



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

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

GINGER PRYOR  
Acting Director

DAWNA YOKOYAMA  
Interim 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

March 30, 2022

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

From:   
Ginger Pryor  
Acting Director

**BUILDING BRIDGES**  
**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 Building Bridges Foster Family Agency (the Contractor) in October 2021. The Contractor has one office located in San Bernardino County. 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 1
PRIORITY 2 8
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 5 of 11 applicable areas of CAD's Contract Compliance Review: RFH Requirements; Education and Independent Living Program Services; 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 four to assess the level of care and services they received, two children (ages 2 and 4 years) 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 three RFH 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 (RFPs). 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 the RFHs.

CAD noted findings in the areas of:

#### Priority 1

- Facility and Environment
  - RFH (with a pool and a child under 10 years old) was not properly equipped with exit alarms on the doors and windows that provides direct access to the pool.

#### Priority 2

- General Contract Requirements
  - Special Incident Reports were not properly cross-reported in the iTrack system.
- Engagement and Teamwork
  - Child and Family Team (CFT) participants were not identified and the FFA efforts to obtain the information were not documented and maintained;
  - Efforts to participate/collaborate in the CFT meetings were not documented.

- Needs and Services Plans (NSPs)
  - NSPs were not completed accurately, not comprehensive and not on time.
  - Support services are not in place to meet child's overall well-being nor are efforts to obtain support services in place;
  - Child was not receiving trauma-informed and culturally sensitive services to ensure progress was made towards meeting each case plan goal.
- Permanency
  - FFA did not provide a child with transition support services to ensure the successful transition to permanent home-based care.
- Personal Needs
  - FFA did not ensure that the RFPs encouraged and supported children into keeping a life-book.

On December 15, 2021, the Children Services Administrators 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:ra

#### Attachments

c: Fesia Davenport, Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Dr. Adolfo Gonzales, Chief Probation Officer  
Public Information Office  
Audit Committee  
Robert Mathias, Executive Director, Building Bridges Foster Family Agency  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



## LOS ANGELES COUNTY

### BUILDING BRIDGES FOSTER FAMILY AGENCY (FFA)



#### Corrective Action Plan

2021

### General Contract

1. Special Incident Reports are properly documented.

2b. Properly cross-reported in the I-Track system(Contract, Exhibit A-5, SOW, Part B, Section 10.4)

Facility

Site 773

Site 771

#### 1. Explain the Cause.

1. SIRs were not being properly cross reported on ITrack because BBFFA Agency Social Workers (ASWs) did not correctly implement BBFFA's Plan of Operation and Program Statement (SIR submission protocol). 2. SIRs were not submitted timely and BBFFA found its SIRs submission protocol was ineffective and impractical.

#### 2. Corrective Action Taken.

With respect to properly cross reporting SIRs, BBFFA took the following Corrective Actions: 1. After review of BBFFA's protocol, BBFFA recreated its SIR Submission Training. BBFFA added examples of cross-reporting requirements and incidents from the CAP to review as well. This SIR Submission Training was provided to all BBFFA ASWs on January 27, 2022 by the (new) FFA Program Administrator. 2. BBFFA added this recreated SIR Submission Training to its initial onboarding training for newly hired ASWs. With respect to ensuring the timely submission of SIRs, BBFFA took the following Corrective Actions: 1. BBFFA modified its SIR submission protocol to be more practical and efficient. BBFFA's new protocol is that ASWs, from Monday at 9:00 AM through Friday at 3:00 PM, must consult with their Supervisor or on-duty worker for that day, then prepare and submit the SIR on ITrack within the required timeframe. From Friday at 3:01 PM until Monday at 9:00 AM, the ASW must consult with any Supervisor or any other ASW that is available if possible, then prepare and directly submit the SIR within the required timeframe. 2. BBFFA's new SIR submission protocol was provided to all ASWs in a training on January 27, 2022 by the FFA Administrator. This new protocol was effective starting February 2, 2022. 3. BBFFA's new SIR submission protocol (to ensure timely submission) was also added into the initial onboarding training for newly hired ASWs.

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

Effective February 2, 2022: A BBFFA Staff person will review and cross-reference all submitted SIRs to the appropriate SIR submission guidance. The BBFFA Staff Member will meet with BBFFA's FFA Administrator monthly to cover any SIR issues that arise with respect to cross-reporting and timely submission of SIRs. For every non-compliant SIR incident submitted, the FFA Administrator will meet with the personnel to provide additional coaching, training, technical assistance, and support as needed. The BBFFA will report on the status of its revised Special Incident Reporting (SIR) Protocol to the BBFFA Board of Directors at the quarterly Board of Director's meeting after the review of all recent SIRs. .

### Engagement and Teamwork

20. CFT participants have been identified or the FFA has documented efforts to obtain the information

Facility
Site 771
Site 773
Site 770
Site 771
Site 773
Site 770

1. Explain the Cause.

BBFFA ASWs were not documenting the names of CFT participants or documenting the process and efforts to obtain the information.

2. Corrective Action Taken.

BBFFA created a new protocol where ASWs should, prior to any CFT meeting, request from the County Children Social Workers or Deputy Probation Officers, all identified CFT participants via e-mail. This protocol includes that BBFFA ASWs must document the identified CFT participants. This new protocol was effective starting February 2, 2022. 2. BBFFA updated its training to include this detailed new protocol. This training and the new protocol was shared by the FFA Administrator with all ASWs on January 27, 2022. 3. BBFFA has added this new training and protocol to its initial onboarding training for newly hired ASWs by the FFA Administrator or their designee during the onboarding training process.

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

Effective February 2, 2022: 1. A BBFFA staff person will now track (via a tracking log) that identified CFT participants are documented in CFT meeting minutes. If a formal CFT meeting does not occur, the staff person will ensure that the ASW still documented the identified CFT participants. The BBFFA staff person will provide the tracking logs to the FFA Administrator so that they can be reviewed and discussed in weekly supervision(s) with ASWs. 2. A BBFFA staff person will complete monthly audits on children's files. The audits will review that identified CFT participants are documented or efforts to obtain the information have been made. The BBFFA Staff will share this information with the FFA Administrator on a monthly basis. 3. For every non-compliant incident, the FFA Administrator will meet with the personnel to provide additional coaching, training, technical assistance, and support as needed. The BBFFA FFA Program Administrator will report this new process to the BBFFA Board of Directors at the quarterly Board of Director's meeting.

21. The FFA documented efforts to participate in the children's CFT meetings and collaboration

#### Facility

Site 771

Site 773

Site 770

Site 771

Site 773

Site 770

#### 1. Explain the Cause.

BBFFA had a protocol that did not meet its contract and Interim Licensing Standards (ILS) requirements with respect to attempting and documenting CFT meetings.

#### 2. Corrective Action Taken.

1. BBFFA changed its internal protocol in accordance with Title 22 and the ILS regarding CFT meeting frequency. BBFFA's new protocol/policy is that CFT meetings should occur first within the first 60 days of placement and at a minimum every 90 days thereafter for all children BBFFA serves. BBFFA ASWs should make multiple efforts (including at least a minimum of two e-mail attempts) asking the CSW when the CFT meeting will take place. If the CSW does not provide the CFT meeting information to the ASW, then the ASW will schedule a meeting to review the strengths, needs, and goals of the child so the NSP can be updated accurately. 2. The FFA Administrator provided a training which explained the new protocol to all ASWs on January 27, 2022. This new protocol was effective February 2, 2022. 3. BBFFA added this new protocol explaining CFT meeting frequency in its initial onboarding training for newly hired ASWs. This training would be provided by the FFA Administrator or their designee.

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

Effective February 2, 2022: 1. A BBFFA staff person will now track (via a tracking log) that a CFT meeting occurred within the first 60 days of placement and every 90 days thereafter. The BBFFA Administrative Assistant will also track whether at least two documented e-mail attempts were made from the ASW to the CSW asking when the CFT meeting will take place. The BBFFA Administrative Assistant will provide the tracking logs to the FFA Administrator so that they can be reviewed and discussed in weekly supervision(s) with ASWs. 2. The BBFFA compliance staff will complete monthly audits on children's files. CFT meeting frequency and documented efforts to participate in CFT meetings will be reviewed by the compliance staff. Results of the audits will be shared with the Administrator on a monthly basis. 3. For every non-compliant incident, the FFA Administrator will meet with the personnel to provide additional coaching, training, technical assistance, and support as needed. The BBFFA FFA Program Administrator will report on the status of the implementation of this revised process to the BBFFA Board of Directors at the quarterly Board of Director's meeting.

## Facility And Environment

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

14e. Swimming pools, or other bodies of water are properly protected (fences, exit alarms, or manual/electrical safety pool covers are used)

Facility

Site 773

1. Explain the Cause.

Former RFH did not properly implement BBFFA's protocol with respect to pool requirements as required by ILS Section 88487.2(b) and (d).

2. Corrective Action Taken.

1. On January 6, 2022, Administrator held a training with ASWs to train on BBFFA policy regarding water safety and the use of appropriate enclosures to assure that bodies of water on the premises are secured. The training included but was not limited to policies and procedures regarding pre-approval and ongoing safety requirements and ILS requirements sections 88487.2 (b)(1)-(4), (d)(1)(2)(3)(6)(7) regarding swimming pools, fixed-in-place wading pools, hot tubs, spas, or similar bodies of water. This training was added to BBFFA's initial onboarding training for newly hired personnel. 2. BBFFA also created a new protocol with respect to pool safety verification. The new protocol/procedure is: Should an in-ground or an above-ground pool be build/installed after the RFA Approval/Certification, the assigned ASW will ensure that the pool enclosure requirements are in accordance with ILS requirements sections 88487.2 (b)(1)-(4), (d)(1)(2)(3)(6)(7). As an additional layer, a Social Worker Supervisor will confirm and verify that ILS requirements sections 88487.2 (b) (1)-(4), (d) (1) (2) (3) (6)(7) have in fact been met. This new protocol was shared with ASWs in a training on January 27, 2022, which was given by the Administrator. This new protocol is effective February 2, 2022.

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

Effective February 2, 2022: BBFFA's staff will review/audit Home Evaluation Checklists conducted by ASWs with the applicable Title 22 and ILS requirements, particularly auditing for RFHs with in-ground or above ground pools to ensure that ILS requirements sections 88487.2 (b) (1)-(4), (d)(1)(2)(3)(6)(7) are met. Should there be an area of non-compliance with an RFH, the BBFFA staff and Administrator will reach out to the California Department of Social Services Community Care Licensing Division - Licensing Program Analyst and Licensing Program Manager for Technical Assistance and Engagement with the BBFFA approved Resource Family Home to obtain immediate compliance. The BBFFA FFA Program Administrator will report on the status of all BBFFA Approved Resource Family Homes with swimming pools and their compliance with all safety requirements to ensure child safety to the BBFFA Board of Directors at the quarterly Board of Director's meetings.

## Needs & Services

23. The NSPs were completed accurately and on time

23b. Are comprehensive and accurate

Facility

Site 771

Site 771

Site 773

Site 770

Site 770

Site 773

23c. Included Case Plans and Concurrent Case Plan

Facility
Site 773
Site 770
Site 770
Site 773

23e. Signed by RFPs (and parents if applicable)

Facility
Site 771

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

Facility
Site 771
Site 771
Site 770
Site 770

#### 1. Explain the Cause.

(1) BBFFA Agency Social Workers (ASWs) were not adhering to the BBFFA Plan of Operation and Program Statement protocols for completion and submission of NSPs, (2) BBFFA needed to improve the quality and content of its training of the BBFFA ASWs on preparing and completing the Needs and Services Plans (NSPs) that comply with the FFA Interim Licensing Standards, and the FFA Placement Agreement specifically as it relates to accuracy of information, incorporation of the Child and Family Team meeting input and the overall comprehensiveness of the information and the development and tracking of the SMART goals for each placed child, and (3) ASW Supervisors were not properly reviewing NSPs for accuracy and comprehensiveness.

#### 2. Corrective Action Taken.

1. BBFFA updated its NSP training to more extensively emphasize comprehensiveness, accuracy, and timeliness. BBFFA's updated NSP training included, but was not limited to the following topics, protocols, and procedures: a. Goals needed to be specific, measurable, attainable, relevant, and time-based, b. Documentation of initial SMART goals, modification of the SMART goals, and achieved goals, c. Documentation of actual dates for all services and supports that were provided and documented in each child's Needs and Services Plan and in each updated or modified Needs and Services Plan d. Identifying and documenting concurrent case plans and goals e. Identifying and documenting all support services being provided f. Protocols for timely submission of NSP and obtaining signatures from the RFP and the CSW in accordance with Title 22 and the Interim Licensing Standards (ILS), and g. BBFFA's internal policies for a comprehensive, accurate, and timely NSP. 2. On January 27th, the BBFFA Administrator provided this updated training to all ASWs with respect to preparing and submitting comprehensive, accurate, and timely NSPs. This updated training was also added to BBFFA's initial onboarding training for newly hired ASWs. 3. The ASW Supervisor will review, in weekly treatment team/supervision meetings that ASWs are preparing and submitting comprehensive, accurate, and timely NSPs. These meetings/supervisions will commence February 2, 2022. The ASW Supervisor will review all NSPs and provide guidance and direction to ASWs in supervision on how to properly document services in the NSP. 4. Effective February 2, 2022, NSP timely submission and signatures will be monitored by a BBFFA staff person.

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

Effective February 2, 2022, 1. The BBFFA compliance staff will meet with BBFFA's Administrator every two weeks after auditing NSPs for comprehensiveness, accuracy, and timeliness of NSPs. The Compliance staff, in their audit, will review that ASWs are requesting CSW for signatures timely and in accordance with Title 22, ILS, and contract requirements. The Compliance staff will continue to review areas which are out of compliance with respect to NSPs being completed accurately and on time (particularly addressing areas of issue found in this CAP). The FFA Administrator and Compliance staff will work collectively to identify training updates, protocol/procedure issues, or personnel that is not complying with the requirements. 2. The Program Director will also meet monthly with the Administrator and compliance staff to review the findings of the audit charts, and effectiveness of the NSP accuracy and timeliness. This process commences February 2, 2022. 3. For every non-compliant incident, the FFA Administrator will meet with the personnel to provide additional coaching, training, technical assistance, and support as needed. The BBFFA FFA Program Administrator will report on the status of the implementation of this revised process to the BBFFA Board of Directors at the quarterly Board of Director's meeting.

24. Support services (mentors, Tutoring, IEPs, Regional Center, etc.) are in place to meet each child's overall well-being OR efforts to obtain support services are documented



### 1. Explain the Cause.

BBFFA did not properly implement its plan of operation with respect to support services being in place to meet each child's overall well-being or efforts to obtain support services were documented correctly.

### 2. Corrective Action Taken.

1. BBFFA updated its on-going training for ASWs to include assessing for support services and how to document those support services and how to document efforts to obtain support services. 2. On January 27, 2022, FFA Administrator provided this updated training to ASWs. Training reviewed referral process for obtaining support services such as regional center services, IEPs, mental health services, mentoring services, and tutoring services. A list of community-based partners and resources were provided to ASWs. FFA Administrator also reviewed BBFFA identification and documentation protocol/procedures regarding Support Services. ASWs are to document support services being provided and their follow up attempts to obtain support services in the NSP. These training topics were added to the initial onboarding training for newly hired ASWs. 3. Social Worker Supervisor(s) updated their Supervision Form to include to review the support services being provided (or efforts to obtain services) for children on each ASWs caseload.

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

Effective February 2, 2022: 1. The Social Worker Supervisor will discuss and review Support Services for children and youth with ASWs weekly in their supervision. 2. The Social Worker Supervisor will review NSPs to ensure that support services are being documented and/or follow up efforts to obtain such services are documented. 3. The BBFFA compliance staff will conduct monthly reviews/audits of children's case files to ensure that support services being provided and/or follow up efforts to obtain support services are being documented appropriately in NSPs. Data will be provided to the FFA Administrator. Trends and deficiencies will be addressed with ASWs. 4. For every non-compliant incident, the FFA Administrator will meet with the personnel to provide additional coaching, training, technical assistance, and support as needed. The BBFFA FFA Program Administrator will report on the status of the implementation of this revised process to the BBFFA Board of Directors at the quarterly Board of Director's meeting.

## 25. Children are receiving trauma-informed and culturally sensitive services to ensure progress is made toward meeting each child's case plan goals

### 1. Explain the Cause.

ASWs were not completely implementing BBFFA's plan of operation and program statement regarding children receiving trauma-informed and culturally sensitive services to ensure progress was made towards meeting each child's case plan.

### 2. Corrective Action Taken.

1. BBFFA updated its on-going training which included how to document that children were receiving trauma-informed and culturally sensitive services to ensure progress is made towards meeting each child's case plan goals. 2. On January 27, 2022, this updated training was provided to ASWs to review documentation procedures for trauma-informed and culturally sensitive services in place to meet each child's case plan goals. Training focused on understanding that trauma-informed and culturally sensitive providers and resource parents are essential in the treatment progress of trauma exposed minors/youth. This training was provided by the Administrator. 3. Effective February 2, 2022, Weekly treatment team/supervision meetings will include case reviews that ensure trauma-informed and culturally sensitive services and follow up efforts to obtain such services are recorded in the case plan. Treatment team/supervision meetings will be facilitated by the Administrator.

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

Effective February 2, 2022: 1. After completing audits and reviews of NSPs and children case files, the BBFFA compliance staff will meet with BBFFA's Administrator every other week to review NSPs submitted and any continued areas out of compliance, including documentation of trauma informed and culturally sensitive services provided to ensure progress is made towards each child's case plan goals. The FFA Administrator and compliance staff will work collectively to identify training updates, protocol/procedure issues, or personnel that is not complying with the requirements. 2. The Program Director will meet monthly with the Administrator and compliance staff to review the findings of the chart audits. 3. For every case plan that does not record those services are trauma-informed and culturally sensitive, the FFA Administrator will meet with the personnel to provide additional coaching, training, technical assistance, and support as needed.

32. Transition support services are provided to ensure the successful transition to permanent home based care

Facility

Site 770

1. Explain the Cause.

BBFFA did not provide ASWs with adequate training on providing transition support services.

2. Corrective Action Taken.

1. BBFFA updated its ongoing training for ASWs to include providing transition support services when transitioning to permanent home-based care and also documenting efforts to such services. 2. On January 27, 2022, FFA Administrator provided this updated training to ASWs. The findings from the CAP were discussed and explained. The training reviewed providing transition support services to ensure successful transition to permanent home based care.

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

Effective February 2, 2022: 1. The Social Worker Supervisor will discuss and review transition support services being provided to children and youth with ASWs weekly in their supervision. 2. The Social Worker Supervisor will review NSPs to ensure that transition support services are being documented or efforts to obtain such services are documented. 3. The Compliance staff will conduct monthly reviews/audits of children's case files to ensure that transition support services being provided or efforts to obtain such services are being documented appropriately in NSPs. Data will be provided to the FFA Administrator. Trends and deficiencies will be addressed with ASWs. 4. For every non-compliant incident, the FFA Administrator will meet with the personnel to provide additional coaching, training, technical assistance, and support as needed. The BBFFA FFA Program Administrator will report on the status of the implementation of this revised process to the BBFFA Board of Directors at the quarterly Board of Director's meeting.

## Personal Needs

63. The FFA ensures that children are encouraged and supported by the RFPs in keeping a life-book

Facility

Site 770

Site 773

Site 773

#### 1. Explain the Cause.

RFHs and ASWs were not consistent with respect to ensuring that children are encouraged, supported, and helped in keeping and updating the Lifebook on a regular basis.

#### 2. Corrective Action Taken.

1. BBFFA updated its training to extensively cover life-books, which included children being encouraged and supported by RFPs in keeping a life-book. This training explained that children received a Life Book at initial intake and placement with BBFFA. Furthermore, the training explained that it is the responsibility of the Approved RFH or the assigned ASW to ensure that child's Life Book is regularly worked on and included pictures of activities, events, and milestones that the child was a part of. 2. On January 6 and January 27, 2022, Administrator held this training with all ASWs. BBFFA ASWs were trained to not only verify with each child that they have the Lifebook by showing it to the ASW but to also work on the life book with the child on at least a monthly basis. This training of encouraging and supporting life books have been added to BBFFA's initial onboarding training for newly hired ASWs. 3. ASWs re-trained all RFPs on the importance of encouraging and supporting children in keeping a life-book and by regularly working on the life book with the child to add pictures of activities and milestones in the child's life. ASWs completed these trainings with RFPs by February 18, 2022. 4. ASWs have also been given access to four (4) Polaroid cameras and film, which is available for ASWs to use and provide children with instant pictures for their Life books. This was reviewed and trained on by the Administrator on January 27, 2022. 5. BBFFA added an internal form (the "CRA Form") which particularly prompts (on a monthly basis), the ASW to review/discuss the life-book, specifically that ASWs must encourage, support and work with the child and resource family to add pictures to the Life-book provided to the child. This form is submitted back to BBFFA's Administrative Assistant for tracking. This was reviewed and trained on by the Administrator on January 27, 2022. This form is effective February 2, 2022.

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

1. Effective February 2, 2022, ASWs supervisors will follow up with ASWs, in weekly supervision, regarding the implementation of these revised processes and the status of each child's life book being regularly worked on. 2. Effective February 2, 2022, BBFFA's staff will review the internal monthly CRA Forms conducted by ASWs once per month to ensure that children are being encouraged and supported in keeping a Lifebook. Should there be an area of non-compliance, a BBFFA staff person will immediately reach out to the FFA Administrator and/or ASW who submitted the monthly form covering life-books. This data will be shared on a monthly basis with BBFFA Management. 3. In non-compliance events, the FFA Administrator will meet with the personnel to provide coaching, training, technical assistance and support as needed. This process will also include having the FFA Administrator and/or Social Work Supervisor meeting with the resource parents regarding the importance of encouraging and supporting children to keep and work on their life books regularly. The BBFFA FFA Program Administrator will report on the status of the implementation of this revised process to the BBFFA Board of Directors at the quarterly Board of Director's meeting.