



BRANDON T. NICHOLS  
Director

# County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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November 28, 2022

To: Supervisor Holly J. Mitchell, Chair  
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From: *Angela Parks-Pyles* for  
Brandon T. Nichols  
Director

## HANNA'S HOUSE DBA HANNAH'S CHILDREN'S HOMES 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 Hanna's House dba Hannah's Children's Homes (the Contractor) in May 2022. The Contractor has three offices: one located in the First Supervisorial District, one in Orange County 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 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; 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 8 of 11 applicable areas of CAD's Contract Compliance Review: Engagement and Teamwork; Facility and Environment; 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.

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

CAD reviewed two 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. To assess the quality of care and supervision provided to the placed children, DCFS also conducted virtual site visits at the RFHs.

CAD noted findings in the areas of:

#### Priority 1

- General Contract
  - Special Incident Report was not properly cross-reported in the I-Track system to OHCMD QAS.
- Resource Family Home Requirements
  - Case files did not include proof of insurance for an adult identified to transport the children.

#### Priority 2

- Needs and Services Plans (NSPs)
  - NSPs were not comprehensive and accurate.
  - Educational support services were not in place to meet the overall well-being of two children and efforts to obtain support services were not documented.

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On September 9, 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  
Connie Franks, Chief Executive Officer, Hanna's House  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



# LOS ANGELES COUNTY HANNAH'S HOUSE (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 904

**1. Explain the Cause.**

Social worker in the Rancho Cucamonga, Sub-Office was not familiar with Los Angeles County, SIR protocol.

**2. Corrective Action Taken.**

1b. On 9/29/2022 a virtual staff meeting was held. Agency's Administrator and CEO, provided SIR training to Social Workers, regarding cross reporting to OHCMD and SIR protocols. Prior to submitting an SIR, the new protocol requires the approval of the Administrator, Supervisor and Quality Assurance to prevent deficiencies. See training sign in sheet. SIR's guide instructions were provided by OHCMD.

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

SIR's will be reviewed by supervisor before they are submitted to I-Track system to ensure compliance with all SIR protocol i.e.; Cross-reported to OHCMD, Community Care Licensing and County Social Worker. In addition, SIR will be reviewed on a monthly basis by Administrator and Supervisor's. In addition, Agency Quality Assurance staff will document SIR's compliance via Contract compliance spreadsheet, effective October 2022. SIR's guide instructions were provided by OHCMD.

### Resource Family Home Requirements

11. Case files include copies of current and valid driver's licenses and proof of insurances for ALL adults identified to transport the children

Facility

Site 904

1. Explain the Cause.

Resource mother failed to provide agency with proof of insurance coverage for driver assisting with transporting foster children.

2. Corrective Action Taken.

On September 29, 2022, a virtual training for Foster Care Social Worker's was conducted to review the agency requirement, to have and provide a copy of insurance coverage for all adults that will transport foster children. In addition, a letter was mailed to all Resource families to notify and reinforce this requirement. See attached letter. It should be noted that Resource Parent was contacted by agency to address the resource parent current auto insurance in regards to her daughter not being on her insurance, resource parent took immediate action and added daughter to her insurance the same day and submitted proof of insurance with daughters name to agency.

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

Quality assurance staff will review the Case management Sheet for Resource parent compliance on a monthly basis and for Annual Re-certification to ensure compliance for every adult that will transport foster children. In addition, Foster Care Social workers will review this Corrective Action Plan with Resource families and document review on a quarterly basis on the Resource Family Visit Record. RFA 809 Form, effective October 2022.

## Needs & Services

23. The NSPs were completed accurately and on time [ILS, §§88268.2(c) & 88278.1(a); Master Contract, Exhibit A, SOW, Part C, §§15.0 & 16.8.]

23b. Are comprehensive and accurate

Facility

Site 905

Site 905

Site 905

Site 905

1. Explain the Cause.

Children #4, #5, #6 and # 7 have the same Foster care social worker. Foster social worker used the same NSP's for all 3 minors #5, #6, and #7. Resource Home has a sibling group of 3 children #5, #6 and #7 and (1) non-minor dependent #4. Similar deficiencies were found on all children. In addition, FCSW's Supervisor did not notice the similarity of the NSP's.

2. Corrective Action Taken.

On September 29, 2022 a Virtual in-service training was held with all Foster social workers and Supervisors to review development of comprehensive and accurate NSP's. Emphasis was placed on the children's progress goals. In addition, information on creating S.M.A.R.T Goals was provided by OHCMD. See attached attendance sheet.

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

Supervisor will be responsible for reviewing goals on the NSP during monthly supervision with Foster Social workers. In addition, Supervisor will monitor minor's progress goal documented on the child's contact notes on a weekly basis. Supervisors are scheduled to meet on monthly basis with the Administrator and Director to report Social Workers compliance, effective October 2022. In addition, Quality assurance, will review, monitor and document on the Q.A. case management sheet i.e.: lack of progress on education, psychological/therapy, birth parents involvement, and family visitations progress, or any other irregularity that does not meet Los Angeles County Policies and CCL (Interim Licensing Standards Regulations) on a quarterly basis and will be immediately reported to the Supervisor and Administrator. NSP Guide instructions were provided by OHCMD.

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 (SOW, Part C, Sections 15.3) AND [ILS, §§88278.1(c) & 88330(e); Master Contract, Exhibit A, SOW, Part C, §15.6.]

Facility

Site 905

Site 905

### 1. Explain the Cause.

Child # 6 and #7 Social worker failed to follow up and document school progress and support services offered by the minor's educational school programs.

### 2. Corrective Action Taken.

On September 29, 2022. Virtual in-service training was held to train all Foster Care Social Workers and Supervisor's regarding the NSP's educational goal and services provided by the LA County District School and ABC Unified School District. Emphasis was also placed on the pamphlet (Creating S.M.A.R.T. Goals) that was provided by OHCMD. See attendance sheet. Agency followed up with school and obtained letter from the principal, Elliott Elementary School describing the support services that minors received during their attendance at the school. See Attached.

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

Supervisors will be responsible for reviewing NSP's educational goals during monthly supervision with Foster Care Social Workers. In addition, Supervisor's will document minor's educational progress on the monthly Supervision form. Also, the NSP goals will be discussed and documented in the minor's contact notes on weekly basis. Supervisors will schedule meetings with the Administrator and Director on monthly basis for the purpose of addressing Social Work's compliance, effective October 2022. Quality Assurance staff, will review and monitor NSP goals compliance on a quarterly basis on the Q.A. case management system. The NSP's goals that will be emphasized are, degree of progress or lack of progress on minor's education, mental health/therapy, birth parents case participation, visitations with birth parent, psychotropic medication. Irregularities that do not meet Los Angeles County Policies and CCL (Interim Licensing Standards Regulations) will be reported to the Supervisor's and Administrator. If necessary Administrator will meet the Social worker to provide additional training, technical assistances and support as needed.