. Full Compliance
	6. CFP Conducted Disaster Drills and Documentation Maintained	6. Full Compliance
	7. Money and Clothing Allowance Logs Maintained	7. Improvement Needed
IV	**Maintenance of Required Documentation/Service Delivery** (10 Elements)	
	1. FFA Obtains or Documents Efforts to Obtain DCFS Children's Social Worker's (CSW's) Authorization to Implement NSPs	1. Improvement Needed
	2. CFPs Participated in Development of the NSPs	2. Full Compliance
	3. Children Progressing Towards Meeting NSP Goals	3. Improvement Needed
	4. FFA Social Workers Develop Timely, Comprehensive Initial NSP with the Child's Participation	4. Improvement Needed
	5. FFA Social Workers Develop Timely, Comprehensive Updated NSPs with the Child's Participation	5. Improvement Needed
	6. Therapeutic Services Received	6. Full Compliance
	7. Recommended Assessments/Evaluations Implemented	7. Full Compliance
	8. DCFS Children's Social Worker's Monthly Contacts Documented in Child's Case File	8. Full Compliance
	9. FFA Social Workers Develop Timely, Comprehensive Quarterly Reports	9. Full Compliance
	10. FFA Social Workers Conduct Required Visits	10. Full Compliance
V	**Education and Workforce Readiness** (5 Elements)	
	1. Children Enrolled in School Within Three School Days	Full Compliance (All)
	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	

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	Full Compliance (All)
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. CFPs' 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 Choices 7. Children's Chores Reasonable 8. Children Informed About Their Medication and Right to Refuse Medication 9. Children Aware of Right to Refuse or Received Medical, Dental and Psychiatric Care 10. Children Given Opportunities to Participate in Extracurricular 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. Ongoing 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 7. Encouragement/Assistance with a Life Book or Photo Album	Full Compliance (All)
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 (FBI, DOJ, 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/Tuberculosis (TB) Clearances 5. Valid Driver's License 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance

SOUTH BAY BRIGHT FUTURE FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

The following report is based on a "point in time" review. The compliance report addresses findings noted during the May 2015 review. The purpose of this review was to assess South Bay Bright Future 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 administrative internal policies and procedures. The monitoring review covered the following 11 areas:

- Licensure/Contract Requirements,
- Certified Foster Homes,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For purpose of this review, seven placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed seven children and reviewed their case files to assess the care and services the children received. During the home visits, the children were observed to be comfortable and well cared for in the Certified Foster Homes (CFHs) and the Certified Foster Parents (CFPs) were observed to be responsive to the needs of the children. Additionally, four discharged children's files were reviewed to assess the FFA's compliance with permanency efforts. At the time of the review, one child was prescribed psychotropic medication. The child's case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

CAD found the following areas out of compliance:

Licensure/Contract Requirements

- Community Care Licensing (CCL) citations.

CCL cited the FFA on April 24, 2014, as a result of a complaint received by CCL on April 2, 2014, the children were hit. CCL requested a Plan of Correction (POC). The POC was cleared by CCL on May 8, 2014. The FFA placed this home on hold on June 2, 2014, and the child was moved to a different certified home. This referral was investigated by a Department

of Children and Family Services (DCFS) Emergency Response (ER) Children's Social Worker (CSW) and the allegation was determined to be inconclusive. The DCFS Out-of-Home Care Investigations Section (OHCIS) completed their investigation and recommended that this home no longer be used as a placement resource for Los Angeles County DCFS children and the home was placed on an indefinite hold.

CCL cited the FFA on March 13, 2015, as a result of a compliant received by CCL on January 12, 2015, a child was not administered prescribed medication as perscribed. CCL requested a POC, which was cleared by CCL on March 30, 2015. This referral was investigated by a DCFS ER CSW and the allegations were determined to be unfounded. OHCIS completed their investigation on March 27, 2015, and recommended that this home no longer be used as a placement resource for Los Angeles County DCFS children and the home was placed on an indefinite hold. The children were moved to a different certified home on February 26, 2015.

The FFA representative acknowledged the CCL, DCFS and OHCIS findings and stated that all FFA Social Workers have received additional training to address the above issues.

CAD conducted a follow-up visit on August 14, 2015, to assess the FFA's progress. There had been no new CCL citations for the FFA's CFHs since the review was conducted.

Recommendation:

The FFA's management shall ensure that:

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

Facility and Environment

- Money and clothing allowance logs were not maintained.

During the review, it was determined that four CFHs homes were not maintaining proper money and clothing logs to document the disbursement of allowances. In all four homes, the logs were not completed monthly or were only partially completed.

The FFA representative stated that all CFPs are required to bring their monthly money and clothing allowance logs to the FFA office on a monthly basis to be reviewed by the administrator. The FFA administrator will provide individual training to all CFPs beginning August 2015 when they bring the logs in-person to the FFA office. After the initial training by the FFA administrator, the FFA Social Workers will continue to assist the CFPs on a monthly basis.

During CAD's follow-up visit conducted on August 14, 2015, it was noted that the money and clothing allowance logs for the months of June and July 2015 were partially completed. The logs lacked clothing receipts, description of purchased clothing, and the allowances continued to be documented as disbursed on a monthly basis, instead of weekly.

Recommendation:

The FFA's management shall ensure that:

2. Money and clothing allowance logs are adequately maintained.

Maintenance of Required Documentation and Service Delivery

- The FFA did not obtain or document efforts to obtain DCFS CSW's authorization to implement Needs and Services Plans (NSPs).

Four children's NSPs did not have the DCFS CSW's signature. There was no documentation of the FFA's efforts to obtain the DCFS CSW's signature on 13 NSPs.

During CAD's follow-up visit on August 14, 2015, two NSPs were reviewed and did not contain the required DCFS CSW's authorization signatures or documentation of the FFA's efforts to obtain signatures. The FFA stated that they will comply with the new protocol to ensure they obtain timely signatures.

- The placed children were not progressing toward meeting their NSP case goals.

Two children in placement for over eight months did not achieve any goals set in their NSPs.

During CAD's follow-up visit on August 14, 2015, the same children's NSPs were reviewed and it was noted that the children are currently making progress towards achieving their goals.

- FFA Social Workers did not develop comprehensive initial NSPs.

A placed child's Initial NSP was not comprehensive and it contained information about another child throughout the NSP.

During CAD's follow-up visit on August 14, 2015, a new Initial NSP dated July 11, 2015 was reviewed and it was observed to be comprehensive.

- FFA Social Workers did not develop comprehensive Updated NSPs.

A child's Updated NSP was not comprehensive and it contained information about another child throughout the NSP.

At the exit conference, the FFA representative acknowledged the need to focus on improving the comprehensiveness of the NSPs.

During CAD's follow-up visit on August 14, 2015, two Updated NSPs were reviewed and observed to be comprehensive.

Recommendations:

The FFA's management shall ensure that:

3. The FFA obtains or documents efforts to obtain DCFS CSW's authorization to implement NSPs.

4. Placed children make progress toward meeting NSP case goals.

5. The FFA Social Workers develop comprehensive Initial NSPs.

6. The FFA Social Workers develop comprehensive Updated NSPs.

Personnel Records

- Employees did not receive all required training.

During the review, it was noted that employees were missing the weekly training. The FFA representative stated that all Social Workers are contracted and are not full-time employees. The FFA representative stated that they will amend their program statement to clarify its Social Workers are Independent Contractors and are not employees.

Recommendation:

The FFA's management shall ensure that:

7. Employees receive all required training.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD'S FFA CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report dated September 19, 2014, identified 30 recommendations.

Results:

Based on CAD's follow-up, the FFA fully implemented 24 of 30 recommendations for which the FFA was to ensure that:

- All Special Incident Reports (SIRs) are reported via I-Track system in a timely manner to all required parties.
- An assessment of the CFP's ability to provide quality care for more than two children is conducted prior to placing additional children in a CFH.
- Safety inspections are conducted prior to certification and documentation is maintained in the CFP's file.

- The FFA contacts the OHCMD for abuse/neglect background information on all applicants prior to certification.
- CFPs' criminal background statement is completed prior to certification.
- All required documents, including TB test is completed prior to certification.
- CFH's Certificate of Approval is kept in the CFP's files.
- Safety Inspections are completed at least every six months per the FFA's Program Statement.
- CFH's exterior grounds are well maintained and free of safety hazards.
- CFH's common areas and interiors are well maintained and free from safety hazards.
- Children's bedrooms are well maintained.
- Disaster drills are conducted at least every six months and documentation of drills is placed in the CFP's files.
- CSWs are contacted monthly and documentation of the contacts are placed in the case files.
- Children's Quarterly Reports are comprehensive and include documentation of children's overall progress, services received and all other pertinent information.
- FFA social workers conducted required visits with placed children in accordance with the contract.
- All children are enrolled within three school days after placement and are assisted to ensure timely school enrollment.
- All children's educational needs are closely monitored and necessary assistance is provided to assist them to reach their educational goals.
- All school-aged children receive assistance to improve their academic performance.
- All age-appropriate children are encouraged to participate in Youth Development Services or equivalent services and receive support/assistance from the FFA, as necessary.
- All children's Initial medical examinations are conducted timely.
- All children's Initial dental examinations are conducted timely.
- The CFPs encouraged and assisted all placed children in creating and updating Life Books or Photo Albums.
- All employees' driver's licenses are updated and filed in the employees files.
- All part-time, contracted Social Workers sign their declarations regarding their collective caseloads not to exceed 15 children maintained in their files.

Based on CAD's follow-up, the FFA did not implement 6 of 30 recommendations for which the FFA was to ensure that:

- The FFA is in full compliance with Title 22 Regulations and free of CCL citations.
- Children's monetary and clothing allowance logs are maintained, as required by the County contract.
- CSW's signatures authorizing implementation of the NSPs are obtained in a timely manner and efforts to obtain the signatures are documented.
- Children are assisted in meeting their NSP goals and all efforts by the FFA are documented in the children's case files.
- Children's Initial NSPs are comprehensive and completed in accordance with the NSP template.

- Children's Updated NSPs are comprehensive and completed in accordance with the NSP template.

8. The outstanding recommendations from the report dated September 19, 2014, which are noted in this monitoring report as Recommendation numbers 1, 2, 3, 4, 5, and 6 are partially implemented.

The FFA representatives expressed their desire to remain in compliance with Title 22 Regulations and contractual requirements. The FFA made efforts to utilize information from the review to strive towards greater overall compliance. CAD conducted an on-site follow-up visit on August 14, 2015. Based on the results of our follow-up, the FFA implemented 4 of 7 recommendations noted in this report and will continue to improve the timely development of NSPs and will request an addendum to their program statement to address the status of their staff training. The FFA will consult with OHCMD for additional support and technical assistance, and CAD will continue to assess implementation of the recommendations during our next monitoring review.

SOUTH BAY BRIGHT FUTURE, INC.

24404 South Vermont Avenue, Suite 201 • Harbor City, CA 90710
Phone: (310) 891-0096 • FAX (310) 891-0195

August 27, 2015

Jennifer Higuchi
Department of Children and Family Services
Contracts Administration Division

RE: Corrective Action Plan (CAP)

Dear Ms. Higuchi,

Please find attached the following revised CAP for the South Bay Bright Future Foster Family Agency (SBBFFFA) as requested by the agency monitor Jennifer Higuchi on August 14, 2015 related to SBBFFFA Monitoring Review Exit Summary.

LICENSURE/CONTRACT REQUIREMENTS

FINDING #4: Is the agency free of substantiated Community Care Licensing complaints reports on safety and physical plant deficiencies since the last review? (SAFETY)

During the reporting period May 2014 thru May 2015 the agency was cited by Community Care Licensing as follows:

- Complaint #32-CR- 20140402132655 : Allegation: Children were hit. SBBFFFA was cited April 14, 2014. SBBFFFA decertified the foster parents June 3, 2014.

  The substantiated allegation was "physical abuse". The complaint was generated by a sibling in regards to her siblings that were in Legal Guardianship. In addition the allegation of physical abuse was against the siblings under legal guardianship. No foster child was part of the allegation.

  SBBFFFA has reviewed and continues to train all certified foster parents that "CORPORAL PUNISHMENT" is unacceptable at any time.

All social workers have been reviewed on speaking with all children in the home which includes biological children, legal guardians and foster children.

- Complaint #32-CR-20150112103504…Allegation: Child was not administered medications as prescribed.

  The agency was cited April 21, 2014…"Not providing Family Health Care to placed children in the home". The allegation consisted of CFP putting the medication on the kitchen counter, only to return and the mediation was no longer on the kitchen counter. A POC was submitted to CCL and approved

SBBFFFA shall ensure that all placed children receive prescribed medication and that the medication is given as directed by the physician. In addition the medication shall be properly stored, properly distributed, logged and it is mandatory that all special incidents are reported timely to the agency. Agency social workers and certified foster parents have been informed by the administrator that failure to comply with the aforementioned can lead to consequences.

SBBFFFA's social workers have been thoroughly trained (by the administrator) on closely monitoring the home when medication has been prescribed to ensure that the aforementioned is implemented. The social worker and certified foster parent are the primary persons responsible for the CAP. **The effective date of the CAP is immediately.**

FINDING #26: Are appropriate and comprehensive monetary and clothing allowance logs maintained: (WELL-BEING).

The agency implemented a new policy for the aforementioned with an effective date of July 20, 2015 and has not had enough time to be in compliance with the CAP.

SBBFFFA has implemented a new policy that monthly each certified foster parent shall be scheduled to come into the agency's office with current monthly clothing receipts and monthly allowance logs (with allowance being distributed weekly) to be reviewed by the social worker's assistant. Initially, the administrator shall review the receipts and documentation until at such time it has been determined that the receipts and logs are accurate and documentation is complete. Thereafter, the social worker's assistant shall be responsible in ensuring that all receipts and logs are current and completely documented. **The effective date of this CAP is August 20, 2015.**

FINDING #27: Did the FFA obtain or document efforts to obtain the County's Worker's authorization to implement the NSP? (WELL BEING)

The agency was operating under the premise that the **FIRST ATTEMPT** should reach county social worker no later than the "5th working date" after the reporting period. The agency made all first attempts by the 35th date since being informed of such during the current audit (June 26, 2015). The latest DCFS NSP training held on May 8, 2015 stated that the first attempt should reach the county social worker by the 35th day. The training did not state that the three attempts should be made by the 35th day.

SBBFFFA shall ensure that at least three attempts reach the county social worker by the 35th day. The agency's first attempt shall be in person, in that a staff person shall present the NSP in person to the respective county social worker for authorization. If the 1st attempt in person is not successful, then the "1" attempt shall be by fax and thereafter, the remaining two attempts shall be made thru e-mail and a record of all attempts shall be maintained in case files.

The persons responsible for the CAP are the assigned social worker and social worker's assistant. **The effective date of this CAP is August 30, 2015.**

FINDING #29: Are placed children progressing toward meeting the NSP(s) case goals (initial and updated?) (Review agency's documentation of their efforts.) (WELL-Being)

The review that was conducted August 14, 2015 revealed that some of the goals should have been more specific and more traceable. In addition, the review also revealed that some progress was been made. The agency recognizes the area(s) that needs to be improved and all efforts shall be made to improve these areas immediately.

SBBFFFA is implementing the CAP that was submitted July 27, 2015 to ensure that children are progressing toward meeting the NSP(s) case goals. These goals shall be more specific, timely and traceable.

FINDING #30 and #35: Did the FFA social worker develop timely, comprehensive, initial and updated (NSP's) with the participation of the developmentally age-appropriate child". (WELL-BEING)

SBBFFFA has implemented a new method to ensure that the NSP(s) are timely as stated in Finding #27, by submitting the NSP in person to the county social worker by the 35th day, thereafter by e-mails, if needed.

Currently, SBBFFFA collaborates with child(ren) , certified foster parent, county social worker, parents (if available) teacher, mental health staff (if needed) to create comprehensive initial and updated NSP(s).

However, SBBFFFA to improve the comprehensiveness of the NSP(s) shall invite all known persons in the child(ren) life to participate in quarterly meetings to discuss the best quality of life for the child(ren) which includes comprehensive goals. The agency shall keep minutes of these meetings. Everyone involved shall receive a copy of the minutes which includes but not limited to: subject matters, date of next meeting, time, place, etc. In addition, more emphasis shall be placed on the creation of the NSP to include all components of the NSP(s).

The primary persons responsible for these meetings are the agency's social workers. The agency administrator shall be invited to all of the meeting and shall be given a copy of all minutes. **The effective date of this CAP is October 1, 2015.**

FINDINGS #74: All employees are missing weekly training.

SBBF's social workers are contract workers. When the contract was generated all of the social workers were full time workers and were required to attend weekly staff meeting/ training. Currently, agency's social workers are contract workers and are not required by state law to attend weekly staff/meetings/trainings.

Therefore, to be in compliance with the contract SBBF shall request an addendum be added to the Program Statement to address the current status of the social workers as they are not required to attend weekly meetings/trainings. The agency needs some time to present the addendum and get approval from CCL and OHCMD. SBBF is requesting 60 days to get the approval. The person responsible for this CAP is the Administrator. The effective date for the CAP is September 27, 2015.

Upon your approval SBBFFFA's Administrator shall be responsible for ensuring the above CAP is fully implemented within the respective dates that are given within each CAP.

SBBFFFA respectfully summits this Corrective Action Plan (CAP) for your review. The agency thanks you for the evaluation of our program and helping the agency identify areas for improvements. If additional information is needed please contact me at (310) 0891-0096 or e-mail (Marvett7777@yahoo.com)

Sincerely,

Marvett Black
Administrator