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June 13, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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From: Philip L. Browning
Director

OPTIMIST FOSTER FAMILY AGENCY CONTRACT COMPLIANCE MONITORING REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a review of the Optimist Foster Family Agency (FFA) in October 2011, at which time they served 65 placed Los Angeles County Department of Children and Family Services (DCFS) children in 29 certified foster homes. The placed children's average length of placement was nine months, and the average age was nine.

Optimist FFA is located in the Fifth Supervisorial District and provides services to DCFS foster children. According to the Optimist FFA's program statement, its stated goal is "to provide culturally sensitive, comprehensive treatment, specialized education and support services to abused, neglected or at-risk children and youth, and their families, to establish stability within families and communities." Optimist FFA is licensed to serve children ranging in age from birth through 17.

For purposes of this review, 13 currently placed children's case files were reviewed, 12 placed children were visited, of whom five children were non-verbal and one youth was not in the home during the interview. In addition five discharge files, four certified foster parents (CFPs) files and five staff files were reviewed for compliance with Title 22 Regulations and the contract requirements and four CFP's were interviewed.

At the time of the review, there were five placed children who were taking psychotropic medication. We reviewed their case files to assess the timeliness of psychotropic medication authorizations and to confirm that the documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Optimist FFA's compliance with the contract and State Regulations. The visit included a review of the Agency's program statement, administrative internal policies and procedures, 13 placed children's case files, four CFP files, five discharged children's files and five personnel files. Four certified foster homes were visited to assess the quality of care and supervision provided to children and we conducted interviews with the children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Optimist FFA was providing most services as outlined in its program statement. The foster parents interviewed stated that they were provided with support and services, which are evident in the relationships formed between FFA staff, foster parents and placed children.

The children interviewed indicated that they were provided good care and appropriate services and were comfortable in their environment.

The deficiencies noted were in the areas of Certified Foster Homes, Maintenance of Required Documentation and Service Delivery, Health and Medical Needs, Psychotropic Medications, Personal Rights and Social and Emotional Well-Being, and Personal Needs/Survival and Economic Well-Being.

Based on our review, the deficient areas revealed the need for more thorough documentation and oversight. Closer monitoring of the FFA social workers and files by supervisory staff may decrease or eliminate the documentation issues found in the files.

The Optimist FFA was receptive to implementing some systemic changes to improve compliance with regulations and the contract. The Administrator agreed to address the noted deficiencies in a Corrective Action Plan (CAP). Specifically, the FFA Administrator indicated that she has met with staff on several occasions to reiterate what is expected of them with regard to monitoring the certified foster homes and placed children and ensuring that on-going, updated documentation is maintained in the children's and CFP's files. The Administrator indicated that she will be responsible for

close monitoring of the social work staff to ensure ongoing compliance. The Agency is currently in the process of hiring a supervisor for this function.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the four CFP files reviewed, one certified foster parent's Home Study was signed 15 days after the date of the initial certification. The FFA Administrator indicated that the Home Study was completed prior to the date of the initial certification; however it was not signed at the time. The FFA Administrator indicated that all home studies will be completed, signed and dated prior to the completion of a certification of a foster parent.

- Of the four CFP files reviewed, two files did not have CPR/First-Aid certificates or California Driver's Licenses (CDL) on file with the Agency for the adult children residing in the home. As per the FFA Administrator, neither of the families' adult children provided routine care and supervision to the placed children, nor did they provide transportation for the children in the home.

- Of the 13 children's files reviewed, three children did not have documentation that the CFPs participated in the development of the Needs and Services Plans (NSPs). The FFA Administrator indicated a review of the NSP guidelines was provided for the FFA social workers subsequent to the compliance review.

- Of the 13 children's files reviewed, one child did not have the DCFS Children Services Worker's (CSW's) authorization to implement the NSP. The FFA Administrator indicated a review of the NSP guidelines was provided for the FFA social workers, subsequent to the compliance review to include the need for documentation.

- Of the 13 children's files reviewed, three children did not have comprehensive initial NSPs. The FFA Administrator indicated a review of the NSP guidelines was provided for the FFA social workers, subsequent to the compliance review.

- Of the 13 children's files reviewed, comprehensive, updated NSPs were not developed with three age-appropriate children. The FFA Administrator indicated that a review of the NSP guidelines was provided for the FFA social workers, subsequent to the compliance review, and all FFA social workers are required to maintain documentation on their contact logs that the children participated in the NSPs.

- Of the 13 children's files reviewed, the documentation for one child did not include evaluations/assessments. The FFA Administrator indicated a training review was conducted with the FFA social workers with regard to the importance of maintaining on-going documentation of all medical, dental, educational and psychiatric information in the children's files.

- Of the 13 children's files reviewed, one child's initial medical examination was untimely. The Administrator indicated that the FFA social workers were informed that if they do not receive documentation of medical information within two weeks of placement, the foster parent will have to take the child for another medical/dental examination.

- Of the 13 children's files reviewed, two children's follow-up medical examinations were untimely. As per the FFA Administrator, subsequent to the compliance review, a meeting was conducted with foster parents to review the medical, dental and psychiatric compliance in detail, and FFA social workers were instructed to document their follow-up regarding medical appointments and medication issues.

- Of the 13 children's files reviewed, two children's initial dental examinations were untimely. The Administrator indicated that the FFA social workers were informed that if they do not receive documentation of medical information within two weeks of placement, the foster parent will have to take the child for another medical/dental examination.

- Of the five psychotropic files reviewed, two children, taking psychotropic medication, did not have current court authorizations or psychiatric evaluations. Subsequent to the review, the FFA Administrator provided documentation, as to the status of the children's Psychotropic Medication Authorizations (PMAs) and monthly evaluations with the psychiatrist. As per the FFA Administrator, subsequent to the compliance review, a meeting was conducted with foster parents to review the medical, dental and psychiatric compliance in detail, and FFA social workers were instructed to document their follow-up regarding medical appointments and medication issues.

- Of the seven children interviewed, two children in one certified foster home reported they did not feel safe in the home and both children interviewed reported that the younger of the two children, age six, was inappropriately disciplined by the foster father and the foster parent's adult daughter living in the home. OHCMD immediately contacted the Child Protection Hotline (CPH) to make a report and the FFA Administrator was contacted. The FFA Administration responded to the home, contacted the CSWs for the children and per CSW request, replaced the alleged victim to a respite home and an investigation was conducted by the Emergency Response CSW and by the Out-of-Home Care Investigations Section (OHCIS).

- Of the 13 children's files reviewed, clothing inventories for nine children were not completed upon placement or at the six month period. The FFA Administrator indicated that clothing inventories would be completed every six months. Subsequent to the review, the FFA Administrator sent a letter to the foster parents to inform them of the changes with regard to on-going clothing inventories.

- Of the four CFP files reviewed, home inspections were not completed every six months as per the FFA program statement. The FFA Administrator indicated that monthly home inspections, by the FFA social worker, would be conducted. Subsequent to the review, the FFA Administrator sent a letter to the foster parents to inform them of the changes with regard to monthly home inspections.

EXIT CONFERENCE

The following are highlights from the Exit Conference held October 18, 2011.

In attendance:

Nancy Ramos. LCSW, FFA Administrator of Optimist FFA; Crystal Bracken, Assistant Executive Director of Optimist FFA; Cori Shaffer, CSA I, Monitor, DCFS, OHCMD.

Highlights:

The Assistant Executive Director and Administrator were in agreement with our findings and recommendations. The Administrator indicated that a CAP would be completed to address the findings. Per the Administrator and Assistant Executive Director, they have already been working with their staff to improve on-going documentation in the files and they will hire a supervisor to provide additional oversight.

Subsequent to our review, the FFA Administrator also sent a letter to all certified foster parents clarifying the amount of money required to spend on each child for clothing every month and informing them that on-going clothing inventories would be completed at intake and at the six month period to ensure that children's on-going clothing needs are met. The foster parents were also informed that monthly home inspections would be conducted by the FFA staff. The FFA Administrator provided verification that CFP's were notified about the changes.

The Optimist FFA agreed to submit a timely approved written CAP, to address each recommendation noted in this compliance report. The CAP is attached.

We will assess for full implementation of the recommendations during our next monitoring review.

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

PLB:RS:KR:
EAH:NF:cs

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Public Information Office
Audit Committee
Sil Orlando, Executive Director, Optimist FFA
Jean Chen, Regional Manager, Community Care Licensing

OPTIMIST YOUTH HOMES AND FAMILY SERVICES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

520 W. Palmdale Blvd., Suite H
Palmdale, CA 93551
License Number: 197602175

	Contract Compliance Monitoring Review	**Findings: October 2011**
I	**Licensure/Contract Requirements** (6 Elements) 1. Timely Notification for Child's Relocation 2. SIRs Documented and Cross-Reported 3. Runaway Procedures 4. Community Care Licensing Citations, Out-of-Home Care Management Division Reports on Safety and Physical Deficiencies 5. If Applicable, FFA Ensures Complete Required Whole Foster Family Home Training 6. FFA pays Certified Foster Parents Whole Foster Family Home Payments	Full Compliance (ALL)
II	**Certified Foster Homes** (13 Elements) 1. Home Study Prior to Certification 2. Contact with References/Including Check with OHCMD 3. Safety Inspection Prior to Certification 4. Timely DOJ, FBI, CACI 5. Health Screening Prior to Certification 6. Required Training Prior to Certification 7. Current Certificate of Approval on File Including Capacity 8. Home Inspection/Evaluations for Re-certification 9. Completed Training Hours for Re-certification 10. CPR/First-Aid/Water Safety Certificates 11. CDL/Auto Insurance 12. Other Adults: DOJ/FBI/CACI/Other Required Docs 13. Transportation	1. Needs Improvement 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Needs Improvement 13. Full Compliance

III	**Facility and Environment** (8 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 7. Disaster Drills Conducted 8. Allowance Logs	Full Compliance (ALL)
IV	**Maintenance of Required Documentation and Service Delivery** (11 Elements) 1. DCFS CSW Authorization to Implement NSPs 2. Children's Participation in the Development of NSPs 3. NSPs Implemented and Discussed with Foster Parents 4. Children's Progress Towards Meeting Goals 5. Timely Developed Initial NSPs with Child 6. Timely Comprehensive Initial NSPs with Child 7. Therapeutic Services Received 8. Recommended Assessments/Evaluations Implemented 9. DCFS CSWs Monthly Contacts Documented 10. Timely Developed Updated NSPs with Child 11. Timely Comprehensive Updated NSPs with Child	1. Needs Improvement 2. Full Compliance 3. Needs Improvement 4. Full Compliance 5. Full Compliance 6. Needs Improvement 7. Needs Improvement 8. Needs Improvement 9. Full Compliance 10. Full Compliance 11. Needs Improvement
V	**Education and Workforce Readiness** (7 Elements) 1. Children Enrolled in School Within Three Days 2. Children Attended School as Required 3. Agency Facilitates Child's Educational Goals 4. Child's Academic and/or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. Agency Facilitates Children's Participation in YDS/Equivalent/Vocational Programs	Full Compliance (ALL)
VI	**Health and Medical Needs** (6 Elements) 1. Initial Medical Examinations Conducted 2. Initial Medical Examinations Timely 3. Follow-up Medical Examinations Timely 4. Initial Dental Examinations Conducted 5. Initial Dental Examinations Timely 6. Follow-up Dental Examinations Timely	1. Full Compliance 2. Needs Improvement 3. Needs Improvement 4. Needs Improvement 5. Needs Improvement 6. Full Compliance

VII	**Psychotropic Medications** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	 1. Needs Improvement 2. Needs Improvement
VIII	**Personal Rights and Social Emotional Well-Being** (13 Elements) 1. Children Informed of Foster Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Foster Parents Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Allowed Private Visits, Calls, and Correspondence 7. Children Free to Attend Religious Services/Activities 8. Reasonable Chores 9. Children Informed About Psychotropic Medication 10. Children Aware of Right to Refuse Psychotropic Medication 11. Children Informed About Voluntary Refusal of Medical and Dental Care 12. Children Participation in At-Home, School, Community Activities 13. Children Participation in Extra-Curricular Activities	 1. Full Compliance 2. Needs Improvement 3. Full Compliance 4. Needs Improvement 5. Needs Improvement 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance
IX	**Personal Needs/Survival and Economic Well-Being** (8 Elements) 1. Clothing Allowance 2. On-going Clothing Inventories of Adequate Quantity 3. On-going Clothing Inventories of Adequate Quality 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	 1. Full Compliance 2. Needs Improvement 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
X	**Discharged Children** (3 Elements) 1. Stabilization of Placement Prior to Discharge 2. Discharge Summary Completed 3. Child Completed High School	 Full Compliance (ALL)

XI	**Personnel Records** (14 Elements) 1. DOJ Timely Submitted 2. FBI Timely Submitted (After January 1, 2008) 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of FFA Policies and Procedures 9. Initial Training Documentation 10. One-Hour Training of Child Abuse Reporting 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation 14. Social Workers Appropriate Case Ratio	Full Compliance (ALL)

OPTIMIST FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE MONITORING REVIEW

521 W. Palmdale Blvd., Suite H
Palmdale, CA 93551
License Number: 197601246

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the October 2011 monitoring review.

CONTRACTUAL COMPLIANCE

The Optimist FFA was in full compliance with five sections of our contract compliance review: Licensure/Contract Requirements; Facility and Environment; Education and Workforce Readiness; Discharged Children; and Personnel Records. The following report details the results of our review.

CERTIFIED FOSTER HOME

Based on our review of four certified foster parents' case files and/or documentation from the provider, the Optimist FFA was in full compliance with 11 of 13 elements reviewed.

We noted one foster parent's home study was signed 15 days after the date of initial certification. For two foster homes reviewed, each had an adult child residing in the home. There were no CPR/First-Aid certificates, CDL and car insurance on file for the adults who may be providing care and supervision to placed children. Subsequently, the FFA staff reported that both foster parents reported neither of the adult children drive or provide routine care or supervision to the placed children in the home. Should they become designated caregivers, they would ensure that CPR/First-Aid, CDL's and car insurance would be mandated.

Recommendations:

Optimist FFA management shall ensure that:

1. CFP's initial home studies are conducted and signed prior to the initial certification, and timely documentation is maintained in the CFP's file.

2. Any adult residing in or frequently visiting the foster home who provides care and supervision and/or is driving the foster children, has the required clearances, a current CPR/First-Aid certificate, CDL and car insurance on file with the FFA.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of 13 children's case files and/or documentation from the provider, the Optimist FFA was in full compliance with five of 11 elements reviewed.

Three of 13 children's files reviewed had no documentation in the files indicating that the CFPs participated in the development of the NSPs. Three children did not have comprehensive initial NSPs. More specifically, all three children were missing the CFP's signatures, two children's NSPs were missing the age-appropriate child's signature and one child's NSP was missing the CSW's signature.

One foster youth's admission report indicated that individual and conjoint therapy was recommended. However, we did not find any information indicating that the required therapeutic services being provided or that the child was referred to the services. Another child had not been evaluated or assessed for psychotropic medication as indicated in his intake document.

Two children's updated NSPs were not comprehensive, as there was no documentation indicating that the NSPs were developed by the FFA staff with the age-appropriate children. For one age-appropriate foster youth, there was no documentation the NSP was discussed with the youth. One age appropriate youth, who was hospitalized in a psychiatric hospital at the time of our visit to the foster home, was stated to have mental health needs, educational needs and possible developmental delays. We did not find any information on the NSPs that addressed these needs. The Agency indicated that although these issues were being addressed by the FFA social worker, the CFP and the foster youth, they were not being properly documented in the child's file. The FFA Administrator indicated that they will be providing additional training to the staff to ensure that all pertinent documentation is being addressed and noted. Subsequent to the review, the FFA Administrator provided detailed documentation to reflect the Agency's on-going monitoring of the child's needs.

Recommendation:

Optimist FFA management shall ensure that:

3. Age-appropriate youth are offered the opportunity to participate in the implementation of the NSPs; NSP's are approved by CSWs.

4. CFPs participate in the development of the children's NSPs and documentation is maintained in the children's files.

5. Comprehensive initial NSPs are developed with age-appropriate children and current documentation is maintained in the children's files.

6. All children receive the recommended therapeutic services and documentation is maintained in the children's files.

7. All children's required evaluations/assessments are implemented and current documentation is maintained in the children's files.

8. Comprehensive updated NSPs are developed with the age-appropriate children and documentation is maintained in the children's files.

HEALTH AND MEDICAL NEEDS

Based on our review of 13 children's case files and/or documentation from the provider, Optimist FFA was in full compliance with two of the six elements reviewed. We noted that one child, placed in January 2011, had her initial medical examination in August 2011, six months late. Two placed children's follow-up medical examinations were untimely: one was two months late and one was three months late.

Four children's initial dental examinations were not completed timely. Specifically, two children's initial dental examinations were 11 months late: one child's initial dental examination was three months late and for one child, placed in July 2011, we did not find any documentation to support that his initial dental examination had been completed.

Recommendations:

Optimist FFA management shall ensure that:

9. Children's initial medical examinations are timely and documentation is maintained in the children's files.

10. Children's follow-up medical examinations are timely and documentation is maintained in the children's files.

11. Children's initial dental examinations are conducted and documentation is maintained in the children's files.

12. Children's initial dental examinations are timely and documentation is maintained in the children's files.

PSYCHOTROPIC MEDICATIONS

Based on a review of five children's case the files for psychotropic medication management and/or documentation from the provider, Optimist FFA was not in compliance with two elements reviewed in the area of the Psychotropic Medication.

During the file review, we noted that two of five children who were currently prescribed psychotropic medication did not have psychotropic medication authorizations or documentation of psychiatric evaluations on file with the FFA. More specifically, we did

not find any psychotropic medication authorization or verification of routine psychiatric appointments in the file for a 17-year-old youth who had been prescribed psychotropic medication since March 2011. Following our review, the FFA staff provided documentation from the mental health provider, which indicated that the youth has been monitored for medication management on a monthly basis by a psychiatrist since March 2011 and has attended conjoint therapy with her biological mother, who provided consent for the medication at that same Agency. Per the FFA Administrator, FFA staff assumed that since the mother was providing consent for the medication, a court authorization was not necessary. However, OHCMD did not find any documentation about the child's medication or any communication to the mental health provider to address the youth's therapeutic or medication history. As a result of the review, the FFA staff contacted the mental health provider and confirmed that the youth's biological mother was providing consent for the youth to take medication. However, per the contract Exhibit A-X terms, we did not find any specific court order on file for this child, who is ordered suitably placed in foster care by the court, delegating authority to the child's parent to authorize psychotropic medication.

Subsequent to the review, Optimist FFA staff contacted the provider and informed them that a psychotropic authorization was required for this youth. As a result, the psychiatrist submitted the PMA request in November 2011. Following the review, the FFA staff obtained the dates of monthly visits to the psychiatrist from the CFP from March 2011 to present. During our visit to the foster home, the youth was on a hospital hold for suicidal ideation and was subsequently released back to the certified foster parent. The FFA staff provided documentation that the FFA social worker had obtained all of the required documentation from the psychiatrist, including verification that the PMA is pending.

For a second placed child, a 14-year-old foster youth who was placed with the Optimist FFA in July 2011, there was a document in the file indicating that he was taking psychotropic medication. However, we did not find any medication logs, PMA, or ongoing evaluations from the mental health provider. During the review we were informed that the foster parent had changed the youth's psychiatrist to one she routinely works with, and she had taken him twice for follow-up appointments. During an interview with this youth, he reported that on several occasions he had not been swallowing his evening dose of medication nor was he notifying his CSW, foster parents or psychiatrist that the evening dose of medication was making him sleepy the next day in school. He indicated he had thrown his medication away the night before our interview, but would not specify any other dates he had done so. During this interview, the CFPs were informed of the matter in the presence of the youth and were also informed of the youth's rights regarding medication management. As per the foster parents, the minor had a scheduled appointment with his psychiatrist the following day and the foster parents indicated that they would ensure that the medication issue would be discussed. The youth and the foster parents made an agreement to follow the prescribed instructions until the matter was discussed with the psychiatrist. The FFA staff and CSW were immediately notified and the FFA provided written verification that the matter was addressed with the youth, and the foster parents, who agreed to follow

his prescribed recommendations until the following day when he was able to meet with his psychiatrist.

Recommendations:

Optimist FFA management shall ensure that:

13. All foster children taking psychotropic medication have a current court authorization for the prescribed medication on file with the FFA; that the FFA social work staff maintains on-going contact with the prescribing psychiatrist, mental health providers and CFPs to ensure that the children's mental health needs are being properly monitored, managed and on-going compliance is maintained; on-going updated documentation is maintained in the children's files.

14. All foster children taking psychotropic medication are routinely evaluated for medication management and psychiatric services and on-going documentation is maintained in the children's files; the FFA administrative staff develop and maintain a system of oversight to ensure on-going compliance by the FFA social work staff, certified foster parents and mental health providers to ensure that children's mental health needs are being met.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Based on our visit to four certified foster homes, Optimist FFA was in full compliance with ten of 13 elements reviewed.

During a visit to one certified foster home, two placed children reported that they did not feel safe in the home and both children reported that the younger of the two children, age six, was inappropriately disciplined by the foster father and the foster parent's adult daughter living in the home. Both children reported that the six-year-old child was not treated with respect and dignity in the home and was constantly getting in trouble with the foster father. As a result of the disclosure, during the review, OHCMD contacted the Child Protection Hotline to make a report and contacted the FFA Administrator who responded to the home during the visit. The children were subsequently removed from the home, and the home was placed on Hold status, pending the outcome of the investigation.

Recommendation:

Optimist FFA management shall ensure that:

15. All placed children feel safe and the FFA social worker staff routinely interview the children to ensure child safety and that documentation is maintained in the children's files.

16. Children are treated with respect and dignity and the FFA staff routinely interview children and monitor the home for ongoing safety.

17. All children receive appropriate discipline and the FFA routinely monitors the homes for ongoing compliance with Personal Rights and discipline policies.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our visit to four certified foster homes, the Optimist FFA was in full compliance with seven of eight elements reviewed.

During the file review, we noted that for nine of 13 children, there was no documentation in the children's files that the initial and on-going clothing inventories were conducted as required. However, during the home visits with the 13 children, we noted that all of the children had ample supplies of clothing. The FFA staff indicated that they would ensure that clothing inventories for all children would be completed as per the Program Statement.

Recommendation:

Optimist FFA shall ensure:

18. Clothing inventories are routinely conducted, as per the FFA program statement and contract requirements and documentation is maintained in the children's files.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S COMPLIANCE REPORT

Objective

Determine the status of the recommendations reported in the prior monitoring review.

Verification

The A-C completed a contract review of the Optimist FFA in June 2008; and posted a report in May 2009. The OHCMD conducted a Performance Measure review in September 2010, and a follow-up review in October 2011, to verify whether the outstanding recommendations were implemented.

Results

The prior monitoring report contained five outstanding recommendations. Specifically, that the Optimist FFA ensures: Foster parents maintain daily logs of the children's medication dispensation and on-going documentation is maintained in the children's files. Random checks of foster children's bedrooms are conducted to ensure they are

sanitary and properly maintained; that all placed children's converted sleeping quarters were approved by CCL prior to usage; that foster parents attend relevant annual training courses and that no more than three of the required 15 hours are face-to-face training in the foster home. During the follow-up review in October 2011, OHCMD noted that three of the five recommendations were fully implemented.

Recommendations:

Optimist FFA to ensure that CFP's maintain daily medication logs for the children being prescribed psychotropic medication and home inspections are routinely conducted, as per the FFA program statement and DCFS contract.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Optimist FFA has not been posted by the A-C.

Today's Children Tomorrow's Promise

OPTIMIST COMMUNITY SERVICES

FOSTER FAMILY, ADOPTION & MENTAL HEALTH PROGRAMS

A division of Optimist Youth Homes & Family Services

Serving Youth Since 1906

Silvio John Orlando, LCSW
Executive Director

Nancy Ramos, LCSW
Regional Director

Affiliations

ACCREDITED Council on Accreditation for Children and Family Services

Accredited by California Alliance of Child and Family Services

A·C·H·S·A Association of Community Human Service Agencies

Optimist International

November 3, 2011

Ms. Cori Shaffer
Dept. of Children & Family Svcs.
9320 Telstar Avenue, Suite 216
El Monte, CA 91731

The following is our response and CAP for the findings of the DCFS audit for 2011:

I would like to "thank you" for the input and suggestions that you gave us. We will definitely be implementing your suggestions and looking at changes in all the areas where a CAP was necessary.

Certified Foster Homes:

17. [redacted] – does not transport children. [redacted] signed an affidavit indicating that she does not care for foster children. Attached.
18. [redacted] signed an affidavit indicating that her son [redacted] the last one to live in the home did at times provide care for the foster children at the home. His CPR is attached. He did not transport.

Maintenance of Required Documentation and Svc. Delivery:

30. During weekly visits on their contact logs there is a section for the review of the Needs and Services Plan and what is discussed. Please see mtg. logs that indicate the NPS were discussed for the quarterly report.
33. Did treatment team develop NSP with child: Not documented in notes.
34. See notes indicating that she is on a wait list at Valley Child Guidance and in 7/11 AV Kids Connection would not take her. She is on the wait list at Optimist Mental Health also. The court order indicated it must be a "licensed" therapist and that will take a longer time in finding a therapist at any agency.
38. [redacted] – no indication on NSP that they helped develop their NSP

CAP: Social workers will document on contact logs that the children helped formulated the needs and services plans and goals. A review of the guidelines for developing a comprehensive treatment plan for children was reveiwed along with the need for documentation of plan in the notes and in the NSP. List all medical, dental, psychiatric, school information on NSP. See attached agenda of mtg. dated 11/1/11.

Education and WorkFroce Readiness

43. IEP maintained: See Attached IEP of [redacted] Also after numerous calls to CSW she finally returned our call to discuss her overall case plan: See attached note dated 11/3/11. CSW states the court ordered FR, CSW will look into her educational situation. She also states she has not been able to get her PMA from psychiatrists' office. She did begin ILP classes.

Health and Medical Needs

46. Initial medical examination conducted: [redacted] See attached note. Foster mother was informed that child had physical and dental prior to being placed. They have not responded to request for that information.
47. Are initial medical examinations timely: [redacted] See attached.
    [redacted] – informed child did not need medical examination at placement.
    [redacted] – 4 days late. Ms. Shaffer stated she would check on this.
    The HUB schedules appointments and FP complied with the appointment given.

CAP: OFFA Social workers informed if they do not receive documented medical information within 2 weeks of placement; foster parent will have to take the child for another medical/demtal examination.

48. Follow up medical exams conducted timely: [redacted] was three months late. [redacted] He was seen on 2/16/10 while at an Optimist home. He left in June and returned in July 2010. See note to CSW requesting HUB referral and subsequent follow ups with CSW and FM regarding HUB appointment. In January, 2011 Victor and sibling were scheduled for an appointment for 2/3/11, see FP mtg log dated 1/6/11. That appointment was cancelled by HUB; rescheduled for 3/2/11. See note 3/2/11 indicating that the HUB cancelled their rescheduled appointment for 3/2/11 and did not reschedule. FM was finally able to get him in on 4/4/2011. It appears that the HUB schedule him for an annual according to their records and then had to cancel two visits.
49. Initial dental examinations conducted:
    [redacted] did not have a timely dental exam.
    [redacted] missed a 6 months follow up when he returned to the agency. He was taken for the annual check up and thereafter for a 6 month check up.
    [redacted] was not taken in a timely manner for dental exam.
    [redacted] was not taken for exam in timely manner as agency had been informed she did not need it at time of placement but no documentation was obtained indication this information was correct.

CAP: OFFA held a meeting for foster parents and reviewed medical , psychiatric and dental compliance in detail. The need for timely medical and dental check ups was discussed. As well as administering psychotropic medication and documentation. OFFA SW were also instructed to document in their contacts their follow up regarding medical appointments and medications issues.