



# County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 9, 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

## DAVID AND MARGARET HOME 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 David and Margaret Home Foster Family Agency (the Contractor) in July 2019. The Contractor has one office located in the Fifth Supervisorial District. The office provides services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties and Non-Minor Dependents.

### Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 6
PRIORITY 2 4
PRIORITY 3 3

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 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.

The Contractor was in full compliance with 5 of 11 applicable areas of CAD's Contract Compliance Review: 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.

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

CAD reviewed five Resource Family Homes (RFH) files and three staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted interviews with staff and the Resource Family Parents (RFPs). To assess the quality of care and supervision provided to the placed children, DCFS conducted site visits at the Contractor's location and the RFHs.

CAD noted findings in the areas of:

#### Priority 1

- Engagement and Teamwork
  - Child and Family Team participants were not identified.
  - Child and Family Team meetings were not documented.
  - Child and Family Team decision-making process of each goal was not identified.
- Permanency
  - Child and Family meetings were not documented.
  - The discharged summaries were not completed or on file.
  - Aftercare services were not provided.

#### Priority 2

- Facility and Environment
  - Vehicles used to transport children were not well maintained and in good repair
  - Common quarters-the RFH was not safe and well maintained.
  - RFHs did not have the Certificates of Approval posted and visible.
  - Children's bedrooms were not safe and well maintained.

Priority 3

- General Contract Requirements
  - Special Incident Reports were not timely submitted or appropriately cross-reported.
- Resource Family Home Requirements
  - Tuberculosis health clearance for additional adult living in the home was not on file.
- Needs and Services Plans (NSPs)
  - The NSPs were not completed accurately or on time.

On June 12, 2019, the DCFS CAD Children Services Administrator I and II and the 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, and 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:bm

Attachments

c: Sachi A. Hamai, Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Raymond Leyva, Interim Chief Probation Officer  
Brandon Nichols, Chief Deputy Probation Officer  
Public Information Office  
Audit Committee  
Michael Miller, Interim Chief Executive Officer, David and Margaret Home  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



David and Margaret FFA Monitoring Review Exit Summary 8/29/19, Amended 9/16/19

Corrective Action Plan (CAP) Response 9/30/19

To Whom It May Concern:

From: Deena Robertson, LCSW Foster Family Agency Program Manager

**I. General Contract Requirements**

**#6 SIRs are properly documented**

1 SIR was not reported within required time frame

**Reason:** We received the notification when the foster parent informed the FFASW and then it was I-tracked. FM's pipe burst and flooded her house, she went to a hotel to insure a safe place for the child to reside while work was being done at her house. FM thought that this was covered under the prudent parent standard and notified the FFASW when she saw her.

**Solution:** FM was retrained regarding change of residence and after hours On-Call numbers on 7/01/19 and documentation is in the FP file and a copy included. This subject will be reviewed in the yearly mandatory foster parent training scheduled for May 2020.

**II. Resource Family Home Requirement**

**#12 One Adult family member living in home without a TB test**

**Reason:** Foster parent's daughter moved out of the home and then moved back, We had her clearances and she was requested to do a TB test but our FP file compliance process did not follow up to ensure that the TB test was in file. We did have her take a TB test and it was completed on 7/26/19

**Solution:** Quality assurance will audit all FP files to ensure that all adult family members living in any approved resource home have a TB on file by 10/15/19 and ongoing with new approvals.

**III. Facility & Environment**

**#13 One auto had a left rear tire without proper/tread or grooves**

**Reason:** We received yearly auto safety reports on FP autos used to transport the minors. Our QA evaluation of the home did not include a review of the tire treads.

**Solution:** Our procedure for quality assurance checks will now include the foster parents performing a penny/quarter check of the tires as part of the QA review. We have included a review of the process in our agency FFA newsletter outlining

the procedure and FFA staff were retrained on the process on 9/04/19

- #15 One foster parent had her knives stored in an unlocked cabinet.  
Reason: Foster parent did not follow agency protocol that had been outlined in Foster parent training along with quarterly quality assurance checks verifying compliance.

Solution: Foster parent did not follow agency procedure for securing knives. When discussing the issue foster parent stated that she wanted to be placed on Inactive status due to her needing to focus on her family. If foster mother returns to the agency she will be retrained as part of her approval process.

- #16 One foster parent did not have her certificate of approval posted

Reason: Foster parent was given a copy of her certificate by our quality assurance staff and asked to post, foster parent stated she could find it.

Solution: When discussing the issue foster parent stated that she wanted to be placed on inactive status due to her needing to focus on her family (this is the same foster parent in #15. If foster mother returns to the agency she will be retrained as part of her approval process.

- #17 In one home, there were two windows that did not open in the children's room.

Reason: When the home study was completed and the subsequent quality assurance check completed, the windows were not checked to ensure that they were operable.

Solution: Home study practitioners and quality assurance staff were re-trained on 9/04/19 and all windows in foster children's room will be checked to ensure compliance as part of the approval process. The RFA03 form will include verification that the windows in the children's room are operable.

#### IV. Engagement and Teamwork

- #20 No CFT Meetings and collaboration identified in 3 out of 6 children's files

Reason: Social Workers and department Supervisor were aware written documentation was required when a CFT did not take place for placed youth in FFA and was just not included in the quarterly report.

Solution: The agency supervisor received clarification that CFTS are to be requested for all clients served and requests documented in file. Supervisor and social workers were trained by QI/QA Coordinator on September 25th, 2019. Documentation is filed with HR and FFA staff meeting/training folders.

- #21 No CFT Meetings and collaboration identified in 3 out of 6 children's files

Reason: Social Workers and department Supervisor were aware written documentation was required when a CFT did not take place for placed youth in FFA and was just not included in the quarterly report.

Solution: The agency supervisor received clarification that CFTS are to be requested for all clients served and requests documented in file. Supervisor and social workers were trained by QI/QA Coordinator on September 25th, 2019. Documentation is filed with HR and FFA staff meeting/training folders.

#22 No CFT Meetings and collaboration identified in 3 out of 6 children's files

Reason: Social Workers and department Supervisor were aware written documentation was required when a CFT did not take place for placed youth in FFA and was just not included in the quarterly report.

Solution: The agency supervisor received clarification that CFTS are to be requested for all clients served and requests documented in file. Supervisor and social workers were trained by QI/QA Coordinator on September 25th, 2019. Documentation is filed with HR and FFA staff meeting/training folders.

V. Needs and Service Plans

#23 Dates for one NSP were inconsistent (DOP 2/15/13)

Reason: Human error. We have had several admin staff during this initial time period. The dates completed were put in by hand by the date the FFASW completed rather than date due, overtime this pushed the date due out of sequence, which did not reconcile with the quarterly reports due date.

Solution: The FosterTrak software program automatically populates the dates due, the admin asst. will not put the dates in by hand as it changed the dates due. The dates have been reviewed by the admin assistant and adjusted to reflect the dates the quarterly reports are due. Monthly reports of quarterly reports due will be printed by the administrative assistant and reviewed with the program supervisor who manages the quarterly reports due dates.

Reason: Foster Parent signed on the wrong line on one NSP in the county workers space and FFA staff assumed the county worker had signed it and did not follow the procedure of contacting the county worker.

Solution: FFA staff and FP will be retrained in NSP signature verification and process by 10/15/19.

## VI. Permanency

#31 No CFT documentation was found in 3 of the 6 children

Reason: Social Workers and department Supervisor were aware written documentation was required when a CFT did not take place for placed youth in FFA and was just not included in the quarterly report.

Solution: The agency supervisor received clarification that CFTS are to be requested for all clients served and requests documented in file. Supervisor and social workers were trained by QI/QA Coordinator on September 25th, 2019. Documentation is filed with HR and FFA staff meeting/training folders.

#34 The discharge summary submitted to CSW there were no record of the summary  
Reason: Termination reports have been completed within 30 days and included in the quarterly report summary. The agency was not aware that they needed to utilize a different form for the termination report.

Solution: The agency will locate the termination report form and start using it for termination reports as of 11-1-19.

#35 Unable to identify if after support services nor if linkages were made available and no record of discharge summaries on file.

Reason: Termination reports have been completed within 30 days and included in the quarterly report summary. The agency was not aware that they needed to utilize a different form for the termination report.

Solution: The agency will locate the termination report form and start using it for termination reports as of 11-1-19.

Respectfully submitted by:



Deena Robertson, LCSW  
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# David and Margaret Foster Family Agency Training Documentation

Date	Foster Parent #1	Foster Parent #2
7/1/19	Alisha Roaz	

Subject or Title: On Call Procedures, Proper documentation  
SIR procedures

Curriculum: On call procedures

Materials: Provided On call phone #s

Hours: #1 1

[Signature]  
Foster Parent #1 Signature

#2 \_\_\_\_\_  
Foster Parent #2 Signature

Verification Signature: [Signature] Title: social worker

*If a foster parent attends outside trainings they must receive approval for the topic, get a signed certificate verifying the hours and title. If no certificate they must get a copy of the agenda/ curriculum and have this form signed by the instructor.*