County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PHILIP L. BROWNING
Director

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Chief Deputy Director

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November 19, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

HANNAH'S CHILDRENS HOMES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Hannah's Childrens Homes Foster Family Agency (the FFA) in June 2013. The FFA has three offices, one in the First Supervisorial District, one in San Bernardino County and one in Orange County. All three offices provide services to County of Los Angeles DCFS foster children and youth. According to the FFA's program statement, its mission is "To ensure these children are provided with a continuum of care, nurturance and services, which will meet their individualized needs, as well as those of their families."

At the time of the review, the FFA supervised 94 DCFS placed children in 49 certified foster homes. The placed children's average length of placement was 19 months, and their average age was 12.

SUMMARY

During OHCMD's review, the interviewed children generally reported: feeling safe at the FFA; 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: Facility and Environment; 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 Discharge Children.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to the FFA's failure to cross report a Special Incident Report via I-Track to OHCMD, Community Care Licensing (CCL) citations, and failure to complete an assessment of certified foster parents prior to the placement of two or more children in the home; Certified Foster Homes; related to the FFA's failure to submit a prospective foster parent's name to OHCMD as required for historical abuse/neglect information; Maintenance of Required Documentation and Service Delivery, related to having sent the initial Needs and Services Plans to the Children's Social Worker one month late and two Quarterly Reports were found to be exact duplicates of each other; and Personnel Records, related to one FFA Social Worker not having a current First-Aid certificate on file.

Attached are the details of our review.

REVIEW OF REPORT

On June 28, 2013, the DCFS OHCMD Monitors, Cori Shaffer and Gladys Hidayat, held an Exit Conference with the FFA representatives Connie Franks, Executive Director and Armando Juarez, Administrator. The FFA's representatives: agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and agreed 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 compliance report.

OHCMD will confirm that these recommendations have been implemented during our next monitoring review.

Additionally, with the upcoming implementation of the Contract Monitoring Unit, we will be able to focus more on quality assurance for an increased uniform standard and comprehensive measure of overall programmatic efficacy by providing additional training, support, and oversight to the FFAs. As we are developing our quality assurance process OHCMD will ensure this is one of the FFAs that we work with first.

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

PLB:EM:KR
RDS:NF:cs

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy L. Watanabe, Auditor-Controller
Public Information Office
Audit Committee
Connie Franks and Kimberly Berry, Executive Directors, Hannah's Childrens Homes FFA
Angelica Lopez, Acting Regional Manager, Community Care Licensing

HANNAH'S CHILDRENS HOMES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE MONITORING REVIEW

5900 S. Eastern Avenue	1045 W. Katella Avenue	9229 Utica Avenue
Suite 188	Suite 330	Suite 140
Commerce, CA 90040	Orange, CA 92867	Rancho Cucamonga, CA 91730
License #197804303	License # 300611886	License #366423611

	Contract Compliance Monitoring Review	Findings: June 2013
I	**Licensure/Contract Requirements** (7 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Serious Incident Report Documentation and Cross Reporting	2. Improvement Needed
	3. Runaway Procedures	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 (N/A)
	6. FFA Pays Certified Foster Parents Whole Foster Family Home Payments	6. Not Applicable (N/A)
	7. Assessment of Certified Foster Parent (CFP) Prior to Placement of Two (2) or More Children	7. Improvement Needed
II	**Certified Foster Homes (CFHs)** (12 Elements)	
	1. Home Study and Safety Inspection Prior to Certification	1. Full Compliance
	2. Contact with References/Including Check with OHCMD	2. Improvement Needed
	3. Timely DOJ, FBI, CACI	3. Full Compliance
	4. Timely, Completed, Signed Criminal Background Statement	4. Full Compliance
	5. Health Screening & TB Test Prior to Certification	5. Full Compliance
	6. Required Training Prior to Certification	6. Full Compliance
	7. Certificate of Approval on File/Including Capacity	7. Full Compliance
	8. Safety Inspection Every Six Months or Per Approved Program Statement	8. Full Compliance
	9. Completed Training Hours for Re-certification and Current CPR/First-Aid/Water Safety Certificates	9. Full Compliance
	10. Current CDL/Auto Insurance/Annual Vehicle Maintenance Documentation for CFPs and Designated Drivers	10. Full Compliance
	11. Other Adults in the Home: Health Screening/CDL/ CPR DOJ/FBI/CACI/Auto Insurance	11. Full Compliance
	12. FFA Assists CFPs with Transportation Needs	12. Full Compliance
III	**Facility and Environment** (7 Elements)	
	1. Exterior/Grounds Well Maintained	Full Compliance (ALL)

	2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Educational Resources 5. Adequate Perishable and Non-Perishable Food 6. Disaster Drills Conducted and Documentation Maintained 7. Allowance Logs Maintained	
IV	**Maintenance of Required Documentation/Service Delivery** (10 Elements) 1. County Children's Social Worker's Authorization to Implement NSPs 2. NSPs Implemented and Discussed with CFPs 3. Children Progressing Towards Meeting NSP Goals 4. Develop Timely, Comprehensive Initial NSP with Child's Participation 5. Develop Timely, Comprehensive Updated NSPs with Child's Participation 6. Therapeutic Services Received 7. Recommended Assessments/Evaluations Implemented 8. County Children's Social Worker's Monthly Contacts Documented in Child's Case File 9. Develop Timely, Comprehensive Quarterly Reports 10. FFA Social Workers Conduct Required Visits	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 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 Children's Educational Goals Met 3. Children's Academic Performance and/or Attendance Increased 4. Current Report Cards Maintained 5. FFA Facilitates Child's Participation in YDS/Equivalent/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	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 3. CFPs' Efforts to Provide 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 7. Reasonable Chores 8. Children Informed About Their Medication and Right to Refuse Medication 9. Children Aware of Right to Refuse 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 in Accordance with FFA Program Statement ($50 Minimum if After November 1, 2012) 2. Ongoing Clothing Inventories of Adequate Quantity and Quality 3. Children's Involvement in Selection of Clothing 4. Provision of Sufficient Supply of Clean Towels and Personal Care Items Meeting Ethnic Needs 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement/Assistance with Life Book/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. DOJ, FBI, CACI Submitted Timely	1. Full Compliance
	2. Timely, Completed, Signed Criminal Background Statement	2. Full Compliance
	3. Education/Experience Requirements	3. Full Compliance
	4. Employee Health Screening/TB Timely	4. Full Compliance
	5. Valid CDL and Auto Insurance	5. Full Compliance
	6. Signed Copies of FFA Policies and Procedures	6. Full Compliance
	7. Staff Completed All Required Training and Documentation Maintained	7. Improvement Needed
	8. FFA Social Workers Have Appropriate Caseload Ratio	8. Full Compliance
	9. Written Declarations for Contract FFA Social Workers That Caseloads not to Exceed Total of 15 Children	9. Full Compliance

HANNAH'S CHILDRENS HOMES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the June 2013 monitoring review. The purpose of this review was to assess Hannah's Childrens Homes Foster Family Agency's (the FFA's) compliance with the 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 purposes of this review, 12 children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed nine children as three children were non-verbal. During the home visits, the three non-verbal children were observed to be comfortable in the certified foster homes and the certified foster parents were observed to be attuned to the needs of the children. We reviewed all 12 children's case files to assess the care and services they received. Additionally, five discharged children's files were reviewed to assess the FFA's compliance with permanency efforts. At the time of the review, there was one placed child who was prescribed psychotropic medication. We reviewed the case file to assess for timeliness of Psychotropic Medication Authorization and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed four certified foster parent files and five staff files for compliance with Title 22 Regulations and County contract requirements. Interviews were conducted with four certified foster parents to assess the quality of care and supervision provided to children.

CONTRACTUAL COMPLIANCE

OHCMD found the following four areas to be out of compliance.

Licensure/Contract Requirements

- For one Los Angeles County placed youth, a Special Incident Report (SIR) via I-Track was not cross reported to OHCMD. The incident occurred during a family visit, where an 18 year old youth was bitten on the hand by the relative's dog. Documentation was provided to the FFA that the youth received timely medical treatment.

- Community Care Licensing (CCL) cited the FFA as a result of deficiencies and findings during the investigation of a CCL complaint. According to a complaint report dated February 16, 2012, CCL cited the FFA for Personal Rights violation when it was determined that an 18 year old youth had been sexually abused by the certified foster father while in placement. The children were removed from the certified home. A referral was made to the Child Protection Hotline (CPHL) who cross reported to Law Enforcement and Out-of-Home Care Investigations Sections (OHCIS). The allegation of Sexual Abuse was substantiated by Emergency Response Command Post (ERCP) and OHCIS, which resulted in the children being removed from the certified foster home. The certified foster home was placed on Indefinite Hold and will no longer be used as a placement resource for DCFS children and youth. The FFA decertified the foster parents prior to CCL's completion of their investigation. No Plan of Correction (POC) was required by CCL.

- According to a CCL complaint report dated March 1, 2012, CCL cited the FFA for a Personal Rights violation. It was determined that the certified foster parent failed to comply with the visitation agreement. A referral was made to the CPHL and cross reported to Out-of-Home Care Investigations Sections (OHCIS). The allegation of General Neglect was substantiated by ERCP and OHCIS, which resulted in the children being removed from the certified foster home. The certified foster home was placed on Indefinite Hold and will no longer be used as a placement resource for DCFS children and youth. The FFA decertified the foster parents prior to CCL's completion of their investigation. No POC was required by CCL.

- According to a CCL complaint report dated March 22, 2012, CCL cited the FFA for Building and Grounds violations. During the course of an investigation by CCL, the certified foster parent admitted to three children sleeping in the same bedroom. The FFA submitted a POC that included providing additional training as to Title 22 regulations to CCL, which was approved.

- According to a CCL complaint report dated August 15, 2012, CCL cited the FFA for Personal Rights and Care violations. It was determined that a four year old foster child was being forced to eat her vomit by the certified foster parent's son and the certified foster parent's failure to intervene. A referral was made to the CPHL and cross reported to OHCIS. The allegations of General Neglect and At Risk, Sibling Abuse were substantiated by ERCP and OHCIS, which resulted in the children being removed from the certified foster home. The certified foster home was placed on Indefinite Hold and will no longer be used as a placement resource for DCFS children and youth. The FFA decertified the foster parents prior to CCL's completion of their investigation. The FFA submitted a POC, which included decertifying the certified foster home, to CCL, which was approved.

- For one certified foster home with a total of six placed children (two sets of siblings), there was no documentation that the FFA conducted an assessment of the certified foster parent prior to the placement of more than two children in the home. During the exit conference, the FFA Executive Director indicated that this was an error, as the certified foster parent recently transferred to the FFA with four placed children in the home. To ensure this will not reoccur in the future, an in-service training will be provided to the FFA social work staff. The FFA provided OHCMD with documentation that the training was conducted on July 18, 2013.

Recommendations

The FFA's management shall ensure that:

1. All SIRs are cross reported to the OHCMD via I-Track and documentation is maintained.

2. All certified foster homes are in compliance with Title 22 Regulations.

3. The FFA will conduct an assessment of certified foster parents prior to placing more than two children in the home and documentation will be maintained.

Certified Foster Homes

- For one certified foster home, there was no documentation that the FFA submitted an inquiry to OHCMD for historical abuse/neglect information on the prospective certified foster parents prior to certification in January 2013. The inquiry was submitted to OHCMD two months after certification, at which time their history was researched and they were cleared, as there was no reason to preclude them from being a placement resource for DCFS children and youth. During the Exit Conference, the FFA representatives agreed with the recommendation and indicated that the Administrator will provide ongoing oversight to ensure that the FFA staff sends all requests to OHCMD prior to the potential applicants attending the FFA's pre-certification training and documentation will be maintained in the certified foster parent's file.

Recommendation

The FFA's management shall ensure that:

4. Prior to certification of a prospective foster parent, the FFA will submit an inquiry to OHCMD for historical information of abuse/neglect and documentation will be maintained in the certified foster parent files.

Maintenance of Required Documentation and Service Delivery

- For one child placed in January 2013, the Initial Needs and Services Plans (NSPs) were sent to the case carrying Children's Social Worker one month late. The FFA Executive Director indicated that all social work staff will be re-trained on this matter and that the FFA Supervising Social Worker will be in charge of monitoring ongoing compliance during weekly supervision meetings with each staff.

- The Quarterly Reports from December 2012 and March 2013 for one placed youth were exact duplicates. During the review process, this matter was brought to the Administrator's attention. The Administrator indicated that the FFA Social Worker for that time period was no longer employed by the FFA and that this duplication was in error, as the FFA Social Worker must have printed out the wrong report prior to departure. The FFA Administrator obtained a revised report and provided it to the OHCMD. During the Review Conference, the FFA representatives indicated that they would ensure ongoing oversight of all reports to avoid any duplication.

Recommendations

The FFA's management shall ensure that:

5. All children's initial NSPs are sent timely to the placed children's case-carrying CSWs and documentation is maintained in the files.

6. All Quarterly Reports are timely, comprehensive and current documentation is maintained in the child's file and ongoing oversight is maintained by the FFA supervising social worker.

Personnel Records

One FFA social worker had a current CPR certificate, but no current First Aid certificate on file. This was immediately brought to the FFA supervising social worker's attention who indicated that it was an oversight, as they thought that the certificate was inclusive of both CPR and First Aid. During the review period, the FFA social worker completed a First Aid course and a certificate verifying completion was provided to OHCMD. During the Exit Review, the FFA representatives indicated that they will provide ongoing oversight to ensure that CPR/First Aid certificates are current.

Recommendation

The FFA's management shall ensure that:

7. All FFA social work staff have current CPR/First Aid certificates on file with the FFA.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's FOSTER FAMILY AGENCY CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report dated August 10, 2012 identified four recommendations.

Results

Based on OHCMD's follow-up, the FFA fully implemented three of the previous four recommendations for which they were to ensure that:

- Updated NSPs are comprehensive and include all elements.

- Encourage and assist children with life opportunity to create and maintain Life Books/Photo Albums.
- They implement the one outstanding recommendation from the Auditor Controller's (A-C) January 2010 report, which was to ensure that updated NSPs are comprehensive.

Based on our follow-up, the FFA did not implement the following previous recommendation for which they were to ensure that:

- OHCMD is contacted for historical information for all prospective certified foster parents prior to certification.

Recommendation

The FFA's management shall ensure that:

8. The outstanding recommendation from the 2011–2012 monitoring report dated August 10, 2012, which are noted in this report as recommendation 4 is fully implemented.

At the Exit Conference, the FFA Program Director/Administrator expressed her desire to remain in compliance with all Title 22 Regulations and Contract requirements. To ensure that OHCMD is contacted for historical information prior to certification, the FFA Executive Director indicated that a new Certification Specialist was hired and will work closely with the Executive Director to ensure that all required information is obtained prior to certification.

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.

Hannah's Childrens Homes

Corporate Office

1045 W. Katella Ave., Suite 330
Orange, CA 92867-3550
(714) 516-1077 (800)400-0354
Fax (714) 516-1079

August 5, 2013,

Ms. Cori Shaffer, CSA I
9320 Telstar Ave. #216
El Monte, CA 91731

Dear Ms. Shaffer:

This letter is in response to the request for Corrective Action Plan (CAP) in regards to 2012/2013 compliance review completed by OHCMD.

1. OHCMD Findings:
SIRs are not appropriately documented and reported timely to OHCMD (#2).

Correction:
On July 16, 2013 Armando Juarez, Administrator, conducted an In-Service training at which time CCL and County SIR procedures were reviewed with Foster Care Social Workers and Supervisors. HCH contact note was modified to prevent stated deficiency. (Attachment 1) Contact note will be completed by FCSWs and reviewed by FCSW Supervisors within 24 hours. FCSW Supervisors will send a weekly list of SIRs and the reported time to Administrator and Directors, Armando Juarez, Kimberly Berry, and Connie Franks. All SIRs will be reviewed and discussed at monthly Staff meeting.

2. OHCMD Findings:
There were four substantiated Community Care Licensing (CCL) citations for 2012 (#4).

Correction:
On July 16, 2013 Armando Juarez, Administrator, conducted an In-Service training at which time CCL substantiated allegations of sexual abuse, physical abuse, and Personal Rights violations were reviewed with Foster Care Social Workers and FCSW Supervisors. (Attachment 2). FCSWs and Supervisors will continue to monitor Certified Foster Parents to ensure compliance with CCL regulations.

9269 Utica Ave., Suite 120
Rancho Cucamonga, CA 91730
(909) 483-2552
Fax (909) 483-2532

1607 E. Palmdale Ave., Suite B
Palmdale, CA 93550
(661) 267-4091
Fax (661) 267-4093

5900 S. Eastern Ave., Suite 140
Commerce, CA 90040
(323) 278-6501
Fax (323) 278-6507

www.hannahfosteragency.org

On July 16, 2013 Armando Juarez, Administrator, conducted an In-Service training at which time CCL substantiated allegations of sexual abuse, physical abuse, and Personal Rights violations were reviewed with Foster Parents. See Foster Parent Certificates.

Each office notifies Directors K. Berry and C. Franks immediately upon knowledge of a complaint. Each complaint is logged and maintained in a complaint book .

HCH has made the following changes to the certification process to further prevent CCL and OHCMD substantiated allegations. All other adults living in the home including adult children shall be required to complete 3 hours of training on Discipline and Personal Rights and complete the Back Up Requirement list . (Attachment 7)
All other adults in the home will be interviewed by the social worker completing the Safe Home Study.

All perspective foster parent files will be reviewed by the certification team consisting of Lillian Rucker, Kimberly Berry, Connie Franks, and FCSW Supervisor.

Directors Kimberly Berry and Connie Franks meet monthly with Certification Specialist, Lillian Rucker to review and discuss potential foster parents.

FCSWs will make unannounced visits to CFP 1 time per month. FCSW Supervisor will monitor the FCSW in weekly supervision.

3. OHCMD Finding:
Failure to conduct an assessment of certified foster parent prior to placing more than 2 children in the foster home.

Correction:
Connie Franks, COO, conducted an In-Service Training on July 18, 2013 for FCSW Supervisors addressing the issue of assessing CFP prior to placement. Each office Supervisor and Administrator will monitor all placements to ensure compliance.

4. OHCMD Finding:
Failure to obtain historical information prior to certification. This is a repeat finding. Therefore, indicate what additional corrective action measures your agency has in place to ensure compliance.

Correction:
Please note that HCH has not had any additional failures to obtain historical information prior to certification since Hannah's submitted CAP dated April 5, 2013 (Attachment 5).

Additionally HCH has recently hired a new Certification Specialist, Lillian Rucker, who will work closely with the Directors K. Berry and C. Franks to ensure that historical information has been obtained for all CFPs prior to certification.

5. OHCMD Finding:
Failure to obtain CSW authorization to implement the NSP

Correction:

FCSWs and FCSW Supervisors received training to address this issue. FCSW Supervisor will monitor for compliance during weekly supervision with FCSWs.

6. OHCMD Recommendations
Social worker failure to complete timely and comprehensive quarterly reports.

Correction:
FCSWs and FCSW Supervisors received training to address this issue. FCSW Supervisors will monitor this issue in weekly supervision with FCSW for compliance.

7. OHCMD Findings:
Employees failure to submit/receive required training, including CPR and 1st Aid.

Correction:
Melinda Williams, Human Resources Director will monitor and audit compliance of employees files on an ongoing basis. No personnel will be allowed to continue working without complying with County and State requirements. Furthermore, warning letters of non-compliance will be placed in employees files and mailed to the employee with a time limited request.
Compliance Request: (attachment 6).

If you have any further question, please call me at (323)278-6501

Sincerely,

Connie Franks, COO