



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

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

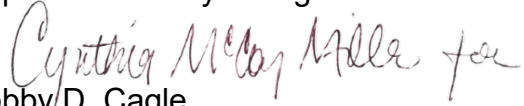
**BOBBY D. CAGLE**  
Director

**GINGER PRYOR**  
Chief Deputy Director

**Board of Supervisors**  
**HILDA L. SOLIS**  
First District  
**HOLLY J. MITCHELL**  
Second District  
**SHEILA KUEHL**  
Third District  
**JANICE HAHN**  
Fourth District  
**KATHRYN BARGER**  
Fifth District

September 29, 2021

To: Supervisor Hilda L. Solis, Chair  
Supervisor Holly J. Mitchell  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

From:   
Bobby D. Cagle  
Director

**NEW LIFE 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 New Life Foster Family Agency (the Contractor) in February 2021. The Contractor has one office located in the Fifth Supervisorial District. The office provides services to the County of Los Angeles DCFS placed children, children placed by other counties, and Non-Minor Dependents.

**Key Outcomes**

| NUMBER OF<br>PRIORITY FINDINGS |
|--------------------------------|
| <b>PRIORITY 1</b><br>1         |
| <b>PRIORITY 2</b><br>6         |
| <b>PRIORITY 3</b><br>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 (RFH) Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency; Education and Independent Living Program

*"To Enrich Lives Through Effective and Caring Service"*

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 8 of 11 applicable areas of CAD's Contract Compliance Review: RFH Requirements; Engagement and Teamwork; Permanency; Education & 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 files of the six selected children, four children were telephonically interviewed to assess the level of care and services they received, and two children (ages 3 and 4 years) were too young to be interviewed and were visually 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 three RFH files and three staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted telephonic interviews with staff and the Resource Family Parents (RFPs). To assess the quality of care and supervision provided to the placed children, DCFS conducted virtual site visits at the Contractor's locations and the RFHs.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment
  - Common areas were not safe and well maintained; there was a discrepancy in the number of firearms reported by RFPs at the time of the virtual walkthrough and what was documented and confirmed by the Contractor.

Priority 2

- General Contract Requirements
  - Special Incident Reports were not properly documented in the Needs and Services Plan.
- Facility and Environment
  - RFH exterior and grounds were not safe and well maintained; outdoor halls, stairs, ramps and porches were not free of obstructions and hazards;

- Common areas were not safe and well maintained; an up-to-date and complete first aid kit was not available for use at the time of the walkthrough; at least one operable toilet tank, sink, and tub/shower was available, but was not in a safe and clean condition; the common areas did not appear to be clean, safe, sanitary and in good repair; and
- Food storage did not meet United States Department of Agriculture guidelines.
- Needs and Services Plans (NSPs)
  - NSPs were not completed comprehensively and accurately; NSPs did not include a Concurrent Case Plan; and
  - One NSP was not signed by the CSW/Deputy Probation Officer (or documented efforts to obtain signature were not properly documented).

On April 13, 2021, the DCFS CAD Children Services Administrators 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:KDR  
LTI:gt

#### Attachments

c: Arlene Barrera, Auditor-Controller  
Adolfo Gonzales, Chief Probation Officer  
Public Information Office  
Audit Committee  
Nauman Azariah, Executive Director, New Life FFA  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

# CORRECTION ACTION PLAN

## General Contract

Special Incident Reports are properly documented.

### In the Needs and Services Plans (NSPs)

| Facility | Comment  |
|----------|--|
| Site 494 | No - Child#1 (C1) SIR documentation in NSP 3/17/20 and 6/17/20 did not correlate with submitted SIR dated 4/14/20. |

#### 1. Explain the Cause.

Due to lack of protocol, the documentation was not checked to ensure SIR dates were correlating to NSP dates

#### 2. Corrective Action Taken.

The supervisor held staff meeting training on 4/14/2021 to review SIR requirements and reviewed proper documentation for SIR for NSP reporting periods. • Copies of SIR will be added as supporting documents to quarterly NSP. • Supervisor will review each NSP accuracy prior to sending it out to CSW.

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

• Supervisor will review NSP for clarity including a check of the ITrack system for SIR during the reporting period. The supervisor will ensure SIR is properly written and cross-reported to appropriate parties. • Supervisor will review the ITrack system to ensure all SIR are documented within the NSP reporting period are attached to the quarterly NSP before NSP is sent out to CSW. • Supervisor and office assistants will complete quarterly audits of the children and foster parents' files.

#### Reviewer Comment

Please revise #1 Explain the Cause, delete word 'been.' Also, please include Explain the Cause and written statement for each area of finding in the uploaded CAP Addendum pdf document.

## Facility And Environment

14. Exterior and grounds of the RFH were safe and well maintained

## 14c. Outdoor halls, stairs, ramps and porches are free of obstructions and hazards

| Facility | Comment  |
|----------|--|
| Site 494 | No-Site 494 CAD observed a bed frame outside in the front entrance during the virtual walkthrough on 3/19/21. CAD notified the Agency. On 3/25/21, the Agency provided photos showing that the bed frame had been removed from the front entrance. |

## 1. Explain the Cause.

Due to protocol not being followed, the resource parents did not maintain the exterior and grounds of the home.

## 2. Corrective Action Taken.

NLFFA has retrained all foster care, social workers, on 4/14/2021, and resource parents have been trained in April 2021. The quarterly home inspection form has been revised, please see attached, and resource parents have been provided with a copy. • Social workers will conduct quarterly home inspections utilizing the LIC 03 (7/19) with the added Supplemental House & Property Inspection to ensure all areas of the home and grounds are addressed and reviewed during the home inspection. • IF the social worker finds a deficiency in the home during the home inspection, Social worker will address the deficiency immediately. For type A (safety/issues) deficiency the resource parents will have 24-hrs to correct. Non-emergency will require a correction action plan, the resource parents will be given a period of 10-day to correct the deficiency.

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

• Supervisor will review and sign off on all quarterly home inspections to ensure compliance and is maintained in accordance with ILS standards. • Supervisor will review all corrective action plans submitted by the social worker and follow up with the family to ensure the deficiency has been corrected.

## Reviewer Comment

## 15. Common areas were safe and well-maintained

15g. There is a current and complete first aid kit available for use

| Facility | Comment   |
|----------|---|
| Site 494 | No-Site 494 CAD observed that there was no complete first aid kit for use at the time of the walkthrough on 3/19/21. CAD notified the Agency. On 3/25/21, the Agency provided a photo of a first aid kit available in the home. |

15k. Disinfectants, cleaning solutions, poisons, firearms and other dangerous items are not accessible to children

| Facility | Comment   |
|----------|---|
| Site 495 | No-Site 495 Documentation on file showed having 12 registered firearms listed on the Weapon Safety Agreement Form; however, at the time of the virtual walkthrough on 3/11/21, RFPs reported having only 8 firearms (1 pistol and 7 rifles). CAD requested that the RFPs unlock the gun safe during the walkthrough, which they did. CAD immediately notified the Agency of the discrepancy between the number of firearms reported by RFPs (8) and the number on the Weapon Safety agreement form (12). On 3/18/21, the Agency confirmed and verified with RFPs that they actually own 11 firearms due to one being sold and provided supporting documentation. There is still a discrepancy in the number of firearms reported by RFPs at the time of the virtual walkthrough (8) and the now 11 confirmed by the FFA Provider. |

15l. At least one (1) operable toilet, sink, and tub/shower is available and in a safe and clean condition

| Facility | Comment  |
|----------|--|
| Site 494 | No- Site 494 CAD observed what appeared to be dark residue on the bathtub tile grout at the time of the virtual walkthrough on 3/19/21. CAD notified the Agency of the required cleaning. On 3/25/21, the Agency provided a photo showing that the dark residue/silicone had been removed from the bathtub tile grout. |

15p. The common areas appear to be clean, safe, sanitary and in good repair

| Facility | Comment  |
|----------|--|
| Site 494 | No- Site 494 CAD observed a plugged space heater on top of the toilet tank. At the time of the virtual walkthrough on 3/19/21, CAD immediately informed the RFP to remove the space heater. On 3/25/21, Agency provided a photo of the space heater had been removed from the toilet tank. |

#### 1. Explain the Cause.

The protocol was not followed by the resource parents.

#### 2. Corrective Action Taken.

NLFFA has retrained all foster care, social workers, on 4/14/2021, and resource parents have been trained in April 2021. The quarterly home inspection form has been revised, please see attached, and resource parents have been provided with a copy. • Social workers will conduct quarterly home inspections utilizing the LIC 03 (7/19) with the added Supplemental House & Property Inspection to ensure all areas of the home and grounds are addressed and reviewed during the home inspection. • If the social worker finds a deficiency in the home during the home inspection, the Social worker will address the deficiency immediately. For type A (safety/issues) deficiency the resource parents will have 24-hrs to correct. Non-emergency deficiency will require a correction action plan with a 10-days period to correct.

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

• Supervisor will review and sign off on all quarterly home inspections to ensure compliance is maintained in accordance with ILS standards. • Supervisor will review all corrective action plans submitted by the social worker and follow up with the family to ensure the deficiency has been corrected.

#### Reviewer Comment

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

## 19d. Food storage meets USDA guidelines

| Facility | Comment   |
|----------|---|
| Site 494 | No-Site 494 CAD observed expired food items (cereal and nuts) and food not stored properly in food storage containers. CAD notified the Agency. On 3/25/21, the Agency provided photos of food placed safely in storage containers inside the refrigerator. |

## 1. Explain the Cause.

Due to lack of training, resource parents did not store items properly.

## 2. Corrective Action Taken.

NLFFA has retrained all foster care, social workers, on 4/14/2021, and resource parents have been trained in April 2021. The quarterly home inspection form has been revised, please see attached, and resource parents have been provided with a copy. • Social workers will conduct quarterly home inspections utilizing the LIC 03 (7/19) with the added Supplemental House & Property Inspection to ensure all areas of the home and grounds are addressed and reviewed during the home inspection. • If the social worker finds a deficiency in the home during the home inspection, the Social worker will address the deficiency immediately. For type A (safety/issues) deficiency the resource parents will have 24-hrs to correct. Non-emergency deficiency will require a correction action plan with a 10-days period to correct.

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

- The supervisor will review and sign off on all quarterly home inspections to ensure compliance is maintained in accordance with ILS standards.
- Supervisor will review all corrective action plans submitted by the social worker and follow up with the family to ensure the deficiency has been corrected.

## Reviewer Comment

## Needs &amp; Services

## 23. The NSPs were completed accurately and on time

## 23b. Are comprehensive and accurate

| Facility | Comment  |
|----------|--|
| Site 494 | No- C1 Therapist's information not provided in the mental health section on NSPs dated 3/17/20, 6/17/20, 9/17/20, and 12/17/20; mental health clinical visit dates not documented; Initial Plan was marked instead of Quarterly Report for NSPs dated 3/17/20, 6/17/20, 9/17/20, and 12/17/20; child's goals were generic and goals were repeated in NSPs dated 3/17/20, 6/17/20, and 9/17/20, however, there were no details to show the child's progress; and NSP dated 9/17/20 did not document child's dental exam on 8/26/20. |
| Site 495 | No- C2 is over 14 years old, however, initial NSP dated 12/25/20 checked off that the child was not; and NSP dated 12/25/20 had generic goals and there were no details to show the child's progress.  |

## 23c. Included Case Plans and Concurrent Case Plan

| Facility | Comment  |
|----------|--|
| Site 494 | No - C1 NSPs dated 6/17/20, and 9/17/20 did not document Concurrent Case Plan. |
| Site 495 | No- C2 NSP dated 12/25/20 Concurrent Case Plan was not documented.             |

## 23g. Signed by CSW/DPO (or documented efforts to obtain signature))

| Facility | Comment  |
|----------|--|
| Site 494 | No- C1 NSP dated 3/17/20 CSW signed with pre-typed date 3/17/20; however, the email attempt to get signature was on 3/30/20. |

## 1. Explain the Cause.

Due to a lack of protocol in place, NSP was not properly reviewed before being sent out to CSW.

## 2. Corrective Action Taken.

All Social workers were retrained on 4/16/21 in completing the NSP accurately and in a timely manner. Social workers have and will continue to receive training on SMART goals, as needed. Monthly packets have been revised to assist resource parents with tracking mental health and other services/treatment dates, in preparation for the quarterly NSP. To ensure comprehension of NSP reports the following items will be added to the NSP as well as not having prefilled dates, which will be reviewed by the social worker supervisor:

- Social workers will not pre-date the NSP signature page.
- Teaming email will be sent to CSW 10-days prior to each NSP due date. Teaming email will request concurrent case plan information of the child/NMD as well as to schedule a CFT if no CFT has been held within the quarter period or request copy CFT notes Matrix of previous CFT held within the reporting period.

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

- Supervisor will review all NSP for accuracy prior to being sent to CSW, to ensure the following:
  - o Report Dates are correct and the Signature page is not pre-dated
  - o Mental Health provider information is listed and updated
  - o SMART goals are being created.
  - o Checking for accuracy throughout the NSP
- Office assistant or Supervisor will make 3 attempts to obtain CSW signatures, escalating on each attempt to CSW supervisor followed by Regional Office NSP inbox.
- Office assistants and supervisors will conduct quarterly audits of the children's files to ensure there are no missing pertinent details.

## Reviewer Comment

## Attach Documents



No file chosen