



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

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January 3, 2022

To: Supervisor Holly J. Mitchell, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger
From: *Karen Richardson for*
Ginger Pryor
Acting Director

**CHILDHHELP
FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a virtual Contract Compliance Review of the Childhelp Foster Family Agency (the Contractor) in June 2021. The Contractor has three offices: one located in the Third Supervisorial District; one located in San Bernardino County; and one in Orange County. The offices provide services to the County of Los Angeles DCFS-placed children, children placed by other counties, and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 2
PRIORITY 2 7
PRIORITY 3 0

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Resource Family Home Requirements (RFH); 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 6 of 11 applicable areas of CAD's Contract Compliance Review: Resource Family Home Requirements; Engagement and Teamwork; Permanency; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, 10 DCFS placed children were selected for the sample. CAD reviewed the files of the 10 selected children and telephonically interviewed to assess the level of care and services received, six children (ages 1, 2, 3, 4, and 5 years, and 7 months) were too young to be interviewed and were virtually observed to be clean, well-groomed and healthy. An additional four discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed four RFHs files and four staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted telephonic interviews with staff and the Resource Family Parents. To assess the quality of care and supervision provided to the placed children, DCFS also conducted virtual site visits at the Contractor's locations and RFHs.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment
 - Knives and sharp objects were not safely stored and locked.
 - The RFH did not maintain an adequate supply of perishable and non-perishable foods including a supply of fresh fruits and vegetables available and accessible to the children.

Priority 2

- General Contract Requirements
 - Special Incident Reports were not properly documented in the Needs and Services Plan.
- Facility and Environment
 - A vehicle used to transport children was not maintained and in good repair, as the turn signals did not work properly.
- Needs and Services Plans (NSPs)
 - NSPs were not completed comprehensively and accurately, NSPs did not include a Concurrent Case Plan.

- Education and Independent Living Plan Services
 - Children were not enrolled in school within the appropriate timeframe, or efforts to enroll the children in school were not properly documented.
- Health and Medical Needs
 - Initial medical exams were not conducted timely.
 - Initial dental exams were not conducted timely.
 - Follow-up dental exams were not in the case file.

On September 29, 2021, the Children Services Administrator teams from DCFS CAD and the Out-of-Home Care Management Division Quality Assurance and Investigations Section 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.

GP:KDR
LTI:yw

Attachments

c: Fesia Davenport, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Dr. Adolfo Gonzales, Chief Probation Officer
Public Information Office
Audit Committee
Chris Ruble, Chief Program Officer, Childhelp FFA
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



LOS ANGELES COUNTY
CHILDHELP, INC. (FFA)
Corrective Action Plan
2021



General Contract

Special Incident Reports are properly documented.

In the Needs and Services Plans (NSPs)([Contract, Exhibit A-5, SOW, Part B, Section 10.4](#))

Facility

Site 592

Site 592

Site 584

Site 583

1. Explain the Cause.

All of the NSP's reviewed in this section belonged to one specific agency Foster Care Coordinator; that Foster Care Coordinator did not review the SIR tracking log while writing the NSP's.

2. Corrective Action Taken.

All agency Foster Care Coordinators were trained to review all Special Incident Reports are reviewed and documented on each minors NSP. This training took place on 10/26/21. (See Attachment Training Sign in Sheet)

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The FFA Supervisor will make sure that when NSP's are submitted by Foster Care Coordinators for review, that Special Incident Reports are included on the NSP. FFA Supervisor will print out an SIR Tracking Log and review it while reviewing the NSP to ensure compliance.

Facility And Environment

13. Vehicles used to transport children were well maintained and in good repair

13h. Turn Signals(Title 22 80074(c) & 87074(d))

Facility

Site 584

1. Explain the Cause.

Resource Parent reported that the light bulb had blown out, therefore causing the turn signal light to not turn on. During Foster Care Coordinators prior (to the audit home visit) the turn signals were working correctly.

2. Corrective Action Taken.

Foster Care Coordinator will conduct a vehicle inspection during home visits and they will report if the turn signals are working on their progress notes.(See Attachment Progress Note) All FFA Staff were re-trained on revised progress note on 10/26/21. (See Attachment Training Sign in Sheet)

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

FFA Supervisor will review and sign off on weekly or bi-weekly progress note submitted by Foster Care Coordinator to ensure vehicle was inspected.

15. Common areas were safe and well-maintained

15i. If appropriate, knives and sharp objects are safely stored and locked(Title 22 80087(g))

Facility

Site 583

1. Explain the Cause.

Resource Parent had her knives up high in a cabinet out of reach of the children, Resource Parent forgot to lock the cabinet; Foster Care Coordinator's quarterly home check was done post this audit review visit.

2. Corrective Action Taken.

Foster Care Coordinator's will conduct quarterly home inspections in accordance with the Resource Family Home Health and Safety Assessment Checklist (RFA 03 (4/21)). In addition to this RFA Checklist, the FFA will use an agency created checklist (Resource Home Inspection Report) to ensure that locked knives are checked and locked. (See attachment Resource Home Inspection Report) All agency staff was trained on the Resource Home Inspection Report on 10/26/21. (See Attachment Training Sign in Sheet)

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

The FFA Supervisor will review these home inspection reports submitted by the Foster Care Coordinator to make sure that these quarterly assessments are being completed. Foster Care Coordinator's will meet during supervisions with Foster Care Coordinator to review together to ensure compliance.

19. The RFH maintained an adequate supply of perishable and non-perishable foods

19a. A sufficient supply of perishable and non-perishable food is available (Title 22 80076(a)(1), & 84076(c))

Facility

Site 583

19c. Fresh fruits and vegetables are available and accessible to the children (Title 22 80076(a)(1))

Facility

Site 583

1. Explain the Cause.

Resource Parent was not in compliance with having enough perishable food as well as fresh fruits and vegetables.

2. Corrective Action Taken.

Foster Care Coordinator will inspect and verify that Resource Family Home has fresh fruits and vegetables accessible to minor (s), during each home visit. Foster Care Coordinator will verify either face to face or virtually and will document this in minors progress note. (See Attachment Progress Note) All FFA Staff were trained on revised progress note on 10/26/21. (See Attachment Training Sign in Sheet)

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

FFA Supervisor will check Foster Care Coordinator's progress notes to make sure that CAP is being followed and adhered to.

Needs & Services

23. The NSPs were completed accurately and on time

23b. Are comprehensive and accurate

Facility

Site 584

23c. Included Case Plans and Concurrent Case Plan

Facility

Site 592

1. Explain the Cause.

Foster Care Coordinator in an effort to save time cut and pasted in ZO's NSP's with other minors in the home; this will explain the errors; Foster Care Coordinator did not pay attention to detail; Foster Care Coordinator submitted the first drafts of these NSP's (not FFA Supervisor corrected versions) for this audit review.

2. Corrective Action Taken.

All FFA Staff were retrained on the NSP corrections and details; Foster Care Coordinators will be trained on how to properly save current NSP's and to delete and remove older versions of the NSP to avoid submission of incorrect NSP's. NSP retraining occurred on 10/26/2021. (See Sign in Sheet). Training on saving documents will occur before November 30, 2021.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Foster Care Coordinator's are responsible for submitting NSP's to FFA Supervisor 7-14 days prior to NSP due date; FFA Supervisor will review NSP, identify any errors and corrections needed and return to Foster Care Coordinator to make corrections prior to sending to Resource Family, Minor and CSW for signatures. Once all signatures have been obtained, Foster Care Coordinator will submit completed NSP (with all signatures) to FFA Supervisor to enter in the FFA tracking system, FFA Supervisor will review NSP one last time to make sure the corrected NSP is being submitted.

Education and Independent Living Plan Services

36. Children/youth were enrolled in school immediately

Facility

Site 592

Site 592

1. Explain the Cause.

Resource Parent was not able to enroll minors because they were not dis-enrolled from previous school, and previous caregiver held education rights for minors.

2. Corrective Action Taken.

FFA Staff were re-trained on the school enrollment time-frames for minors; in addition, FFA Staff was encouraged to make sure that any and all barriers are documented and expressed to DCFS CSW. FFA staff (including Foster Care Coordinators) was provided a re-training on 10/27/21. (See Attachment Training Sign in Sheet)

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

FFA Supervisor will be responsible for reviewing minor's school enrollment during weekly supervision with Foster Care Coordinator. Foster Care Coordinators will inform Supervisor immediately if there are barriers to this process.

Health & Medical Needs

41. Initial medical examinations were conducted on time

Facility

Site 592

Site 592

Site 592

Site 592

Site 584

Site 584

1. Explain the Cause.

Minor KHA did have an initial medical exam, RP gave physical copy to CSW and did not retain a copy nor did she provide FFA with a copy. Minors (RL,NL,LL,EL) were not able to be seen by a doctor because their medi-cal was suspended; RP made an attempt to take minors to Kaiser and they were turned away because of the medi-cal. RP was told to take minors to the local HUB which exceeded the 30 day time frame.

2. Corrective Action Taken.

FFA will provide re-training to Resource Parents and FFA Foster Care Coordinators regarding making sure that client medical and dental exams are completed in the required time frame. FFA staff (including Foster Care Coordinators) was provided a re-training on 10/27/21. (See Attachment Training Sign in Sheet)

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

FFA Supervisor will be responsible for reviewing minor's medical exams during weekly supervision with Foster Care Coordinator. Foster Care Coordinators will inform Supervisor immediately if there are barriers to this process.

42. Initial dental examinations were conducted on time

Facility

Site 592

Site 592

Site 592

1. Explain the Cause.

Minors (RL,LL,EL) were not able to be seen by a dentist because their medi-cal was suspended; RP made an attempt to take minors to Family Dental and they were turned away because of the medi-cal being suspended.

2. Corrective Action Taken.

FFA will provide re-training to Resource Parents and FFA Foster Care Coordinators regarding making sure that client medical and dental exams are completed in the required time frame. FFA staff (including Foster Care Coordinators) was provided a re-training on 10/27/21. (See Attachment Training Sign in Sheet)

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

FFA Supervisor will be responsible for reviewing minor's dental exams during weekly supervision with Foster Care Coordinator. Foster Care Coordinators will inform Supervisor immediately if there are barriers to this process.

43. Required follow-up medical examinations were conducted on time

Facility

Site 584

1. Explain the Cause.

Minor KHA, Resource Parent did not provide documentation to FFA/Foster Care Coordinator for follow up appointment.

2. Corrective Action Taken.

FFA will provide re-training to Resource Parents and FFA Foster Care Coordinators regarding making sure that client medical and exams are completed in the required time frame. FFA staff (including Foster Care Coordinators) was provided a re-training on 10/27/21. (See Attachment Training Sign in Sheet)

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

FFA Supervisor will be responsible for reviewing minor's medical exams during weekly supervision with Foster Care Coordinator. Foster Care Coordinators will inform Supervisor immediately if there are barriers to this process.