



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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



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March 31, 2020

To: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor, Janice Hahn

From: Bobby D. Cagle
Director

**FAMILIES UNITING FAMILIES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Families Uniting Families Foster Family Agency (the Contractor) in May 2019. The Contractor has one office located in the Fourth Supervisorial District. The office provides services to the County of Los Angeles DCFS placed children, children placed by Orange County, and Non-Minor Dependents (NMDs).

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 5
PRIORITY 3 1

CAD conducted an on-site Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Resource Family Home (RFH) Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

"To Enrich Lives Through Effective and Caring Service"

The Contractor was in full compliance with 8 of 11 applicable areas of CAD's Contract Compliance Review: General Contract Requirements; Resource Family Home Requirements; Engagement and Teamwork; Needs and Services Plans; Permanency; Education and Independent Living Program Services; Health and Medical Needs; and Personal Rights and Social/Emotional Well-Being.

For the purpose of this review, 10 DCFS placed children were selected for the sample. CAD reviewed the 10 children's files and interviewed eight children to assess the level of care and services they received, two were pre-verbal. Additionally, five discharged children's files were reviewed to assess the FFA's compliance with permanency efforts.

CAD reviewed four RFHs files and five staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted interviews with staff and the Resource Family Parents (RFPs). Site visits were conducted to the FFA and the RFHs to assess the quality of care and supervision provided to the placed children.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment
 - Common quarters were not clean, safe, sanitary or in good repair.

Priority 2

- Facility and Environment
 - Exterior and grounds of the RFH were not safe and well maintained, the home did not have an intact window screen in each operable window, yard and outdoor activity space was not free from safety hazards and pool gate/fence was in disrepair.
 - Children's bedrooms were not safe and well maintained, children did not have clean linens, pillow and blankets and bedrooms did not appear to be clean, safe, sanitary and in good repair.
 - RFH did not maintain an adequate supply of perishable and non-perishable food, and snacks were not available to the children.
- Personal Need/Survival and Economic Well-Being
 - Children were not free to spend allowances on appropriate purchases.
- Personnel Files
 - Personnel did not complete all required medical clearances.

Priority 3

- Personal Needs/Survival and Economic Well-Being
 - Contractor did not ensure children's life books were maintained.

On June 12, 2019, the DCFS CAD Children Services Administrator I and II and Out-of-Home Care Management Division Quality Assurance Specialist held an exit conference with the Contractor's representatives.

The Contractor's representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve the Contractor's compliance with regulatory standards.

The Contractor provided the attached approved Corrective Action Plan addressing the noted findings in this compliance report.

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

BDC:KR
LTI:gt

Attachments

c: Sachi A. Hamai, Chief Executive Officer
Arlene Barrera, Acting Auditor-Controller
Terri L. McDonald, Chief Probation Officer
Sheila Mitchell, Chief Deputy Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Sybil Brand Commission
James Schrage, Executive Director, Families Uniting Families FFA Agency
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



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July 23, 2019

County of Los Angeles
Department of Children & Family Services
Contracts Compliance Unit
Grace Tamase, CSA I
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

RE: Contract Compliance Corrective Action Plan

County of Los Angeles, Department of Children & Family Services made an annual Contract Compliance Review during the months of May & June 2019. There were seven (7) findings requiring the agency to ameliorate:

- 1-Item #14: Maintenance of the exterior and the grounds of the RFH/Certified Foster Home.
- 2-Item #15: Maintenance of common quarters of RFH/Certified Foster Home.
- 3-Item #17: Maintenance of children's bedrooms of RFH/Certified Foster Home.
- 4-Item #19: Maintenance of supply of food of RFH/Certified Foster Home.
- 5-Item #63: Ensuring completion of Life Books.
- 6-Item #69: Ensuring children can spend weekly allowance as desired.
- 7-Item #76: Personnel received all required medical clearances.

Attached to this letter is Families Uniting Families' Corrective Action Plan [CAP] for those seven (7) items.

Sincerely,

Wesley Norvell, MSW
Supervising Social Worker, Families Uniting Families

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*"We are inextricably linked together in a single garment of destiny, caught in an inescapable network of mutuality."
Dr. Martin Luther King*



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Department of Children and Family Services
 Contracts Compliance Unit / Attention: Vanessa Stamp, Manager
 3530 Wilshire Blvd, 4th Floor
 Los Angeles, CA 90010

RE: Families Uniting Families - LA County DCFS Contract Compliance - Corrective Action Plan (2019) - 7/12/2019

Item #	Deficiency	Cause of Deficiency (e.g. why did it happen)	Action to rectify deficiency	How will CAP be implemented – CAP Goal	Who is responsible for implementing the components for implementation	How will the Quality Assurance (QA) plan ensure compliance to prevent recurrence?
14	The exterior and the grounds of the RPH were safe and well maintained: #14a No- RPH3, the window screen in the boy's bedroom was partially detached. There was a missing screen from the front bedroom and there was a	#14a – The screen in the boys' room was damaged by the boys during normal play and opening the window for ventilation. The screen in the front bedroom pertaining to certified foster parent's adult son was removed to install an air conditioner.	#14a – In RPH3, on June 11, 2019, the agency observed that the screens for the boy's bedroom, front bedroom, and the sliding screen door were replaced and in good condition. Photos of this was provided to CAD at 6/12/19 Exit Conference Meeting.	Beginning July 1, 2019: Foster Care Social Workers (FCSW) and staff will support certified foster/resource families in the following: 1(14) - Ensuring formal facility compliance checks occur quarterly to support foster parents/resource parent maintaining their homes in compliance to	1(14) - FCSW, SSW & Program Manager	1(14) - will be monitored informally in an ongoing fashion during home visits and discussed regularly during weekly supervision between FCSW and Supervising Social Worker



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<p>missing screen door from the sliding glass door in the kitchen area.</p>	<p>The screen for the sliding door was removed to wash and was being dried during the initial walk-through by CAD.</p>	<p>#14d. In RFH3, on June 6, 2019, the agency had the resource parent with assistance of landlord's handyman fix the fence and remove the broken wood and metal debris from the area that could pose a threat. Photos of this was provided to CAD at 6/12/19 Exit Conference Meeting. A newer, larger fence is being constructed at the time of this report. Additionally, the agency had the resource parent/handyman fix the exterior roof trim throughout the home has peeling paint and dry rot. Photos of this was provided to CAD at 6/12/19 Exit Conference Meeting.</p>	<p>be documented in FFA "Home Compliance Checklist".</p> <p>2(14) - Ensuring that Social Workers and FFA staff are providing ongoing monthly Informal facility compliance checks (full property walk-through) of the certified foster/resource home that is to be documented in FFA treatment and/or contact notes.</p> <p>3(14) - Discuss facility checks during ongoing bi-weekly individual and group supervision to be documented on "CSW Supervision Form" and/or "Group Supervision Form".</p>	<p>2(14) - FCSW</p>	<p>(SSW) and is documented in FFA "Home Compliance Checklist".</p> <p>2(14) - will be monitored informally and in an ongoing fashion during each home visit. Will be documented in FFA treatment and/or contact notes. Documentation may be subject to ongoing randomly selected internal quality assurance checks.</p> <p>3(14) - will monitored formally and informally by reviewing safety/compliance checks during supervision. Documented on "CSW Supervision Form" and/or "Group Supervision Form".</p>
<p>#14d No- in RFH3, the first quarter of the wooden side fence was in disrepair and the side yard was observed with several wood and rusty metal debris which could pose a danger. The exterior roof trim throughout the home has peeling paint and dry rot.</p>	<p>#14d - The wooden fence along the side of the home gradually deteriorated and had fallen down over time. Despite numerous requests being made to the landlord, no changes were made until after initial walk-through by CAD.</p>	<p>#14e. In RFH3, on June 6, 2019, the agency had the resource parent/handyman affix the pool gate that was missing two bolts and not bolted to the side wall so that it was properly re-connected. The agency had the resource parent remove the shoelace and stick arrangement. And, on June 6, 2019, the agency had the resource parent fix the bottom section of the metal gate was rusty/rotted and could pose a danger to the children. Photos of this was provided to CAD at 6/12/19 Exit Conference Meeting.</p>	<p>4(14) - Timely and documented repair requests will be made when landlord's property needs additional repair and attention will be made.</p>	<p>4(15) - FFA Program Manager, FCSW, & Foster/Resource Parent(s)</p>	<p>4(15) - will monitored formally and informally by reviewing safety/compliance checks during supervision. Documented on "CSW Supervision Form" and/or "Group Supervision Form".</p> <p>4(15) - A new internal protocol will be implemented to best support our foster/resource families as needed when assistance is needed in making timely requests for needed repairs. This will also be in effect when making follow-up requests as necessary until repairs are completed.</p>
<p>#14e No-RFH3, the pool gate was missing two bolts and not bolted to the side wall. The pool gate was attached to the wall with a shoelace tied to a wooden stick. The bottom section of the metal gate was rusty/rotted and could pose a danger to the children. In the pool area, there were 2x4 wooden planks strewn on the</p>	<p>#14e - Due to rain and the elements, the fence began to rust over time and began to deteriorate. Several requests for repairs were made to the landlord to make necessary repairs were made, with none of these requests being successful until after the initial walk-</p>	<p>#14e No-RFH3, on June 6, 2019, the agency had the resource parent/handyman affix the pool gate that was missing two bolts and not bolted to the side wall so that it was properly re-connected. The agency had the resource parent remove the shoelace and stick arrangement. And, on June 6, 2019, the agency had the resource parent fix the bottom section of the metal gate was rusty/rotted and could pose a danger to the children. Photos of this was provided to CAD at 6/12/19 Exit Conference Meeting.</p>	<p>4(14) - Timely and documented repair requests will be made when landlord's property needs additional repair and attention will be made.</p>	<p>4(15) - FFA Program Manager, FCSW, & Foster/Resource Parent(s)</p>	<p>4(15) - will monitored formally and informally by reviewing safety/compliance checks during supervision. Documented on "CSW Supervision Form" and/or "Group Supervision Form".</p> <p>4(15) - A new internal protocol will be implemented to best support our foster/resource families as needed when assistance is needed in making timely requests for needed repairs. This will also be in effect when making follow-up requests as necessary until repairs are completed.</p>



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<p>cemented floor with rusted nails throughout the planks.</p>	<p>through by CAD. Additionally, the wooden planks were from previous repairs made to the home that were not disposed of properly by the landlord's handyman.</p>	<p>Lastly, the agency had the resource parent clean the pool area of the 2x4 wooden planks and discard them appropriately. This was noted by Supervising Social Worker and FCSW on 6/6/19. Photos of this was provided to CAD at 6/12/19 Exit Conference Meeting. These changes were also noted and observed by CAD during 7/10/2019 follow-up walk-through.</p>	<p>Beginning July 1, 2019: Foster Care Social Workers (FCSW) and staff will support certified foster/resource families in the following:</p>	<p>1(15)-FCSW & Program Staff</p>	<p>1(15) – Home grounds will be monitored formally during quarterly compliance check that is documented in FFA "Home Compliance Checklist".</p>
<p>15 Common quarters were safe and well maintained: #15P No-RFH3, dirty floors with dust/dirt debris were observed in living room and hallway areas. Cobwebs/spiderwebs observed throughout the ceilings & walls in the living & dining room areas of the home. The two front burners of the stove not starting automatically. Dog and cat food were left out in the porch area in front of the home by the front door and numerous house flies were observed in the area. The dried, half eaten pet food could attract rodents & other</p>	<p>#15P – More attention was needed to ensure thorough and ongoing effective cleaning practices in RFH3.</p>	<p>#15P Additional ongoing staff training and support to be provided by Supervising Social Worker during individual supervision (6/28/19, 6/28/19, 7/2/19, 7/3/19, 7/5/19, 7/8/19, 7/9/19, 7/11/19) to ensure that Social Workers and FFA staff continue to ensure that foster/resource parents maintain their homes to Title 22/Interim Licensing Standards. Trainings provided (see above dates) and documented during individual supervision on "FCSW Supervision Form" to discuss the importance of ongoing informal and formal facility checks. During periodic as-needed and biannual visits with our families, Supervising Social Worker, Program Staff and/or Foster/Resource Parent Liaison will also provide formal and informal check-ins with foster/resource parents to ensure that the home maintained at facility compliance standards. This is in addition to the ongoing formal and informal check-ins</p>	<p>1(15) - Ensuring formal facility compliance checks occur quarterly to support foster parents/resource parent maintaining their homes in compliance to be documented in FFA "Home Compliance Checklist".</p>	<p>1(15)-FCSW & Program Staff</p>	<p>1(15) – Home grounds will be monitored formally during quarterly compliance check that is documented in FFA "Home Compliance Checklist".</p>



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<p>animals. RFH3 has 3 outdoor/indoor dogs and 2 cats.</p>	<p>#15p - RFH4, the center column bar that holds the refrigerator door closed is broken. RHHP4 has 3 indoor/outdoor cats in the home. CAD observed the cats freely able to walk on top of the kitchen counter and small island</p>	<p>#15p - The center column bar was damaged during normal use of the refrigerator and needed necessary attention to request repair. Additionally, lack of health risk understood</p>	<p>by FCSW and other FFA staff. When items not meeting standards are observed, the family will be given a specific time-frame to complete the needed changes to be confirmed by assigned FCSW and/or FFA Staff. RFH3 was thoroughly cleaned including, but not limited to the removal of all dust/dirt debris from the floor and cobwebs/spiderwebs from walls. The front two burners of the stove were thoroughly cleaned and back to normal working condition. Photos of this was provided to CAD at 6/12/19 Exit Conference Meeting. Dog and Cat food on now placed away from the porch area and entrance of the home in covered receptacles. These changes were noted and observed by CAD during 7/10/2019 follow-up walk-through.</p>	<p>2(15) - Ensuring that Social Workers and FFA staff are providing ongoing monthly informal facility compliance checks (full property walk-through) of the certified foster/resource home that is to be documented in FFA treatment and/or contact notes.</p>	<p>2(15) - Home grounds will be monitored informally and on an ongoing fashion during each home visit. Will be documented in FFA treatment and/or contact notes. Documentation may be subject to ongoing randomly selected Internal quality assurance checks.</p>
		<p>#15p Resource Parents have made a repair request of the handholds of their home to fix the center column of refrigerator door and are currently awaiting its repair. It is important to note that both doors fully close. You cannot however open both doors at the same time. On July 10, 2019, FCSW observed that a new exit to the outside of the home was provided for the cats, the</p>	<p>3(15) - Discuss facility checks during ongoing bi-weekly individual and group supervision to be documented on "FCSW Supervision Form" and/or "Group Supervision form".</p>	<p>2(15) - FCSW</p>	<p>3(15) - "Home Compliance Checklists" will be monitored formally and informally by reviewing facility compliance checks during supervision. Documented on "FCSW Supervision Form" and/or "Group Supervision form."</p>
				<p>3(15) - SSW</p>	



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<p>counter located in the middle of the kitchen area. The cats go in/out through the kitchen window on top of the kitchen sink area.</p>	<p>previously related to cats walking on the counter. Awareness brought during CAD's walk-through.</p>	<p>screen above the sink area was closed and repaired, and that the cats are no longer able to enter and exit in this manner. Cats are no longer permitted to walk along the kitchen countertops. Resource Parents were educated on this day (7/10/19) as to the health risks this behavior created. Photos evidence was attached to previous report.</p>	<p>4(15) – Timely and documented repair requests will be made when landlord's property needs additional repair and attention will be made.</p>	<p>4(15) – FFA Program Manager, FCSW, & Foster/Resource Parent(s)</p>	<p>4(15) – A new internal protocol will be implemented to best support our foster/resource families as needed when assistance is needed in making timely requests for needed repairs. This will also be in effect when making follow-up requests as necessary until repairs are completed.</p>
<p>17 Children's bedrooms were safe and well maintained: #17h Note: RFH3-Although CI's mattress was in good repair, the mattress had two plastic trash bags covering the top area of the mattress to protect the mattress from stain. Per RFH3, CI wets the bed. Agency was informed to follow up with RFH3 to purchase appropriate mattress cover to protect mattress.</p>	<p>#17h CI was recently struggling with bed-wetting and Foster Parent had not placed the mattress protector on minor's new bed after recently switching bedrooms.</p>	<p>#17p Additional ongoing staff training and support to be provided by Supervising Social Worker during individual supervision (6/26/19, 6/28/19, 7/2/19, 7/3/19, 7/5/19, 7/8/19, 7/9/19, 7/11/19) to ensure that Social Workers and FFA staff continue to ensure that foster/resource parents maintain their homes to Title 22/interim licensing Standards. Trainings provided (see above dates) and documented during individual supervision on "FCSW Supervision Form" to discuss the importance of ongoing informal and formal facility checks.</p>	<p>Beginning July 1, 2019: Foster Care Social Workers (FCSW) and staff will support certified foster/resource families in the following: 1(17) – Ensuring formal facility compliance checks occur quarterly to support foster parents/resource parent maintaining their homes in compliance to be documented in FFA "Home Compliance Checklist".</p>	<p>1(17)-FCSW & Program Staff</p>	<p>1(17) – Home will be monitored formally during quarterly compliance check that is documented in FFA "Home Compliance Checklist".</p>
<p>#17i No- RFH3, CI's pillow had no pillow case and observed to have stains. CI0 reported that</p>	<p>#17i pillow was stained from youth drooling on pillows and in need of a</p>				



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<p>he covers the pillow with a blanket. CAD observed additional stained pillows with no pillow cases in the bottom unused bunk bed.</p>	<p>wash. Additionally, C10 frequently would remove his pillow case, claiming he did not need it.</p>	<p>addition to the ongoing formal and informal check-ins by FCSW and other FFA staff. When items not meeting standards are observed, the family will be given a specific time-frame to complete the needed changes to be confirmed by assigned FCSW and/or FFA Staff.</p> <p>17h On June 14, 2019 appropriate mattress protective covers were obtained and placed on all the mattresses as confirmed by FCSW. Photos of this was provided to CAD at 6/12/19 Exit Conference Meeting.</p> <p>17i On June 6, 2019, pillows cases were obtained and found that all pillows had pillow cases. New pillows were purchased to replace the old pillows. These changes were noted and observed by CAD during 7/10/2019 follow-up walk-through.</p> <p>#17i On June 28, 2019 it was observed by FFA Staff (FCSW and Supervisor) that all damaged carpet was removed and that the floors replaced with tile. These changes were noted and observed by CAD during 7/10/2019 follow-up walk-through.</p> <p>It is important to note that several requests were made to the landlord to replace the carpet prior to this home visit.</p>	<p>2(17) - Ensuring that Social Workers and FFA staff are providing ongoing monthly informal facility compliance checks (full property walk-through) of the certified foster/resource home that is to be documented in FFA treatment and/or contact notes.</p> <p>3(17) - Discuss facility checks during ongoing bi-weekly individual and group supervision to be documented on "FCSW Supervision Form" and/or "Group Supervision form".</p>	<p>2(17) - FCSW</p>	<p>2(17) - Home will be monitored informally and on an ongoing fashion during each home visit. Will be documented in FFA treatment and/or contact notes. Documentation may be subject to ongoing randomly selected internal quality assurance checks.</p> <p>3(17) - "Home Compliance Checklists" will be monitored formally and informally by reviewing facility compliance checks during supervision. Documented on "FCSW Supervision Form" and/or "Group Supervision form."</p> <p>4(17) - A new internal protocol will be implemented to best support our foster/resource families as needed when assistance is needed in making timely requests for needed repairs. This will also be in effect when making follow-up requests as necessary until repairs are completed.</p>
<p>#17i No- RH13, carpet stains were observed in the master bedroom by the door and dresser next to C2's toddler bed where C2 sleeps. Cobwebs and spiderwebs were observed throughout the walls and ceilings of the master bedroom and in C1 & C10's bedroom.</p>	<p>#17i Carpet was in disrepair and in need of replacement. Multiple requests were made to the landlord for replacement and none were successful until after CAD's initial walk-through. Additionally, more attention was needed to ensure thorough and ongoing effective cleaning practices in RH13</p>	<p>17h On June 14, 2019 appropriate mattress protective covers were obtained and placed on all the mattresses as confirmed by FCSW. Photos of this was provided to CAD at 6/12/19 Exit Conference Meeting.</p> <p>17i On June 6, 2019, pillows cases were obtained and found that all pillows had pillow cases. New pillows were purchased to replace the old pillows. These changes were noted and observed by CAD during 7/10/2019 follow-up walk-through.</p> <p>#17i On June 28, 2019 it was observed by FFA Staff (FCSW and Supervisor) that all damaged carpet was removed and that the floors replaced with tile. These changes were noted and observed by CAD during 7/10/2019 follow-up walk-through.</p> <p>It is important to note that several requests were made to the landlord to replace the carpet prior to this home visit.</p>	<p>2(17) - Ensuring that Social Workers and FFA staff are providing ongoing monthly informal facility compliance checks (full property walk-through) of the certified foster/resource home that is to be documented in FFA treatment and/or contact notes.</p> <p>3(17) - Discuss facility checks during ongoing bi-weekly individual and group supervision to be documented on "FCSW Supervision Form" and/or "Group Supervision form".</p>	<p>2(17) - FCSW</p>	<p>2(17) - Home will be monitored informally and on an ongoing fashion during each home visit. Will be documented in FFA treatment and/or contact notes. Documentation may be subject to ongoing randomly selected internal quality assurance checks.</p> <p>3(17) - "Home Compliance Checklists" will be monitored formally and informally by reviewing facility compliance checks during supervision. Documented on "FCSW Supervision Form" and/or "Group Supervision form."</p> <p>4(17) - A new internal protocol will be implemented to best support our foster/resource families as needed when assistance is needed in making timely requests for needed repairs. This will also be in effect when making follow-up requests as necessary until repairs are completed.</p>
<p>he covers the pillow with a blanket. CAD observed additional stained pillows with no pillow cases in the bottom unused bunk bed.</p>	<p>wash. Additionally, C10 frequently would remove his pillow case, claiming he did not need it.</p>	<p>addition to the ongoing formal and informal check-ins by FCSW and other FFA staff. When items not meeting standards are observed, the family will be given a specific time-frame to complete the needed changes to be confirmed by assigned FCSW and/or FFA Staff.</p> <p>17h On June 14, 2019 appropriate mattress protective covers were obtained and placed on all the mattresses as confirmed by FCSW. Photos of this was provided to CAD at 6/12/19 Exit Conference Meeting.</p> <p>17i On June 6, 2019, pillows cases were obtained and found that all pillows had pillow cases. New pillows were purchased to replace the old pillows. These changes were noted and observed by CAD during 7/10/2019 follow-up walk-through.</p> <p>#17i On June 28, 2019 it was observed by FFA Staff (FCSW and Supervisor) that all damaged carpet was removed and that the floors replaced with tile. These changes were noted and observed by CAD during 7/10/2019 follow-up walk-through.</p> <p>It is important to note that several requests were made to the landlord to replace the carpet prior to this home visit.</p>	<p>2(17) - Ensuring that Social Workers and FFA staff are providing ongoing monthly informal facility compliance checks (full property walk-through) of the certified foster/resource home that is to be documented in FFA treatment and/or contact notes.</p> <p>3(17) - Discuss facility checks during ongoing bi-weekly individual and group supervision to be documented on "FCSW Supervision Form" and/or "Group Supervision form".</p>	<p>2(17) - FCSW</p>	<p>2(17) - Home will be monitored informally and on an ongoing fashion during each home visit. Will be documented in FFA treatment and/or contact notes. Documentation may be subject to ongoing randomly selected internal quality assurance checks.</p> <p>3(17) - "Home Compliance Checklists" will be monitored formally and informally by reviewing facility compliance checks during supervision. Documented on "FCSW Supervision Form" and/or "Group Supervision form."</p> <p>4(17) - A new internal protocol will be implemented to best support our foster/resource families as needed when assistance is needed in making timely requests for needed repairs. This will also be in effect when making follow-up requests as necessary until repairs are completed.</p>



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<p>19</p> <p>The RFH maintained an adequate supply of perishable and non-perishable foods</p>	<p>#19a No- RPH4 did not have an adequate supply of perishable and non-perishable food available. CAD observed half a bag of hamburger patties, half a bag of breakfast patties and a bag of mixed vegetables in the refrigerator freezer. There were only 3 individual ready-made salads, 3 romaine lettuce hearts in the refrigerator and condiments in the side door. There was only one half-bag of oatmeal bran cereal, ketchup, mustard condiments, 3 small bags of various pasta and 9 small cans of tuna in the pantry.</p>	<p>#19a RFH4 is a family that go frequently to the grocery store to purchase fresh fruits and vegetables and were reportedly planning on going either later in the evening on the day of CAD's walk-through or the next day to grocery store to purchase more food. They are a very health conscious family that tries to avoid most processed foods.</p>	<p>#19a Additional ongoing staff training and support to be provided by Supervising Social Worker during Individual supervision (6/26/19, 6/28/19, 7/2/19, 7/3/19, 7/5/19, 7/8/19, 7/9/19, 7/11/19) to ensure that Social Workers and FFA staff continue to ensure that foster/resource parents maintain their homes to Title 22/Inverin Licensing Standards. Trainings provided (see above dates) and documented during individual supervision on "FCSW Supervision Form" to discuss the importance of ongoing informal and formal facility checks.</p>	<p>Beginning July 1, 2019: Foster Care Social Workers (FCSW) and staff will support certified foster/resource families in the following: 1(19) - Ensuring formal facility compliance checks occur quarterly to support foster parents/resource parent in maintaining their homes in compliance to be documented in FFA "Home Compliance Checklist. Part of this review include ensuring adequate food and snacks are in the home.</p>	<p>2(19) - Ensuring that Social Workers and FFA staff are providing ongoing informal monthly facility compliance checks (full property walk-through and food supply review) of the certified foster/resource home that is to be documented in FFA treatment and/or contact notes.</p>
	<p>On July 10, 2019 FCSW confirmed that family had adequate perishable and non-perishable foods. Photo evidence has been attached to this report. It is important to note that Resource Parent was out of the country for the nearly the whole month of June 2019</p>		<p>3(19) - Discuss facility checks during ongoing bi-weekly individual and group supervision to be documented on "FCSW Supervision Form" and/or "Group Supervision Form".</p>	<p>3(19) - SSW</p>	<p>3(19) - "Home Compliance Checklists" will be monitored formally and informally by reviewing facility compliance checks during supervision. Documented on "FCSW Supervision Form" and/or "Group Supervision form."</p>



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		and placed children were in respite at another certified foster home. Photos evidence is attached to this report.	Upon the return of Resource Parent and placed children, FCSW will be frequently checking the home weekly to ensure adequate perishable and non-perishable foods in the home at all times.				
63	The FFA ensures that children are encouraged and supported by the RFPs in keeping a life book.	#63b Although life book was received, it was not completed by one of the target children	#63b Although life book was provided prior to CAD's walk-through, minor has refused to work on the life book.	The FCSW met with the Resource Parent to print off recent photos and assisted in the completion of life book.	1 (63) FCSW will follow-up with target child and Resource Parent on Life Book progress.	1(63) - FCSW & Resource Parent	1(63) Supervising Social Worker will meet with FCSW regularly in supervision and monitor the area of Life Book progress.
69	Children reported receiving all allowances #69b NO-C5 reported that RFP4 will not allow him to bring allowance money to school to purchase snacks and reportedly would not give child money to participate in a pizza party	#69b Minor never reported needing money for a pizza party nor was anything provided from school requesting funds. Minor would frequently spend all of his allowance money during the weekend when receives it.	The target child was provided an allowance and was provided guidance in how to manage the money. The FCSW met with the family on 5/29/19 and 6/7/19 to discuss how allowances are to be handled moving forward. The Resource Parent spoke with the teacher to confirm that there was a pizza party and the resource parent provided the \$5.00 directly to the teacher so that the target child would participate in the pizza party.	1 (69) During weekly visits by FCSW, a discussion around allowance management will occur to prevent future miscommunication.	1(69) - FCSW	1(69) Supervising Social Worker will meet with FCSW regularly in bi-weekly supervision and monitor the area of allowance management	



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76 Personnel received all medical clearances #76b NO S1 & SA TB clearances were not up to date	#76b Staff in questions were previously professionals. Interns at agency and medical clearance were provided at this time.	All staff will have TB clearance(s) have TB clearance prior to hire date.	1(76) Human Resources will not allow a new employee to utilize a prior TB test. All new hires will be required to have a current TB exam processed right before hire date.	1(76) - FFA Program Manager	1 (76) HR will verify that all clearances are completed prior to finalized hire.
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 Wesley Norvell, MSW
 Supervising Social Worker

7-23-19
 Date