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County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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August 23, 2022

To: Supervisor Holly J. Mitchell, Chair
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From: 
Brandon T. Nichols
Director

FUTURO INFANTIL HISPANO 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 Futuro Infantil Hispano Foster Family Agency (the Contractor) in April 2022. The Contractor has two offices: one located in the First Supervisorial District and one in San Bernardino County. The offices provide 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 2
PRIORITY 2 3
PRIORITY 3 1

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

"To Enrich Lives Through Effective and Caring Service"

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 6 of 11 applicable areas of CAD's Contract Compliance Review: RFH Requirements; Engagement and Teamwork; Needs and Services Plans; Permanency; Education and Independent Living Program Services; and Health and Medical Needs.

For the purpose of this review, ten DCFS placed children were selected for the sample. CAD reviewed the files of the ten children and virtually interviewed each of them to assess the level of care and services they received. The ten children were virtually observed to be clean and well-groomed. An additional five discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed five RFH files and five 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 location and RFHs.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment
 - Smoke detector was not functioning properly
 - Medicines were not properly stored
 - Disinfectants and cleaning solutions were accessible to the children
- Personal Rights
 - Child reported that they did not feel safe in the RFH

Priority 2

- General Contract
 - Serious Incident Reports were untimely submitted and not properly cross-reported in the iTrack system.
- Personnel Files
 - Staff did not have a current Implicit Bias training

- Staff did not have a current Cultural Competency training
- Facility and Environment
 - Proof of insurance was not in the car at the time of inspection
 - Car headlight was not functioning properly

Priority 3

- Personal Needs
 - Children were not encouraged to keep a life-book

On June 14, 2022, 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) 371-6052.

BTN:KDR
LTI:nw

Attachments

c: Fesia Davenport, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Dr. Adolfo Gonzales, Chief Probation Officer
Public Information Office
Audit Committee
Jose Tejeda, Chief Executive Officer, Futuro Infantil Hispano
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



LOS ANGELES COUNTY
FUTURO INFANTIL HISPANO, F.F.A. (FFA)



Corrective Action Plan

2022

General Contract

1. Special Incident Reports are properly documented.

1b. Properly cross-reported in the I-Track system Contract, Exhibit A-5, SOW, Part B, Section 10.4 ([Contract, Exhibit A-5, SOW, Part B, Section 10.4](#))

Facility

Site 881

Site 877

Site 878

1. Explain the Cause.

The cause of the deficiency was the untimely submission and cross-reporting of 3 SIRs in the I-Track system.

2. Corrective Action Taken.

The corrective action taken is to provide additional training for timely submission and cross-reporting of SIRs in the I-Track system. FFA Administration arranged with the DCFS Technical Assistant Specialist an in-service training for social work staff on 7/25/2022. The training is in-person for one hour in length with a sign-in sheet and SIR Guide on file and provided to staff. The SIR Guide is expected to be used to determine reporting timeframes and cross-reporting.

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

The training should help correct the deficiency and assist social work staff to comply with timely submission and cross reporting of SIRs with use of the SIR Guide.

Facility And Environment

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

13b. Proof of Insurance (Master Contract, Part I 6.2; SOW, Part C 17.7.3))(Master Contract, Part I 6.2; SOW, Part C 17.7.3))

Facility

Site 881

13d. Headlights(Title 22 80074(c) & 87074(d))

Facility

Site 878

1. Explain the Cause.

The cause of the deficiency was that a vehicle used to transport children during a virtual home inspection had the passenger headlight out and the current proof of insurance was not in the vehicle.

2. Corrective Action Taken.

The corrective action taken was completed with documentation and photo for the file. Upon notification to FFA on 6/13/22, FFA Administration had the resource parents (RPs) contacted and provide a photo of the vehicle passenger headlight working and verification that the current proof of insurance is in the car. RP vehicle inspection will indicate vehicle used to transport children are well maintained and in good repair including proof of current insurance on file and in vehicle.

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

FFA Administration will provide a 0.5 hour in-service training on 7/25/22 to all social work staff to review the revised "Vehicle Inspection" form indicating verification of current insurance in car and that vehicles used to transport children are well maintained and in good repair. It will be in-person training with an agenda, a sign-in sheet and handout of the revised form to review with staff. The documentation on the form will be maintained in agency file and in-service training sign-in sheet, agenda and handout are kept in agency records. The training should help prevent such deficiency and assist social work staff document the RH compliance which FFA supervisor reviews and submits for agency record.

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 Title 22 80020; Title 19 754, Title 19, c. 5, Art. 4 Title 22 80020; Title 19 754, Title 19, c. 5, Art. 4

Facility

Site 881

15h. If appropriate, medicines are properly stored and locked according to the prudent parent standard Title 22 80075(k)(1) Title 22 80075(k)(1)

Facility

Site 881

15k. Disinfectants, cleaning solutions, poisons, firearms and other dangerous items are not accessible to children Title 22 80087(g), 84067 Title 22 80087(g), 84067

Facility

Site 881

1. Explain the Cause.

The cause of the deficiency was that during a virtual home inspection by a CSA Reviewer found 2 smoke detectors did not operate properly when tested, medicines were not properly stored and locked and cleaning solutions and other items were not found to be inaccessible to child/NMD. Upon notification to FFA on 6/13/22, FFA Administration immediately made arrangements for the assigned social worker to visit the home to test and document that the 2 smoke detectors were properly operating, medicines were properly stored and locked according to the prudent parent standard and cleaning solutions and other dangerous items are not accessible to child/NMD.

2. Corrective Action Taken.

The corrective action taken was documentation and photos for the file. Upon notification to FFA on 6/13/22, FFA Administration immediately made arrangements for the assigned social worker to visit the home to test and document that the 2 smoke detectors were properly operating, medicines were properly stored and locked according to the prudent parent standard and cleaning solutions and other dangerous items were not accessible to child/NMD. Effective immediately and ongoing "The Resource Family Home Health and Safety Assessment Checklist" (LIC 03) will be used by social work staff as determined necessary by supervisor to document the common areas are safe and well-maintained.

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

FFA Administration will provide a 0.5 hour in-service training on 7/25/22 to review with social work staff to use the "The Resource Family Home Health and Safety Assessment Checklist" LIC 03 as determined necessary by supervisor to document the common areas are safe and well-maintained. The training will be in-person with an agenda, a sign-in sheet and handout of the LIC 03 form. The completed form will be maintained in agency file and in-service training sign-in sheet, agenda and handout is kept in agency records. The training should help prevent such deficiency and assist social work staff document RH compliance which FFA supervisor reviews and submits for agency record.

Personal Rights

48. Children reported feeling safe living at the RFH (SOW, Section 21.0, 22.0)

Facility

Site 878

1. Explain the Cause.

The cause of the deficiency was that child #5 had not reported anything to RPs and the agency social worker about a fight with child #6. It should be noted that RPs with several male foster youth, mostly teenagers will present significant behavioral challenges; not to mention that the foster youth have had multiple failed placements. With that said, the RPs reported that regardless of their behavioral challenges when a minor brings an issue to their attention, such as name calling; they address it with foster youths in the home. They intervene by counseling the foster youth about being respectful towards each other and ensuring the behavior ceases.

2. Corrective Action Taken.

The immediate action taken upon notification by CAD on 6/2/22, FFA Administration addressed any "bullying" issues reported through a clinical intervention with Agency LCSW with the RPs, foster youth, agency social worker and supervisor. It allowed them to participate in an intervention that provided additional support and guidance; along with any recommendations by the LCSW. The LCSW provided an overview of reporting responsibilities to the RPs and youth reported feeling safe living at the RFH. Additionally, agency social worker contacted youth's therapist and TBS worker to further address and support youth about any reports of bullying. The agency corrective action taken was an in-service training of the Personal Rights (LIC 613B) form conducted by FFA Administration on 7/11/22 with all of the social work staff. LIC 613B, agenda and sign-in sheet is on file.

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

FFA Administration provided a 0.5 hour in-service training on 7/11/22 with social work staff to use LIC 613B to train RPs and inform children/NMD on "Personal Rights" to ensure that all children are feeling safe living at the RFH. The training was in-person with an agenda, sign-in sheet and handout of the LIC 613B form for social workers to review with RPs and foster children/NMDs. The completed form will be maintained in agency files with in-service training sign-in sheet. The training should help correct the deficiency and assist all social work staff, RPs and foster children/NMDs understand the importance of Personal Rights and children to report feeling safe living in the RFH.

Personal Needs

63. The FFA ensures that children are encouraged and supported by the RFPs in keeping a life-book (SOW, Part C, Section 17.12) and [Master Contract, Exhibit A, SOW, Part C, §17.12]

Facility

Site 881

Site 881

1. Explain the Cause.

The cause of the deficiency was the RP's response in a virtual interview. Specifically, since the foster youth and NMD's placement was in 2018 and there are no plans for them to leave the home, hence there is no reason to provide framed pictures. RP has maintained digital life-books for each minor in addition to framed pictures since 2018.

2. Corrective Action Taken.

The corrective action taken is to address that children/NMD are encouraged and supported by the RPs in keeping a life-book. The administrators will provide a 0.5 hour in-person training review on Life-Book Requirement on 7/25/22 to social work staff with an agenda and sign-in sheet on file.

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

The training should help correct the deficiency through the social worker's proper documentation that children/NMDs are encouraged and supported by RPs in keeping a life-book including and not limited to periodically printing the digital life-book. The documentation will be reviewed by supervisor and maintained on file.

Personnel Files

78. Personnel are receiving annual on-going trainings as defined in the SOW and ILS [Training Matrix and EXHIBIT A SOW Part C, 17.8 & 17.8.5]

78b. Implicit Bias [SOW, Part B, Section 9.4](#)

Facility

Site 877

78c. Cultural Competency [SOW, Part B, Section 9.4](#)

Facility

Site 877

1. Explain the Cause.

The cause of the deficiency was that the FFA was providing employee training on a calendar year instead of on the anniversary date.

2. Corrective Action Taken.

The corrective action taken was completed upon notification by CAD on 4/21/22. FFA Administration implemented internal control measures to track employee training by anniversary date in order to complete annual on-going trainings.

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

FFA Administration conducted a management team meeting on 4/25/22 to review the internal control measures used to track employee training by anniversary date in order to complete annual on-going trainings. This documentation is on the agenda in agency file. Personnel support staff will notify employee supervisors of training needed with due dates and the supervisor will provide the employee with the training information and ensure the training is completed by the due date. These measures should help correct the deficiency and assist in Personnel receiving annual on-going trainings.