



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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BRANDON T. NICHOLS
Director

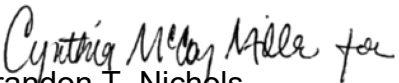
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March 20, 2024

To: Supervisor Lindsey P. Horvath, Chair

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From: 
Brandon T. Nichols
Director

**SERENITY FOSTER CARE AND ADOPTION
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 Serenity Foster Care and Adoption Foster Family Agency (the Contractor) in August 2022. The Contractor has one office located in the Fifth Supervisorial District. The office provides 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 19
PRIORITY 3 2

"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; 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 6 of 11 applicable areas of CAD's Contract Compliance Review: General Contract Requirements; Engagement and Teamwork; Permanency; 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, six DCFS placed children were selected for the sample. CAD reviewed the files of the six children, and virtually interviewed two to assess the level of care and services they received, four children (ages 1 to 2 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 five 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, DCFS also conducted virtual site visits at the Contractor location and RFHs.

CAD noted findings in the areas of:

Priority 1

- RFH Requirements (1 finding)
 - RFPs did not have the required or current Water Safety certificate or training.
- Facility and Environment (2 findings)
 - Common areas were not safe and well-maintained, as a smoke detector was not properly installed.
 - Common areas were not safe and well-maintained, as knives were not properly stored.

- Personnel Files (1 finding)
 - Criminal clearances were not received prior to hire date for two employees.

Priority 2

- RFH Requirements (3 findings)
 - Two RFHs case files did not include criminal clearances for all adults in the RFH.
 - RFH did not receive tuberculosis screening prior to the home approval.
- Facility and Environment (7 findings)
 - Two RFHs vehicles did not have current registration.
 - Four RFHs vehicles did not have proof of insurance and one RFH vehicle did not have a first aid kit.
 - The exterior grounds of one RFH were full of trash and debris and not safe or well-maintained.
- Needs and Services Plans (NSPs) (3 findings)
 - Three children NSPs were not signed timely.
- Education and Independent Living Program Services (2 findings)
 - The Contractor did not document its efforts to maintain two children in their schools of origin.
- Personnel Files (4 findings)
 - Two employees did not receive initial training and orientation.
 - Two employees did not receive annual on-going trainings.

Priority 3

- Facility and Environment (2 findings)
 - Two RFHs did not make available in the home all required notices.

Each Supervisor
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On November 2, 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:nw

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Probation Officer
Public Information Office
Audit Committee
Ike Kerhulas, Executive Director, Serenity Foster Care and Adoptions
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



LOS ANGELES COUNTY

SERENITY, INC. FOSTER CARE & ADOPTION (FFA)



Corrective Action Plan

2022

RESOURCE FAMILY HOME REQUIREMENTS

9. Case files include criminal clearances for ALL adults in the RFH

9a. Case files include criminal clearances for all RFPs Title 22, 80019, 80019.2; 88019 and 88019.2, 88069.7, 89319; SOW 8.2.1 Title 22, 80019, 80019.2; 88019 and 88019.2, 88069.7, 89319; SOW 8.2.1

Facility

Site 994

1. Explain the Cause.

9a. Site 994 - Case files include criminal clearances for RFPs

2. Corrective Action Taken.

RFP #4 - FFAs were not required by Dept. of Social Services to have criminal history until 1/1/2017 (see ACL No.16-10 attached). All clearances received by FFA were previously sent to Reviewer. RFF was live scanned and cleared in 2016. Copy of clearances attached.

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

CAP: Serenity will ensure that criminal clearances are included in the case files prior to approval. If CPMB sends an Exemption needed letter to Serenity, Serenity will ensure the RP secures an exemption prior to approval.

10. RFPs have current training

10c. When applicable, Water Safety certificate/training [Training Matrix][Training Matrix]

Facility

Site 992

1. Explain the Cause.

10c. Site 992 - When applicable, Water Safety certificate/training

2. Corrective Action Taken.

RP's #2 had a secured Jacuzzi that was never used on their property. RM completed Water Safety Training on 10/3/22 and RF completed the training on 10/4/22.

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

CAP: Resource Parents will complete Water Safety training when applicable, even if pool or Jacuzzi on their property is not in use. This will be addressed during New Resource Parent trainings and will be monitored during regular home evaluations.

12. Resource Family Homes received tuberculosis screenings for all adults in the home prior to approval

Facility

Site 994

Site 993

1. Explain the Cause.

12. Site 994, 993 - Resource Family Homes received TB screenings for all adults prior to approval

2. Corrective Action Taken.

CAP: RF #4 was originally approved in 9/6/2016 (see cert. of approval attached) RF#1 - Family began approval process during the Covid 19 pandemic when TB tests were exempted. The family completed the required TB Screening Questionnaire prior to approval. Family has received TB test as of 2/1/23. See attached

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

CAP: Moving forward, Serenity will ensure that all new Resource Parents obtain the required TB Screening prior to approval.

FACILITY AND ENVIRONMENT

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

13a. Current Registration (SOW, Part C 17.7.3(2))(SOW, Part C 17.7.3(2))

Facility

Site 992

Site 995

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 994

Site 993

Site 994

Site 995

13q. First Aid Kit (Title 22 84274(b))(Title 22 84274(b))

Facility

Site 993

1. Explain the Cause.

13a. Site 992, 995 - Current Registration 13b. Site 994, 993 - Proof of Insurance 13q. Site 993 - First Aid Kit

2. Corrective Action Taken.

13a. Vehicle Registration was requested and uploaded into PMIS for both RP# 2 and RP# 5. 13b. Proof of insurance was requested and uploaded into PMIS for all RPs. 13q. SW observed a first aid kit in the Denali for RP #1 on 12/19/22.

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

Copies of the vehicle registration will be collected at the time of the Resource Parent’s initial approval and updates to the approval. Serenity supervisors will review the changes to the home evaluation forms with Serenity SW’s by 2/15/23 to ensure that all standards are being met during home evaluations, which now include checking for car registration, proof of insurance, and first aid kits in all vehicles used to transport children. (See Attached Revised Home Evaluation Form)

14. Exterior and grounds of the RFH were safe and well maintained

14d. Yard and outdoor activity space are free from safety hazards ILS 88487.2 (a) (1); Title 22 89387 (h) ILS 88487.2 (a) (1); Title 22 89387 (h)

Facility

Site 995

1. Explain the Cause.

14d. Site 995- Yard and Outdoor activity space are free from safety hazards.

2. Corrective Action Taken.

The Serenity SW completed an updated home evaluation on 11/16/22 and observed the yard to be free of clutter, trash, and debris.

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

CAP: Serenity will continue to complete home evaluations every three months per licensing requirement and document clearly if there are any areas out of compliance or in need of being “off limits” to children while they are being updated. Serenity supervisors will review the home evaluation forms with Serenity SW’s by 2/15/23 to ensure that all standards are being met during home evaluations.

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 995

15i. If appropriate, knives and sharp objects are safely stored and locked Title 22 80087(g) Title 22 80087(g)

Facility

Site 995

1. Explain the Cause.

15f. Smoke detector and carbon monoxide detector is installed in the hallways of all sleeping areas. 15i. If appropriate, knives and sharp objects are safely stored and locked.

2. Corrective Action Taken.

15f. The RPs were instructed to properly install the smoke detector and a picture of the smoke detector was provided on 1/27/23. 15i. RPs were instructed to have the knives locked up and out of reach and a photo was provided on 1/27/23.

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

Serenity supervisors will review the home evaluation forms with Serenity SW's by 2/15/23 to ensure that all standards are being met during home evaluations. CAP: The RPs were instructed to properly lock up their knives. Serenity supervisors will review the home evaluation forms with Serenity SW's by 2/15/23 to ensure that all standards are being met during home evaluations.

16. RFH's made available in the home all required notices

16a. RFP's Approval Document ILS Section 88209 ILS Section 88209

Facility

Site 994

Site 993

16g. Foster Care Ombudsman PUB 379; Title 22 80075 (g); Title 22 89475 (b); ILS 88487.1 (h) PUB 379; Title 22 80075 (g); Title 22 89475 (b); ILS 88487.1 (h)

Facility

Site 994

1. Explain the Cause.

16a. RFP's Approval Documents 16g. Site 994 Foster Care Ombudsman

2. Corrective Action Taken.

16a. RPs located Approval Documents and will keep in an accessible location in their approval binder. 16g. RPs located Ombudsman information in their approval binder.

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

16a. Resource Parents are required to keep physical copies of their approval documents in their Resource Parent Manual binders. Serenity Social Workers will look for documentation during home evaluations to ensure compliance. CAP 16g: Serenity Supervisors will review and retrain SW's by 2/15/23 regarding the office of the Ombudsman and its function. Serenity will provide a handout explaining the Ombudsman's role that SW's can then use to retrain and update Resource Parents and children as appropriate. Home evaluations conducted every three months will monitor and indicate compliance. Serenity has pre-populate the Ombudsman's phone number on the Emergency Plan for Foster Family Homes LIC 610B which is included in every application packet (see attached).

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.]

23d. Signed by children when age or developmentally appropriate

Facility

Site 994

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

Facility

Site 994

Site 993

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

Facility

Site 992

Site 993

1. Explain the Cause.

23d. Signed by Children when age or developmentally appropriate. A signature is typically obtained at the home visit following due date of the report, so that the SW can review the goals with the children and obtain signature if appropriate. Due to the digital reports, signatures cannot be obtained prior to the report being submitted.

2. Corrective Action Taken.

CAP 23d: Serenity SW's will email the NSPs to Resource Parents and age-appropriate clients within 5 days of the due date of the report for signature. If the RP and client are unable to sign digitally, the Serenity SW will take a hard copy of the report to the next home visit, review the report, and have the child and RPs sign and date with original email date. The reports are digital on PMIS and cannot be obtained prior to submission of the report. 23g. Same as above 23e. same as above.

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

CAP 23 g, d, e: Serenity SW's will email the NSPs to Resource Parents and age-appropriate clients within 5 days of the due date of the report for signature. If the RP and client are unable to sign digitally, the Serenity SW will take a hard copy of the report to the next home visit, review the report, and have the child and RPs sign and date with original email date.

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 994

Site 993

1. Explain the Cause.

39. The FFA has documented efforts to maintain children in their school of origin after placement, if determined in the best interest of the child.

2. Corrective Action Taken.

CAP: The child was not placed in the school of origin as it was summertime and school was not in session for the summer. It was also reported by DCFS that the child was not previously attending school on a regular basis, and this was part of the reason for detention.

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

In the future, Serenity intake will inquire about school of origin and previous school records and document on the intake form. This will be reviewed in the first 30 days of placement and Serenity will follow up as needed to ensure that school of origin efforts are made in accordance with requirements and document in the progress notes and in the NSP.

PERSONNEL FILES

73. Personnel completed criminal related requirements prior to working with children [EXHIBIT A SOW Part C, 15.3.5 & 15.3.6]

73b. Personnel received criminal clearances (DOJ, FBI, CACI) prior to hire dates (Contract, Section 8.0, SOW, Part B, Section 8.0) (Contract, Section 8.0, SOW, Part B, Section 8.0)

Facility

Site 993

Site 992

1. Explain the Cause.

73b. Site 993, 992 - Personnel received criminal clearances prior to hire dates

2. Corrective Action Taken.

CAP: Staff #3 was a rehire of less than 1 year. Serenity verified Foster Care clearance date of 7/29/2021 through Guardian (see attached) The referenced date of 4/27/22 was the date Staff #3 was added to our Adoption Unit to complete Written Reports. Serenity will ensure that all personnel receive criminal clearance prior to having any contact with clients.

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

Serenity will ensure that all personnel receive criminal clearance prior to having any contact with clients.

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

77c. New hire orientation (Title 22, Section 88265.2)

Facility

Site 993

1. Explain the Cause.

77c. New Hire Orientation

2. Corrective Action Taken.

Staff #3 completed the new hire orientation and training when she was originally hired in 2017. When she was rehired, 9 months after terminating her employment with Serenity, Staff #3 did not retake the training. Staff #3 continued to work in the field of foster care when not employed by Serenity. She completed several trainings during that time period and she currently provides a portion of the new hire/new Resource Parent training. Documentation of Attendance of the New Hire training when she was originally hired is attached. Certificates of additional training also attached.

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

All staff newly hired or rehired will complete New Hire/ New Resource Parent Training and orientation. Human Resources will ensure documentation from completion of trainings and orientation will be in employee file.

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]

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 993

Site 996

Site 994

Site 995

Site 992

1. Explain the Cause.

78a. Annual on-going training Staff #1, #3, #4, #5 completed 18 hours of training. Staff #2 completed new resource parent training plus additional trainings for 18 hours of training.

2. Corrective Action Taken.

CAP: Staff #1, 2, 3, 4, and 5 completed 18 hours of training (see attached documents)

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

CAP: Serenity training coordinator will review staff training hours with Serenity supervisors quarterly during supervisory meetings/PQI meeting to ensure staff is on track with completing the required trainings by the end of the calendar year. Training coordinator will continue to provide resources for trainings and track completion hours.