



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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October 18, 2024

To: Supervisor Lindsey P. Horvath, Chair
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From: Brandon T. Nichols
Director

Cynthia May Miller for

**EXTRAORDINARY FAMILIES
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 Extraordinary Families Foster Family Agency (the Contractor) in May 2024. The Contractor has one office located in the Second 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 1
PRIORITY 2 3
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

"To Enrich Lives Through Effective and Caring Service"

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 9 of 11 applicable areas of CAD's Contract Compliance Review: General Contract Requirements; RFH Requirements; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Program Services; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, 10 DCFS placed children were selected for the sample. CAD reviewed the files of the 10 selected children; 10 children (ages 0 to 5 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 four RFH files and four 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

- Facility and Environment (1 finding)
 - Medications, knives and sharp objects were not safely stored and locked.

Priority 2

- Facility and Environment (1 finding)
 - Emergency telephone numbers were not posted or readily available.

Priority 2

- Health and Medical Needs (2 findings)

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- One child initial medical examination was not conducted on time. While we noted that the Contractor believed this exam was waived, DCFS is not authorized to waive the initial medical examination.
- One child initial dental examination was not conducted on time.

On August 15, 2024, 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:JF:CMM
LTI:bm

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Barnaby Murff, Chief Executive Officer, Extraordinary Families
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division
Kellee Coleman, Assistant Program Administrator, CCLD Southern LA Region
Celeste M. Fitchett, MSW, Bureau Chief Fiscal and Performance Audits, CDSS



LOS ANGELES COUNTY
EXTRAORDINARY FAMILIES (FFA)



Corrective Action Plan

2024

FACILITY AND ENVIRONMENT

15. Common areas were safe and well-maintained

15h. If appropriate, medicines are properly stored and locked according to the prudent parent standard Title 22 80075(k)(1) [Title 22 80075\(k\)\(1\)](#)

Facility

Site 1441

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

Facility

Site 1441

1. Explain the Cause.

The resource parents reported having forgotten to lock the medication box and other items properly after recently using them. Results from all home inspections on record for the resource family prior to this contract compliance review have been in compliance; all medication, knives, and other dangerous items were locked according to regulations. This incident appears to have been an isolated event.

2. Corrective Action Taken.

On 8/9/24, the FFA Social Worker completed a home inspection. All items were found in compliance. The FFA Social Worker also discussed the results of the contract compliance review with the resource family and provided education/reminders about resource home safety requirements. On 8/27/24, the FFA Director of Programs provided training to all FFA Social Workers and Supervisors on the requirements for proper storage of medication, knives, and other dangerous items within the resource home. All FFA Social Workers and Supervisors reported to understand the requirements. Refer to Attachment A.

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

Effective 9/4/24, during resource home visits, FFA Social Workers must review every room of the resource home, assess for compliance with regulations, and document in case contact notes. When conducting quarterly and other home inspections, every item must be assessed and cleared on the Resource Family Home Health and Safety Checklist. Any items out of compliance must be corrected before leaving the home. If they cannot be corrected at the time of inspection and are not an immediate safety concern, a Corrective Action Plan must be developed and approved by the FFA supervisor and/or Director of Programs to bring the home into compliance.

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

16e. Emergency Telephone Numbers Title 22 80020, ILS 88223 (6) c [Title 22 80020, ILS 88223 \(6\) c](#)

Facility

Site 1439

1. Explain the Cause.

The resource parents reported confusion and could not think of any reason as to why or how their emergency numbers were not posted at the time of the contract compliance review. Results from all home inspections on record for the resource family prior to this contract compliance review have been in compliance; emergency numbers were posted as required. This incident appears to have been an isolated event.

2. Corrective Action Taken.

On 8/9/24, the FFA Social Worker completed a home inspection. All items were found in compliance. The FFA Social Worker also discussed the results of the contract compliance review with the resource family and provided education/reminders about the resource home safety requirements. On 8/27/24, the FFA Director of Programs provided training to all FFA Social Workers and Supervisors on home visits and inspection requirements to ensure that each home complies with the regulations. All FFA Social Workers and Supervisors reported to understand the requirements. Refer to Attachment A.

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

Effective 9/4/24, during home visits, FFA Social Workers must review every room of the resource home, assess for compliance with regulations, and document in case contact notes. When conducting quarterly and other home inspections, every item must be assessed and cleared on the Resource Family Home Health and Safety Checklist. Any items out of compliance must be corrected before leaving the home. If they cannot be corrected at the time of inspection and are not an immediate safety concern, a Corrective Action Plan must be developed and approved by the FFA Supervisor and/or the Director of Programs to bring the resource home into compliance.

HEALTH AND MEDICAL NEEDS

41. Initial medical examinations were conducted on time [Title 22, §80075; §83075; Master Contract, Part I, 19.0; SOW, Part C, 15.3.9, 15.3.10; & ILS 88565.1(c)] and (Contract, Section 19.0, SOW Part C, Sections 15.3.9, 15.3.11)

Facility

Site 1439

1. Explain the Cause.

The child under review was previously in care, reunified, and then separated a second time following reunification. At the time the child joined the FFA following the second separation, she was up to date on all medical/dental exams. As such, the assigned CSW informed the FFA that initial medical and dental exams were not required. Per the CSW, "her 3-year-old exam is due in May so we can just wait to have her next appointment then." Following this directive from the CSW, the child's 3-year well-child exam was scheduled accordingly and occurred on 5/29/24.

2. Corrective Action Taken.

On 8/27/24, the FFA Director of Programs provided training to all FFA Social Workers and Supervisors on initial medical exam (IME) requirements. All FFA Social Workers and Supervisors reported to understand the requirements. Refer to Attachment A.

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

Effective 9/4/24, if a CSW indicates an IME is not required or directs the FFA not to complete an IME for a child joining one of our resource homes, the FFA Social Worker will confirm that the circumstances comply with the regulations and DCFS policy and will consult with the FFA and/or CSW Supervisors before bypassing the IME. The consultation will be documented in the case file.

42. Initial dental examinations were conducted on time (Contract, Section 19.0, SOW Part C, Sections 15.3.9)

Facility

Site 1439

1. Explain the Cause.

The child under review was previously in care, reunified, and then separated a second time following reunification. At the time the child joined the FFA following the second separation, she was up to date on all medical/dental exams. As such, the assigned CSW informed the FFA that initial medical and dental exams were not required. Per the CSW, the child's "last Dental exam was on 11/1/2023. So she will be due for her next exam in May." Following this directive from the CSW, the child's next dental exam was scheduled accordingly and occurred on 5/11/24.

2. Corrective Action Taken.

On 8/27/24, the FFA Director of Programs provided training to all FFA Social Workers and Supervisors on initial dental exam requirements. All FFA Social Workers and Supervisors reported to understand the requirements. Refer to Attachment A.

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

Effective 9/4/24, If a CSW indicates an initial dental exam is not required or directs the FFA not to complete an initial dental exam for a child joining one of our resource homes, the FFA social worker will confirm that the circumstances comply with the regulations and DCFS policy and will consult with the FFA and/or CSW Supervisors before bypassing the initial dental exam. The consultation will be documented in the case file.