



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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January 19, 2024

To: Supervisor Lindsey P. Horvath, Chair
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Supervisor Kathryn Barger

From: 
Brandon T. Nichols
Director

ALLIES FOR EVERY CHILD 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 Allies for Every Child Foster Family Agency (the Contractor) in August 2023. The Contractor has two offices: one located in the First Supervisorial District and one located in the Second Supervisorial District. 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 1
PRIORITY 2 6
PRIORITY 3 0

"To Enrich Lives Through Effective and Caring Service"

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 and Transition Services; 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: RFH Requirements; Facility and Environment; Engagement and Teamwork; Permanency and Transition Services; 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, four DCFS placed children were selected for the sample. CAD reviewed the files of the four selected children and virtually interviewed two of the children to assess the level of care and services they received; two children (ages 0 to 4 years) were too young to be interviewed and 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 three RFH files and five 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 (1 finding)
 - Special Incident Report was not submitted timely in the i-Track system.

Priority 2

- General Contract Requirements (1 finding)
 - Special Incident Reports were not properly documented in one child's Needs and Services Plans.
- Needs and Services Plans (NSPs) (4 findings)

- NSP was not developed and submitted timely.
- Four children NSPs were not comprehensive or accurate.
- Personnel Files (1 finding)
 - One staff did not have a current annual on-going reproductive and sexual health training.

On September 7, 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:amt

Attachments

- c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Adriana Molina, Chief Program Officer, Allies for Every Child
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division
Celeste M. Fitchett, MSW, Bureau Chief, Fiscal and Performance Audits



LOS ANGELES COUNTY
 ALLIES FOR EVERY CHILD (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 1248

Site 1248

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 1248

1. Explain the Cause.

Some NSPs did not mention the occurrence of SIRs in the reporting period. When SIRs were mentioned, it did not include SIR number, date, or a summary of the incident.

2. Corrective Action Taken.

Supervisor will obtain support from DCFS TA to provide additional training regarding NSP completion inclusive of SIR information and timelines by November 30, 2023. RPs for SIR#871445 did not report the SIR timely to us. Incident was not reported to Allies until 7/3. RPs signed the 809 acknowledging they received additional SIR training on 7/5/23 from RFA SW Spinos as part of their corrective Action Plan.

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

Allies supervisor will cross-reference any NSP with SIR reports to ensure preparer has included specific information relevant to the incident (e.g. specific incident number).

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.]

23a. Developed timely

Facility

Site 1248

23b. Are comprehensive and accurate

Facility

Site 1248

Site 1251

Site 1248

Site 1249

1. Explain the Cause.

Unanticipated staffing change the week the NSP was due caused the signature from supervisor to delay the process. Additionally, only one supervisor was previously approved to sign NSPs.

2. Corrective Action Taken.

Effective 9/26/23, Allies now has two staff who can sign NSPs. Training on NSP completion and goal development will be provided to NSP preparers and signers by November 30th by DCFS TA provider.

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

Allies will ensure that within 30 days of a staffing change, there will be an additional signer approved in PMIS.

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]

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

Facility

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1. Explain the Cause.

Tracking of staff training has been the responsibility of the direct supervisor in the past. An unanticipated change in supervisor in the final quarter prior to this review prevented need for staff training from being identified in a timely manner.

2. Corrective Action Taken.

Will create a system by November 15, 2023 using support staff and a program calendar to track training.

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

Admin will audit quarterly and provide report to staff and supervisor to identify any upcoming timelines and need to complete additional training.