



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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October 31, 2023

To: Supervisor Janice Hahn, Chair
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From: 
Brandon T. Nichols
Director

MCKINLEY CHILDREN'S CENTER 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 McKinley Children's Center Foster Family Agency (the Contractor) in July 2022. The Contractor has three offices: two located in the Fifth Supervisorial District and one in Riverside County. The offices provide services to the County of Los Angeles DCFS and Probation placed children, children placed by other counties and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 4
PRIORITY 2 27
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 4 of 11 applicable areas of CAD's Contract Compliance Review: Engagement and Teamwork; RFH Requirements; Health and Medical Needs; and Personal Rights and Social/Emotional Well-Being.

For the purpose of this review, 12 DCFS placed children were selected for the sample. CAD reviewed the files of the 12 selected children and virtually interviewed eight of the children to assess the level of care and services they received, one child (age 2 years) was too young to be interviewed and was virtually observed to be clean and well-groomed and three children were discharged and not available to be interviewed. An additional four discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed six RFH files and five staff files for compliance with Title 22 Regulations and County contracting 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. 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 (3 findings)
 - Three children had Special Incident Reports that were either not timely submitted or not appropriately cross reported in iTrack.
- Facility and Environment (1 finding)
 - A smoke detector for one RFH was not functioning properly.

Priority 2

- Facility and Environment (1 finding)
 - A vehicle used to transport children was not well maintained; a maintenance log of regular annual services and maintenance was not on file.
- Needs and Services Plans (NSPs) (10 findings)
 - Ten children NSPs were not completed accurately and on time; NSPs were not signed by the children and RFPs timely; NSPs were not signed by Children's Social Worker (CSW) and there were no documented efforts to obtain the signatures.

- Permanency (2 findings)
 - Two children discharge summaries were not submitted to the CSW timely.
- Education and Independent Living Program Services (9 findings)
 - Efforts to maintain nine of the children in their school of origin after placement were not documented.
- Personal Needs/Survival and Economic Well-Being (3 findings)
 - Three children were not encouraged to keep a life-book.
- Personnel Files (2 findings)
 - Two staff did not complete the required annual training. One staff did not complete the Implicit Bias training and two staff did not complete the Cultural Competency Training.

On September 29, 2022, 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:gt

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Anil Vadaparty, President and Chief Executive Officer, McKinley Children's Center
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

LOS ANGELES COUNTY
MCKINLEY CHILDREN'S CENTER (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 945
Site 950
Site 950

1. Explain the Cause.

With multiple people submitting SIRs, there was confusion as to the cross-reporting process given the differing county system and reporting requirements.

2. Corrective Action Taken.

Administrators worked in collaboration with the SVP of HUMAN Services to create a uniform workflow with outlines timelines for submission as well as who to cross report to. Final submission was also limited to FFA Administrators. Staff were trained in the updated workflow on 10/27/22, and supporting documentation has been attached.

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

Administrators are going to hold sole responsibility for submitting SIRs moving forward to assure that the timelines and cross reporting is maintained. Additionally, The QA Department will partner with the management team in the Monthly Performance Quality Improvement Process (PQI) to ensure legal and regulatory compliance. Compliance will facilitate reviews of 8.5% of FFA client charts a month (25% a quarter) focusing on compliance utilizing a standardized tool that addresses the cross reporting and timeliness requirements.

Facility And Environment

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

13c. Maintenance Log or Proof of regular/annual service and maintenance (Title 22 80074(c) & 87074(d))(Title 22 80074(c) & 87074(d))

Facility

Site 949

1. Explain the Cause.

Resource Parent did not inform the team of a new vehicle in the family currently being used.

2. Corrective Action Taken.

All staff were retrained on 10/27/22 to inquire as to any new vehicles to maintain the vehicle log. In addition, an updated newsletter has been created to distribute to families monthly in which reminders are provided and the vehicle logs are one area of focus.

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

The Monthly Performance Quality Improvement Process (PQI) will be used to ensure legal and regulatory compliance. Compliance will facilitate reviews of 8.5% of FFA client charts a month (25% a quarter) focusing on compliance utilizing a standardized tool that makes sure that updated vehicle logs are present.

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

Facility

Site 946

1. Explain the Cause.

A social worker overlooked this item during their home inspection.

2. Corrective Action Taken.

The RP immediately replaced the batteries in the smoke detector at the time of the home inspection. All staff were retrained on 10/27/22 regarding how to check the batteries of the smoke detector during their home inspections and were retrained to test the device and not merely check that it is there.

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

The FCSW will conduct a monthly walk-through and document in the Weekly Contact Note. Additionally the FCSW will conduct a quarterly Resource Family Home Health and Safety Assessment Checklist to maintain compliance and safety standards. The Compliance department will also do a home inspection each month to ensure that the processes are being followed and homes are in compliance.

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.]

23a. Developed timely

Facility

Site 949

23b. Are comprehensive and accurate

Facility

Site 949

Site 950

Site 946

Site 950

Site 946

Site 947

Site 947

23d. Signed by children when age or developmentally appropriate

Facility

Site 946

Site 946

Site 947

Site 947

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

Facility

Site 950

Site 946

Site 950

Site 945

Site 945

Site 945

Site 946

Site 947

Site 947

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

Facility

Site 947

Site 947

1. Explain the Cause.

When NSPs were being completed and approved they were then being sent over to PAs to send out. This step caused a delay as the handoff would at times lose track of the document. Additionally administrators were not appropriately reviewing and correcting goals within the NSPs

2. Corrective Action Taken.

On 10/27/22 all Social Workers were retrained on utilizing SMART goals to ensure that the goals have all the components necessary. This training also included a review of NSP time frames for signatures (5 days) as well as an updated agency workflow. An NSP date calculator was also provided to staff to assist in calculating due dates correctly.

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

In the Monthly Performance Quality Improvement Process (PQI) compliance will facilitate reviews of 8.5% of FFA client charts while focusing on Individualized Goals and Timely Submission of NSPs.

Permanency

34. The child's discharge summary (submitted to the CSW 30 Days from the date the child's placement was terminated) identified being discharged according to the child's permanency plan

Facility

Site 947

Site 948

1. Explain the Cause.

The discharge summaries were completed timely, however they were not submitted to the county social worker within the required timelines because they were handed off for another role to submit to the social worker which would at times lose track of the document.

2. Corrective Action Taken.

On 10/27/22 all social workers were trained on the updated Discharge Policy and Procedure. In this training timelines and expectations were outlined and clarified. Additionally, a step was removed so that Administrators submit the discharge summary directly to the CSW rather than relying on another role to complete this task.

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

In the Monthly Performance Quality Improvement Process (PQI) compliance will facilitate reviews of 8.5% of FFA client charts and ensure that discharge documentation is present and submitted timely.

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 (SOW, Part C, Section 15.3.2)

Facility

Site 948

Site 948

Site 950

Site 950

Site 945

Site 946

Site 947

Site 947

Site 946

1. Explain the Cause.

McKinley's intake form did not currently have a field to document the school of origin discussion, and while the intake department was having those conversations, the documentation was lacking.

2. Corrective Action Taken.

The FFA Intake form for new youth has been updated to include an area to document the school of origin. All FFA intake team members have been trained on using the updated form.

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

When a new youth is placed within McKinley the administrator of that region will review the intake form to ensure that the school of origin form has been completed in order to plan case assignment and additional needs which may be required.

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 948

Site 948

Site 949

1. Explain the Cause.

As all Life Books had a signed acknowledgment form on file confirming receipt of their Life Book, the lifebook was found not to have been maintained by Resource Parents in failed oversight.

2. Corrective Action Taken.

A prompt has been added to the weekly contact notes to indicate review of the lifebooks with the youth. FCSWs will also make inquiry of the Life Book at least monthly and document maintenance in their contact notes. All team members were retrained in the lifebook process on 10/27/22.

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

In the Monthly Performance Quality Improvement Process (PQI) compliance will facilitate reviews of 8.5% of FFA client charts and ensure that lifebook documentation is present to demonstrate monthly review of the lifebooks.

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 948

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

Facility

Site 948

Site 947

1. Explain the Cause.

The McKinley FFA team members missed specific training courses as a result of outdated training assignment systems. Trainings were assigned by individual people which lacked structure and consistency thus the reason why certain trainings were not assigned timely.

2. Corrective Action Taken.

The training department has expanded the capabilities of its current Learning Management System (LMS) to ensure maximum compliance with contractual training obligations. Effective immediately, all web based, asynchronous training, and live training reminders have been centralized into program specific virtual training plans which every employee at McKinley has been assigned. Our LMS has been verified by the entire training team and approved by the program director to contain every training requirement for all McKinley programs.

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

The LMS will send automatic monthly virtual prompts when training courses are due and will automatically assign the course for the following year so as to eliminate the chance of human error.