



BRANDON T. NICHOLS  
Director

# County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

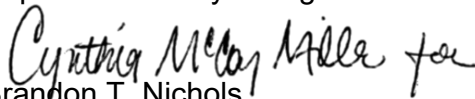
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November 7, 2023

To: Supervisor Janice Hahn, Chair  
Supervisor Hilda L. Solis  
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Supervisor Lindsey P. Horvath  
Supervisor Kathryn Barger

From:   
Brandon T. Nichols  
Director

## HOLY FAMILY SERVICES ADOPTION AND FOSTER CARE 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 Holy Family Services Adoption and Foster Care Foster Family Agency (the Contractor) in March 2023. The Contractor has one office located in the First Supervisorial District. The office provides services to the County of Los Angeles DCFS and Probation placed children and children placed by other counties.

### 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 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; RFH Requirements; Facility and Environment; Permanency; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being.

For the purpose of this review, three DCFS placed children were selected for the sample. CAD reviewed the files of the three selected children, the three children (ages 0 to 7 years) were too young to be interviewed and were virtually observed to be clean and well-groomed. An additional discharged child file was 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 contracting requirements. CAD also conducted telephonic interviews with staff and Resource Family Parents. To assess the quality of care and supervision provided to the placed children, CAD also conducted virtual site visits of the Contractor's location and RFHs.

CAD noted findings in the areas of:

***Priority 1***

- General Contract Requirements (2 findings)
  - Two children Special Incident Reports were not properly documented in the Needs and Services Plan (NSP) and not properly cross reported in iTrack.

***Priority 2***

- NSP (2 findings)
  - The NSP for one child was not comprehensive and accurate.
  - The support services for one child were not put in place to meet the child's needs and efforts to obtain the required supportive services were not documented.

- Personnel Files (4 findings)
  - One employee did not receive medical clearance and Tuberculosis clearance within one year prior to hire date or within seven days of hire.
  - One employee did not receive an initial one hour of Child Abuse Identification and Reporting training and initial Reproductive and Sexual Health training.
  - One employee did not receive annual on-going training, Implicit Bias training, Cultural Competency training, reproductive and sexual health training and Reduction of Law Enforcement Involvement training.
  - One employee did not receive annual on-going training, reproductive and sexual health training and Reduction of Law Enforcement Involvement training.

On June 20, 2023, the Children Services Administrator teams from DCFS' CAD and the Out-of-Home Care Management Division held an exit conference with the Contractor representatives.

The Contractor 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:CMM  
LTI:cs

#### Attachments

c: Fesia Davenport, Chief Executive Officer  
Oscar Valdez, Auditor-Controller  
Guillermo Viera Rosa, Chief Probation Officer  
Public Information Office  
Audit Committee  
Julie Brown, Chief Executive Officer, Holy Family Services Adoption and Foster Care  
FFA  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division  
Celeste Fitchett, MSW, Bureau Chief Fiscal and Performance Audits



## LOS ANGELES COUNTY

## HOLY FAMILY SERVICES ADOPTION AND FOSTER CARE (FFA)



## Corrective Action Plan

2023

## GENERAL CONTRACT REQUIREMENTS

## 1. Special Incident Reports are properly documented.

1a. In the Needs and Services Plans (NSPs) [SOW, Part B, Section 10.4 and SOW Exhibit A-5, Special Incident Reporting Guide] [SOW, Part B, Section 10.4 and SOW Exhibit A-5, Special Incident Reporting Guide](#)

Facility

Site 1164

Site 1164

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

Facility

Site 1164

Site 1164

## 1. Explain the Cause.

1a. Site 1164: Due to a lack of training, the NSP dated 9/14/2022 did not list the SIRs 820227 and 826588 and the NSP date 12/13/2022 did not list the SIRs 829965, 831353, 833235, and 833692. The agency social worker only listed the visits to Urgent Care facilities and did not place the corresponding SIR numbers within the body of the NSP. 1b. Site 1164: Due to a lack of training and understanding of the policy, the agency resource parents did not notify the agency social worker in a timely manner that they took the minor to an urgent care facility for allergy treatments.

## 2. Corrective Action Taken.

1a. Site 1164: On June 28th, 2023, the agency executive director and supervisor provided training on Special Incident Reporting to clinical staff. The training material covered Special Incident Reporting timelines and NSP report writing about SIRs. The training sign-in sheet is attached. Immediately following the training, the social workers began to review SIRs when preparing an NSP report to make sure that the SIR numbers are properly documented in the NSP. 1b. Site 1164: The agency social worker verbally reminded the resource family to notify the agency immediately regarding urgent care visits on June 17 and June 29th, 2023. The agency social worker also emailed the family the SIR reporting policy on June 21, 2023. Those emails are attached. Additionally, the agency social worker will remind the resource parents about SIR reporting timelines during visits and phone calls. The social workers have also provided the same information regarding reporting policy to our other resource parents.

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

1a. 1164: When the agency supervisor and executive director are reviewing the NSPs, the social worker will also provide the SIRs for the reporting timeframe to cross-reference the information in the NSPs prior to approval. 1b. 1164: The agency staff will go over the DCFS SIR Special Incident Reporting timelines during Foster Care Placements with all resource families at time of placement and remind resource parents regularly during visits and in emails. Supervisor will also look for documentation regarding SIR timeframes when doing random quality assurance file reviews. If resource parents are found to not be disclosing emergency and urgent care visits in a timely manner, they will be counseled by the supervisor. If this behavior continues, the resource parent may be asked to complete additional training on reporting or decertified if they cannot comply with this requirement.

## NEEDS AND SERVICES PLANS

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 1164

### 1. Explain the Cause.

23b. Site 1164: On the NSP dated 4/6/22, the agency made an error on the NSP, listing the wrong minor. The agency had mixed up the sibling names.

### 2. Corrective Action Taken.

23b. Site 1164: The agency manually corrected the NSP dated 4/6/22 and notified the County CSW by phone of the error on June 22, 2023. Additionally, the agency supervisor provided clinical staff with a training on how to complete SIRs and NSPs on June 28th, 2023. The sign-in sheet is attached. Effectively immediately, the social workers and supervisor are to begin to thoroughly review NSPs for accuracy to make sure there are no errors in the documents before submission.

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

23b. Site 1164: The Agency supervisor will ensure that all information in future NSPs are correct prior to approving and submitting the documents to county CSW. If the information is incorrect, the supervisor will notify the social worker that corrections need to be made. If this becomes a chronic issue, the social worker may be asked to complete additional training and/or face disciplinary action.

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 1165

### 1. Explain the Cause.

24. Site 1165: The agency failed to follow up on the supportive services referral for the minor to receive regional center services.

### 2. Corrective Action Taken.

24. Site 1165: On June 28th, 2023, the agency supervisor trained the agency clinical staff on providing supportive services to the minors in care, specifically on how to follow up a week after placement and then bi-monthly with DCFS CSWs on making sure that all supportive services, such as regional center referrals are completed in a timely manner and to ask County CSWs if they are in need of any documentation from the agency or resource parent. Training sign-in sheet attached. Effective immediately, the social workers are to document all follow ups with county CSWs on supportive serves, including regional center referrals through phone calls, in person and emails.

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

24. Site 1165: Effective immediately, the agency will contact County CSWs 1 week after placement and bi-monthly to check on supportive service referrals, such as regional center applications for affected children in care. If the county CSW is not responsive in a timely manner, the social worker is to contact their supervisor for an update.

## PERSONNEL FILES

74. Personnel received all required medical clearances

## 74a. Medical clearances within one (1) year prior to hire date or within seven (7) days of hire

Facility

Site 1164

## 74b. Tuberculosis clearances within one (1) year prior to hire date or within seven (7) days of hire

Facility

Site 1164

## 1. Explain the Cause.

74a-b. Site 1164: The agency's previous office manager failed to maintain personnel records for employee S2.

## 2. Corrective Action Taken.

74a-b. Site 1164: On March 22, 2023, S2 completed her new physical and TB test and provided the agency with the documentation. Additionally, the executive director trained the new office manager on how to maintain personnel files on July 11, 2023. In-service sign-in sheet is attached. The office manager is now trained that they are to provide medical and livescan forms and a checklist to new hired clinical staff of needed documentation prior to hire. The office manager will follow up with new hires to make sure that the employee makes the appointments and provides the needed documents.

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

74a-b. Site 1164: The new agency office manager will review personnel files during the hiring process to make sure that all needed medical documents are properly filed and current prior to the employee having contact with clients. The letter of hire will also include a statement that explains their hire will be contingent on the successful completion of the criminal and medical clearances.

## 77. Personnel received initial training and orientation [EXHIBIT A SOW Part C, 17.6.1.3, 17.6.1.6 &amp; 17.6.1.7]

## 77a. Minimum of one (1) hour of Child Abuse Identification &amp; Reporting training (SOW, Part B, Section 9.0, ILS Sections 88222.1(4), 88222(d)(7)(B)(3), 88264(g)(1)(B), 88265.2(c)(1), 88364(c), 88365.2(b), 88365.3(b))

Facility

Site 1164

## 77b. Reproductive and sexual health training (Senate Bill 89)

Facility

Site 1164

## 1. Explain the Cause.

77a-b Site 1164: The agency failed to list the appropriate trainings on the initial orientation training documents, specifically Child Abuse Identification & Reporting training and Reproductive and Sexual Health training

## 2. Corrective Action Taken.

77a-b Site 1164: On June 28th, 2023, the agency's executive director improved the initial training form to include Child Abuse Identification and Reporting and Reproductive and Sexual Health trainings. The new form is attached. Effective immediately the new agency office manager will begin using the new training form for future clinical staff hires.

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

77a-b Site 1164: The office manager will review DCFS contract updates to make sure that the new hire training form stays up to date with needed requirements for initial and ongoing trainings. Additionally, the office manager will review new hire personnel files weekly to make sure the trainings are completed. They will email employee and supervisor reminders of incomplete trainings weekly until initial trainings are complete. Annual trainings will be reviewed monthly with reminders to personnel and supervisors of the needed training and its expiration dates. These reminders will include when the trainings are due. All new hire trainings are to be completed within the first month of hire.

## 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 &amp; 17.8.5]

## 78a. Annual on-going training (hours as specified in FFA's program statement) (SOW, Part B, Section 9.0, ILS Sections 88222.1(b)(4))

Facility

Site 1164

Site 1165

## 78b. Implicit Bias SOW, Part B, Section 9.4

Facility

Site 1165

## 78c. Cultural Competency SOW, Part B, Section 9.4

Facility

Site 1165

## 78d. Annual on-going reproductive and sexual health training (Senate Bill 89)

Facility

Site 1164

Site 1165

## 78e. Reduction of Law Enforcement Involvement SOW, Part B, Section 9.4

Facility

Site 1164

Site 1165

## 1. Explain the Cause.

78a, d, e: The agency failed to ensure that S3 received training for College and Career Readiness, Reproductive and Sexual Health and Reduction of Law Enforcement Involvement. 78a-e: The agency failed to ensure that S1 received annual ongoing training, that included Implicit Bias, Cultural Competency, reproductive and sexual health, and Reduction of Law Enforcement Involvement.

## 2. Corrective Action Taken.

78a, d, e: The agency will ensure that S3 completes training for College and Career Readiness, reproductive and sexual health and Reduction of Law Enforcement Involvement by August 30, 2023. 78a-e: The agency will ensure that S1 completes annual ongoing training, including specifically Implicit Bias, Cultural Competency, reproductive and sexual health, and Reduction of Law Enforcement Involvement by August 30, 2023.

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

78a-e: On July 11, 2023, executive director trained the new office manager on how to review training requirements for clinical staff. This includes College and Career Readiness, Implicit Bias, Cultural Competency, reproductive and sexual health, and Reduction of Law Enforcement involvement. The Office Manager will regularly review (every month) personnel files to verify that staff are up to date on required trainings. When a file is reviewed, emails to staff and their supervisor will be mailed out for upcoming needed trainings as well as when the trainings will expire. Supervisors will provide 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. If staff do not complete trainings in a timely manner, disciplinary action may be taken.