



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

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February 3, 2022

To: Supervisor Holly J. Mitchell, Chair  
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From: Ginger Pryor  
Acting Director

**THE ROAD AHEAD FAMILY SERVICES  
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 Road Ahead Family Services Foster Family Agency (the Contractor) in March 2021. The Contractor has one office located in the Third Supervisorial District. The office provides services to the County of Los Angeles DCFS placed children and Non-Minor Dependents.

**Key Outcomes**

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 2
PRIORITY 2 6
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 (RFH) Requirements; Facility and Environment; Engagement and Teamwork;

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

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 7 of 11 applicable areas of CAD's Contract Compliance Review: General Contract Requirements; RFH Requirements; Engagement and Teamwork; Permanency; Health and Medical Needs; Personal Rights and Social/Emotional 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 children, and virtually interviewed three to assess the level of care and services they received, two children (ages 4 and 5 years) were too young to be interviewed and one child refused to be interviewed; the three children 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 two 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. 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
  - Common areas were not safe and well maintained; RFH did not have a functioning carbon monoxide detector installed; and knives were not safely stored and locked.
  - RFH disinfectants and cleaning solutions were accessible to children.

#### Priority 2

- Needs and Services Plans (NSPs)
  - NSPs were not comprehensive and accurate; NSPs did not include the child's correct date of birth.
  - Child's goals on NSPs remained the same with no modification or revision.

- Education and Independent Living Program Services
  - Three findings of the Foster Family Agency did not document efforts to maintain three of the six children selected for the sample in their school of origin.
- Personal Needs/Survival and Economic Well-Being
  - Child did not receive minimum weekly allowances regularly.

On June 3, 2021, the Children Services Administrator teams from DCFS' CAD and the Out-of-Home Care Management Division 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:lf

#### Attachments

c: Fesia Davenport, Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Dr. Adolfo Gonzales, Chief Probation Officer  
Public Information Office  
Audit Committee  
Carla Franco, Executive Director, The Road Ahead Family Services  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

# CORRECTION ACTION PLAN

## Facility And Environment

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

15f. A functioning smoke detector & carbon monoxide detector is installed in the hallways of all sleeping areas or an indoor sprinkler system is used

Facility	Comment
Site 516	15f) NO - Site 516 did not have a carbon monoxide detector. RP purchased and installed the carbon monoxide the same day of the inspection.

15i. If appropriate, knives and sharp objects are safely stored and locked

Facility	Comment
Site 516	15i) NO - Site 516 knives were not safely stored and locked. Knives were located in the top unlocked kitchen cabinet.

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

Facility	Comment
Site 515	15k) NO - Site 515 disinfectants and cleaning solutions were in two bathrooms and accessible to children.

#### 1. Explain the Cause.

15f. RP reported that they used to have the carbon monoxide detectors but after the last inspection, they removed them to check if they were working properly and then forgot to reinstall them. 15i. RP reported that they thought that it was enough to put the sharp items in the top kitchen cabinet. 15k. RP reported that they thought that it was fine to have the cleaning supplies (Windex and Ajax) in the bathroom cabinet because the two older foster children were working on independent living skills and they were using these items.

#### 2. Corrective Action Taken.

15f. On 4/6/21, the RP purchased and installed the carbon monoxide the same day of the inspection. 15i. On 4/6/21, the RP purchased a safety box with locked and put knives and sharp items in it and placed it on top of the kitchen cabinet. 15k. On 4/6/21, RP took out the cleaning supplies and put them in a locked room. Additionally, on 4/9/21, RP purchased a lock for the bathroom cabinet to store cleaning supplies.

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

15f.15i.15k. On 6/28/21, Out of Home Care management division provided technical assistance and training in the areas of facilities and the environment, including how resource family homes should be evaluated. On 6/29/21 the Agency Administrator updated the FFA current home inspection checklist. The update checklist includes that smoke and carbon monoxide alarms are installed and working properly, that knives, sharp objects, and cleaning solutions are properly stored in an inaccessible locked location. On 7/1/21 the Agency Administrator had a meeting with the FFA foster care social workers and trained them that a twice a month during home visits, they will complete the checklist to ensure resource home meets facility and environment requirements.

#### Reviewer Comment

## Needs & Services

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

## 23b. Are comprehensive and accurate

Facility	Comment
Site 515	23b) NO - Child 3 NSPs dated 08/27/20, 10/27/20 and 01/27/21 have the child's incorrect Date of Birth. Child's DOB is 10/03/2003 and NSPs show DOB is 07/20/2020.
Site 516	23b) NO - Child 4 CAD Reviewed four NSPs dated 04/30/20, 07/30/20, 10/30/20, 01/30/21. The goals remained the same with no modification or revision to any of the goals.

## 1. Explain the Cause.

23b. Child 3 The FFA social care worker overlooked the child's date of birth 23b. Child 4 The FFA social care worker was confused on where to put previously achieved goals.

## 2. Corrective Action Taken.

23b. Child 3. Was reunified with his biological mother on 5/6/21, however, the Agency Administrator and the FFA foster care social worker reviewed and corrected the date of birth on the NSP dated 4/27/21 prior to reunification. 23b. Child 4. On 4/13/21 and 6/28/21, the Out-of-Home Care Management Division provided technical assistance and training in the areas of needs and services, including how NSPs should clearly document current goals, modify outcome goals, and achieve goals. Additionally, the out of home care provider analyst reminded the Agency Administrator to use the SMART goal guidelines. On 4/15/21 and 4/29/21, The Agency Administrator had a meeting with the FFA foster care social workers and trained them on how to use SMART goals and how and where to put progress and/ or goal modification on the NSPs.

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

23b. On 7/15/21, the Agency Administrators met with the FFA foster care social workers to discussed NSPs. The Agency Administrator will review NSPs twice a week to ensure NSPs are comprehensive and the NSPs's goals are properly documented prior approving and submitting for signatures. The Agency Administrator also notified the foster care social workers who, in the event that the administrator is not available, may contact the Executive Director or Program Coordinator.

## Reviewer Comment

## Education and Independent Living Plan Services

39. The FFA has documented its efforts to maintain children in their school of origin after placement, if determined in the best interest of the child

Facility	Comment
Site 515	39) NO - Child 2 FFA did not document its efforts to maintain child in the school of origin.
Site 516	39) NO - Child 6 FFA did not document its efforts to maintain child in the school of origin.
Site 516	39) NO - Child 5 FFA did not document its efforts to maintain child in the school of origin.

### 1. Explain the Cause.

39. The FFA Social care worker did not document the agency's effort in keeping the children in their school of origin.

### 2. Corrective Action Taken.

39. On 6/28/21, Out of Home Care management division provided technical assistance and training in the areas of education and independent living plan services, including recommendations that the agency should contact the CSW to obtain the information of who the educational holder is and the dates for the next CFT meeting. On 7/9/21, The Agency Administrator updated the current FFA information needed letter by adding the requesting information of the educational holder and the information of the school of origin.

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

39. On 7/15/21, the Agency Administrator had a meeting with the FFA foster care social workers and explained that to avoid this finding in future review, the FFA social worker assigned will send the introductory letter (Information needed letter) by email and with copy to the Agency Administrator requesting who the educational holder is, the school of origin information and, the available dates for the initial CFT meeting. The Agency Administrator will ensure that the FFA foster care social workers has been in communication with the CSW and documented the efforts to maintain the child in the school of origin.

### Reviewer Comment

## Personal Needs

### 69. Children reported receiving all allowances

#### 69a. Children reported receiving the minimum weekly allowances

Facility	Comment
Site 516	69a) NO - Child 6 reported not receiving weekly allowances. Child reported receiving allowance only sometimes.

### 1. Explain the Cause.

69a. RP reported that they did not explain to the children what the weekly allowance means and that they do not keep records of how the children spend their allowance.

### 2. Corrective Action Taken.

69a. On 7/15/21, the Agency Administrator provided a training to the foster care social workers in the area of personal needs. On 7/15/21, the agency administrator created a new form (Record of Child's Cash Resources) for the child's allowance. The Agency Administrator also instructed that effective 7/15/21 the child weekly allowance will be given in the presence of FFA foster care worker during a home visit to witness and verify that the allowance was granted and signed. In addition, The Agency Administrator will also hold a virtual meeting for foster parents on 7/30/21 in which the new implementation of this form will be discussed.

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

69a. On 7/30/21, The Agency Administrator will retrain foster parents on how to provide assistance and instruction to the child on how to handle the weekly allowance. The training will cover implementation of the new form (Record of Child's Cash Resources) which includes, documentation of weekly allowance, money unspent, and remaining balance. The Agency will provide plastic piggy banks or secure bags to the resource parents and children. The FFA foster care social workers will review the Record of Child's Cash Resources allowance form during the weekly home visits and the FFA Foster Care Supervisor form will review it monthly.

### Reviewer Comment

## Attach Documents

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