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October 10, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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From: Philip L. Browning
Director

SECURE TRANSITIONS, INC. 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 Secure Transitions, Inc. Foster Family Agency (the FFA) in September 2012. The FFA has one licensed office in the Second Supervisorial District, and provides services to County of Los Angeles DCFS foster children and youth. According to the FFA's program statement, its mission is "to develop and support a network of certified foster parents that provides 'secure bases' or living environments that promote the healthy development of children and their safe return to their families of origin. Overall, our goal is to assist attachment-disordered children toward increased feelings of self-worth, increased self-control, and toward an increased capacity for becoming 'attached' or bonded with a significant other."

At the time of the review, the FFA supervised 10 DCFS placed children in 10 certified foster homes. The placed children's average length of placement was 9 months, and their average age was 14.

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 1 of 11 sections of our program compliance review: Personal Rights and Social Emotional Well-Being.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to the FFA not appropriately documenting and cross reporting Special Incident Reports (SIRs), not maintaining runaway procedures in accordance with the County contract and Community Care Licensing (CCL) citations; Certified Foster Homes, related to pre-certification requirements, and required training not being conducted, as well as lack of annual vehicle maintenance documentation; Facility and Environment, related to physical plant deficiencies and lack of documentation of timely disaster drills; Maintenance of Required Documentation/Service Delivery, related to non-comprehensive initial and updated Needs and Services Plans (NSPs) and Quarterly Reports; Education and Workforce Readiness, related to one child not being enrolled in school timely, current report cards not maintained in case files, and children's educational goals not being met and age-appropriate Youth Development Services or the equivalent not being provided to children; Health and Medical Needs, related to untimely medical and dental examinations; Psychotropic Medications, related to Psychotropic Medication Authorizations not having been obtained and maintained in the children's case files and psychiatric evaluations/reviews not completed and documented for children; Personal Needs/Survival and Economic Well-Being, related to placed children not having life books; Discharged Children, related to discharged summaries not being completed; and Personnel Records, related to criminal clearances and health screenings not having been completed for all staff members reviewed and lack of documentation of current automobile insurance, signed policies and procedures and required training in staff files.

During OHCMD's review, we found that the FFA did not fully implement their 2011 Corrective Action Plan (CAP). We noted that all 12 of the findings found during the April 2011 Contract Compliance Monitoring Review were repeated in this review.

On December 12, 2012, OHCMD placed the FFA on "Hold." An Administrative Review Conference was held on January 18, 2013 and the decision was made to move forward with progressive action and place the FFA on "Do Not Use." On March 12, 2013, OHCMD lifted the "Do Not Use" in order to allow the FFA to implement the CAP and demonstrate program improvement. OHCMD conducted a mini review within 90 days of the March 12, 2013 date of the lift to ensure that the FFA is in compliance with the CAP and will continue to conduct quarterly mini reviews.

On June 20, 2013, OHCMD conducted a mini review of the FFA. OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to the FFA not appropriately documenting and cross reporting Special Incident Reports (SIRs) and not maintaining runaway procedures in accordance with the County contract; Certified Foster Homes, related to documentation of annual vehicle maintenance not maintained in the file; Maintenance of Required Documentation/Service Delivery, related to non-comprehensive Needs and Services Plans (NSPs) and Quarterly Reports: Personnel Records, related to lack of documentation of current automobile insurance, signed policies and procedures and required training in staff files. Documentation was subsequently provided OHCMD.

The FFA's repeated noncompliance with its County contract, DCFS policy and Title 22 Regulations reflects an inability to work collaboratively with DCFS, as well as an inability to provide adequate

supervision and appropriate services to placed children, and further places children at risk. The FFA's contact will expire on October 31, 2013 and will not be renewed; therefore, a CAP was not required.

Attached are the details of our review.

REVIEW OF REPORT

On October 2, 2012, the DCFS OHCMD Monitor, Greta Walters, held an Exit Conference with the FFA representative, Dr. Norma Scarborough, DMFT, Program Administrator. The FFA's representative agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve their compliance with regulatory standards.

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

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:gfw

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy L. Watanabe, Auditor-Controller
Public Information Office
Audit Committee
Dr. Melvin Moore, Executive Director, Secure Transitions FFA
Angelica Lopez, Regional Manager, Community Care Licensing

SECURE TRANSITIONS, INC. FOSTER FAMILY AGENCY
CONTRACT PROGRAM COMPLIANCE MONITORING REVIEW-SUMMARY

5711 West Slauson Avenue, Suite 250
Culver City, CA, 90230
License Number: 197805297

	Contract Compliance Monitoring Review	Findings: September 2012
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. Improvement Needed
	4. Are there CCL Citations/OHCMD Safety Reports	4. Improvement Needed
	5. If Applicable, FFA Ensures Complete Required Whole Foster Family Home Training	5. Not Applicable
	6. FFA Pays Certified Foster Parents Whole Foster Family Home Payments	6. Not Applicable
	7. Assessment of Certified Foster Parent (CFP) Prior to Placement of Two (2) or More Children	7. Full Compliance
II	**Certified Foster Homes (CFHs)** (12 Elements)	
	1. Home Study and Safety Inspection Prior to Certification	1. Improvement Needed
	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. Improvement Needed
	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. Improvement Needed
	10. Current CDL/Auto Insurance/Annual Vehicle Maintenance Documentation for CFPs and Designated Drivers	10. Improvement Needed
	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	1. Full Compliance
	2. Common Areas Maintained	2. Full Compliance

	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	3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance
IV	**Maintenance of Required Documentation/Service Delivery** (10 Elements) 1. County Worker's Authorization to Implement NSPs 2. NSPs Implemented and Discussed with Foster Parents 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 Workers Monthly Contacts Documented in Child's Case File 9. Develop Timely, Comprehensive Quarterly Reports 10. FFA Social Workers Conduct Required Visits	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed 5. Improvement Needed 6. Improvement Needed 7. Improvement Needed 8. Improvement Needed 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	1. Improvement Needed 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Improvement Needed
VI	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	1. Improvement Needed 2. Full Compliance 3. Improvement Needed 4. Improvement Needed
VII	**Psychotropic Medications** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication	1. Improvement Needed

	2. Current Psychiatric Evaluation Review	2. Improvement Needed
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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
X	**Discharged Children** (3 Elements) 1. Completed Discharge Summary 2. Attempts to Stabilize Children's Placement 3. Child Completed High School (if applicable)	1. Improvement Needed 2. Not Applicable 3. Not Applicable

XI	**Personnel Records** (9 Elements) 1. DOJ, FBI, Child Abuse Criminal Index (CACI) Submitted Timely 2. Timely, Completed, Signed Criminal Background Statement 3. Education/Experience Requirements 4. Employee Health Screening/TB Timely 5. Valid CDL and Auto Insurance 6. Signed Copies of FFA Policies and Procedures 7. Staff Completed All Required Training and Documentation Maintained 8. FFA Social Workers Have Appropriate Caseload Ratio 9. Written Declarations for Contract FFA Social Workers That Caseloads Not Exceed Total of 15 Children	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Improvement Needed 7. Improvement Needed 8. Full Compliance 9. Not Applicable

SECURE TRANSITIONS, INC. 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 September 2012 review. The purpose of this review was to assess Secure Transitions 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, four children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed all four children and reviewed their case files to assess the care and services they received. Additionally, four discharged children's files were reviewed to assess the FFA's compliance with permanency efforts. At the time of the review, two placed children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

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

Licensure/Contract Requirements

- The FFA was not in compliance with appropriately documenting and cross reporting Special Incident Reports (SIRs) and did not maintain runaway procedures in accordance with the County contract. Children's absences were not reported timely nor were they being reported

after hours to the Child Protection Hotline and Law Enforcement. OHCMD requested a corrective action plan from the FFA, which was received and approved. During the Exit Conference, the FFA Program Administrator stated that training had been provided in August 2012 to certified foster parents and to FFA staff.

- Community Care Licensing (CCL) cited the FFA as a result of deficiencies and findings during CCL investigations. On June 8, 2012, CCL cited the FFA for Building and Grounds violations due to the certified foster parent's adult brother utilizing the computer room as a bedroom. The adult brother was not criminally cleared, as the certified foster parent reported that he did not reside in the home. The FFA submitted a Plan of Correction (POC) that included the FFA Social Worker inspecting the office/computer room on each scheduled visit to their CCL License Program Analyst (LPA), which was approved.
- On June 28, 2012, CCL cited the FFA for a Criminal Record Clearance Violation; and violations of Fixture, Furniture, Equipment and Supplies, Food Service and Telephone Service. During a visit to a certified foster home, it was learned that the certified foster mother had an adult male babysitting the foster children on a regular basis who was not criminally cleared or associated to the FFA. CCL cited the FFA $500 in civil penalties. CCL also found the temperature of the home to be at 89 degrees; Title 22 requires that the temperatures in rooms that children occupy be maintained between a minimum of 68 degrees and a maximum of 85 degrees. Also, there was a limited amount of food in the home and there was no access to a telephone in the home. The children either had to walk to a pay phone or wait until the certified foster mother returned from work to use the telephone. The FFA submitted a POC that included reviewing the Title 22 requirement with the certified foster parent to their CCL LPA which was approved.
- On August 3, 2012, CCL cited the FFA for Personal Rights violation. During a visit to a certified foster home, the CCL LPA learned that the certified foster mother used corporal punishment on the children when they did not listen to her. The FFA submitted a Plan of Correction that included retraining the certified foster parent on proper forms of discipline to their CCL LPA which was approved.

Recommendations

The FFA's management shall ensure that:

1. Children's absences and other incidents are appropriately documented and cross-reported in timely SIRs.

2. Runaway procedures are maintained in accordance with the County Contract.

3. The FFA is in full compliance with Title 22 Regulations, free of CCL citations.

Certified Foster Homes

- For one certified foster home, the FFA did not conduct a safety inspection prior to certification. During the Exit Conference, the FFA Program Administrator stated that she was certain that the inspection was completed and would provide the documentation. The documentation of the safety inspection was submitted to OHCMD; however, it was dated two months after the certification.

- For the two certified foster parents reviewed, the FFA did not contact OHCMD regarding historical abuse information on the prospective foster parents prior to certification. OHCMD immediately requested a corrective action plan from the FFA, which was received and approved. A background check was completed by OHCMD and revealed no information which would preclude the certified foster parents from being a placement resource to DCFS children. During the Exit Conference, the FFA's Program Administrator stated that the FFA's Executive Director would now be responsible for the certification process of prospective certified foster parents to ensure that mandatory guidelines are followed.
- For one certified foster parent, the criminal background statement was not completed timely. During the Exit Conference, the FFA's Program Administrator stated that the FFA's Executive Director would now be responsible for the certification process of prospective foster parents.
- There was no documentation that the certified foster parents had participated in and completed Model Approach to Partnership in Parenting (MAPP) training. During the Exit Conference, the FFA's Program Administrator stated that she was certain that the certified foster parents had completed the training. Documentation was not provided by the FFA to OHCMD that the training had been completed. During the June 20, 2013 mini review, the FFA provided documentation that the certified foster parents completed subsequent MAPP training.
- The certified foster parents' files reviewed did not have documentation of vehicle maintenance, prior to certification and/or for re-certification. During the Exit Conference, the FFA's Program Administrator did not comment, but did take notes of the discussion with OHCMD monitor. The FFA has not provided verification of vehicle maintenance for the certified foster parents reviewed.

Recommendations

The FFA's management shall ensure that:

4. Safety inspections of certified foster homes are conducted prior to certification.

5. OHCMD is contacted for historical abuse information regarding prospective certified foster parents prior to certification.

6. Criminal background statements are completed and signed in a timely manner.

7. MAPP training or its equivalent is completed by certified foster parents prior to certification and documentation of completion is maintained in the certified foster parent case files.

8. All required vehicle maintenance documentation is maintained in the certified foster parents' files and in accordance with the County contract and the FFA's Program Statement.

Facility and Environment

- During the OHCMD home inspections, in one certified foster home, the child's bedroom did not have a closet for his clothing.

- There was no documentation that the certified foster parents conducted disaster drills at least every six months and maintained completed disaster drill logs.

During the Exit Conference, the FFA's Program Administrator did not comment regarding findings in this area, but did take note of the discussion with the OHCMD monitor.

Recommendations

The FFA's management shall ensure that:

9. All children are provided with ample storage space in accordance with Title 22 Regulations.

10. Certified foster parents conduct disaster drills and maintain completed drill logs.

Maintenance of Required Documentation/Service Delivery

- Four certified foster parents were not included in the development of the Needs and Services Plans (NSPs).
- Four children's progress towards meeting the goals of the NSPs was not documented.
- The initial NSPs for four children were not comprehensive and did not include all elements.
- The updated NSP for one child was not comprehensive and did not include all elements.
- For three children, there was no documentation that they were receiving necessary therapeutic services.
- For three children, there was no documentation that recommendations on required assessments were being implemented.
- For two children, there was no documentation in their case files of monthly contact with the DCFS Children's Social Workers (CSWs).
- The NSP Quarterly Reports were not timely.

During the Exit Conference, the FFA's Program Administrator stated and the NSP training sign-in sheets revealed that the FFA did not attend the NSP training provided by OHCMD in January 2011. She stated the FFA would provide NSP training to staff. On June 11, 2012, OHCMD provided the FFA with a NSP Power Point training instrument. During the June 20, 2013 mini review, the FFA submitted documentation of NSP and NSP Quarterly Report trainings dated April 10, 2013, May 1, 2013 and June 5, 2013. Further, a FFA representative attended the NSP training provided by OHCMD on August 1, 2013.

Recommendations

The FFA's management shall ensure that:

11. Certified foster parents are included in the development of the NSPs.

12. Children's progress towards NSP goals is documented.

13. Initial NSPs are comprehensive and include all elements.

14. Updated NSPs are comprehensive and include all elements.

15. Therapeutic services are documented in case files and the NSPs.

16. All required assessments are implemented and documented in children's case files and NSPs.

17. Monthly contact with the DCFS CSWs is documented in case files.

18. NSP Quarterly Reports are completed timely.

Education and Workforce Readiness

- One child was not enrolled in school within three school days of placement.
- The FFA was not facilitating the educational goals for one child.
- Two children did not have current report cards maintained in their case files.
- Two children were not been provided with age-appropriate Youth Development Services (YDS) or the equivalent by the FFA.

During the Exit Conference, the FFA's Program Administrator did not comment, but did take note of the discussion with OHCMD monitor.

Recommendations

The FFA's management shall ensure that:

19. Children are enrolled in school within three school days of placement.

20. The FFA facilitate in meeting educational goals of each child.

21. Current reports cards are maintained in children's case files.

22. Age-appropriate YDS or the equivalent provided to children.

Health and Medical Needs

- Initial medical examinations were not timely for two children.
- Initial dental examinations were not timely for two children.
- The follow-up dental examination for one child was not conducted timely.

During the Exit Conference, the FFA's Program Administrator did not comment, but did take note of the discussion with OHCMD monitor.

Recommendations

The FFA's management shall ensure that:

23. Initial medical examinations are completed timely.

24. Dental examinations are completed timely.

25. Follow-up medical examinations are completed timely.

Psychotropic Medication

- In the case file of two children who had been prescribed psychotropic medication, current Psychotropic Medication Authorizations were not maintained.
- There was no required documentation of psychiatric evaluations/reviews.

During the Exit Conference, the FFA's Program Administrator stated that one child refused to be seen by a doctor. However, there was no documentation of the FFA's efforts. The FFA Program Administrator did not comment any further, but did take notes of the discussion with the OHCMD monitor.

Recommendations

The FFA's management shall ensure that:

26. Current Psychotropic Medication Authorizations are obtained and maintained in the children's case files.

27. Psychiatric evaluations/reviews are completed timely and documented for children.

Personal Needs/Survival and Economic Well-Being

- The four children interviewed stated that they did not have life books or photo albums. The certified foster parents reviewed stated that they did not maintain life books or photo albums for the placed children. During the Exit Conference, the FFA's representatives stated that the FFA would provide life books to certified foster parents.

Recommendation

The FFA's management shall ensure that:

28. All children have a life book or photo albums.

Discharged Children

- Two of the discharged files reviewed did not contain a completed discharge summary for the discharged children. The FFA Program Administrator did not comment, but did take note of the discussion with the OHCMD monitor.

Recommendation

The FFA's management shall ensure that:

29. Discharge summaries are completed for all children leaving the care of the FFA.

Personnel Records

- A criminal clearance had not been completed before a staff's hire date and there was a delay on the clearance, as CCL had discovered an extensive criminal record for this staff. The FFA had requested an exemption for the staff from CCL. The exemption had not been granted by CCL prior to employment. The FFA Program Administrator stated that the staff will not have contact with children until the CCL exemption is granted.
- One staff did not have a health screening. The FFA Program Administrator stated that the staff had not started with the FFA.
- Current automobile insurance was not documented in one staff's file.
- None of the sampled staff members' files contained signed copies of FFA policies and procedures.
- Further, there was no documentation that staff had received training on child abuse identification and reporting.

During the Exit Conference, the FFA's Program Administrator did not comment, but did take note of the discussion with OHCMD monitor.

Recommendations

The FFA's management shall ensure that:

30. Criminal clearances are completed for prospective employees before hiring.

31. Health screenings are completed timely for all staff members.

32. Documentation of current automobile insurance is maintained in staff files.

33. Signed copies of agency policies and procedures are maintained in staff files.

34. All staff members have one-hour training on Child Abuse Identification and Reporting.

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

The OHCMD's last compliance report dated November 8, 2012, identified 23 recommendations.

Results

Based on our follow-up, the FFA fully implemented 11 of 23 previous recommendations for which they were to ensure that:

- Home inspections/evaluations are completed before re-certification.
- Health-screenings are conducted and copies of current driver's licenses are maintained for all adults residing in certified foster homes.
- The exteriors of certified foster homes are maintained.
- The common areas of certified foster homes are maintained.
- Documentation is maintained as verification of the CSWs approval for implementation of NSPs.
- The children are included in the development of NSPs.
- Initial NSPs are timely.
- Children receive the required weekly allowance.
- All staff members meet the educational/experience requirements.
- All staff members have initial training, as required per Title 22 Regulations and the Foster Family Agency's program statement.
- All staff members have on-going training as required per Title 22 Regulations and the Foster Family Agency's program statement.

Based on our follow-up, the FFA did not fully implement 12 of 23 previous recommendations for which they were to ensure that:

- Children's bedrooms/interiors are maintained.
- The certified foster parents are included in the development of NSPs.
- Children's progress towards meeting NSP goals is documented.
- Initial NSPs are comprehensive and include all required elements.
- Monthly contacts with the CSWs are documented in NSPs.
- Updated NSPs are timely.
- Updated NSPs are comprehensive and include all required elements.
- All efforts made in assisting children in increasing their academic performance is documented and maintained in their case files.
- Current copies of the children's report cards are maintained.
- All children have a life book or photo albums.
- Signed copies of the FFA's policies and procedures are maintained in staff members' files.
- All staff members have one-hour training of Child Abuse Reporting.

Since these recommendations were not implemented, the OHCMD requested a CAP in this area to remediate these findings.

On December 12, 2012, OHCMD placed the FFA on "Hold." An Administrative Review Conference was held on January 18, 2013. OHCMD moved forward with progressive action and placed the FFA on "Do Not Use." On March 12, 2013, OHCMD lifted the "Do Not Use" in order to allow the FFA to implement the CAP and demonstrate program improvement. OHCMD conducted a mini review on June 20, 2013, which was within 90 days of lifting the "Do Not Use" to ensure that the FFA is in compliance with the CAP.

Based on the mini review conducted June 20, 2013, the FFA did not fully implement 8 of 34 recommendations of the 2012 compliance review for which they were to ensure that:

- Children's absences and other incidents are appropriately documented and cross-reported in timely SIRs.
- Runaway procedures are maintained in accordance with the County Contract.
- All required vehicle maintenance documentation is maintained in the certified foster parents' files and in accordance with the County contract and the FFA's Program Statement.
- NSPs are comprehensive and include all elements.
- Documentation of current automobile insurance is maintained in staff files.
- Signed copies of agency policies and procedures are maintained in staff files.
- All staff members have one-hour training on Child Abuse Identification and Reporting.

The FFA's repeated non-compliance with its County contract, DCFS policy and Title 22 Regulations (even after interventions by the OHCMD and CCL) reflects an inability to work collaboratively with DCFS, as well as an inability to provide adequate supervision and appropriate services to placed children, and further places children at risk. The FFA's contact will expire on October 31, 2013 and will not be renewed.

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

A fiscal review by the A-C of the FFA was posted on August 18, 2004. The A-C identified $11,967 in unsupported/inadequately supported costs and $5,504 in unallowable FFA expenditures. Also noted, the FFA did not name DCFS as an additional insured on its General Liability insurance policy as required under its contract with DCFS. As a result, DCFS incurred approximately $211,000 in legal cost defending itself in a case involving an injury to a foster child. The A-C recommended that DCFS and County Counsel evaluate the possibility of recovering these legal costs from the FFA. The A-C's fiscal report also noted that DCFS resolve the identified expenditures and if appropriate, collect all disallowed amounts and ensure that the FFA management takes the appropriate corrective action to address the recommendations in the A-C's report and monitor to ensure that the corrective actions taken result in permanent changes. The FFA submitted a fiscal CAP and it is monitored by DCFS Fiscal Monitoring Section. According to DCFS Fiscal Monitoring Section, the FFA is not current with their repayment plan and a referral to the Treasurer Tax Collector has been made.