



# County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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December 6, 2024

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

From: Brandon T. Nichols  
Director

## OLIVE CREST FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW

### REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted a virtual Contract Compliance Review of Olive Crest, Foster Family Agency (the Contractor) in May 2024. The Contractor has four offices: one located in the Fourth Supervisorial District; one located in the Fifth Supervisorial District; one located in Orange County; and one located in Riverside County. The offices provide services to the County of Los Angeles DCFS placed children, Probation foster youth and children placed by other counties.

### Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 2
PRIORITY 2 2
PRIORITY 3 0

*"To Enrich Lives Through Effective and Caring Service"*

The CCD 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 Plan 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 the CCD's Contract Compliance Review: RFH Requirements; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Plan 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, six DCFS placed children were selected for the sample. The CCD reviewed the files of the six selected children; all six children (ages 1 year to 6 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.

The CCD reviewed six RFH files and four staff files for compliance with Title 22 Regulations and County contracting requirements. The CCD also conducted telephonic interviews with staff and Resource Family Parents. To assess the quality of care and supervision provided to the placed children, the CCD also conducted virtual site visits of the Contractor's location and RFHs.

CCD noted findings in the areas of:

***Priority 1***

- General Contract Requirements (1 Finding)
  - Special Incident Reports for children were not properly cross reported and documented in the iTrack system.
- Facility and Environment (1 Finding)
  - One RFH did not meet all required health and safety requirements; the fire extinguisher was not in good working order.

***Priority 2***

- Personnel Files (2 Findings)

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- The agency did not ensure all personnel received initial training on Reproductive and Sexual Health.
- The agency did not ensure all personnel received annual on-going training on Implicit Bias, Cultural Competency, Reproductive and Sexual Health and Reduction of Law Enforcement Involvement.

On July 25, 2024, the Children Services Administrator teams from DCFS' CCD and the Out-of-Home Care Management Division held an exit conference with the Contractor's representatives.

The Contractor's 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  
RW:DF:ar

#### Attachments

c: Fesia Davenport, Chief Executive Officer  
Oscar Valdez, Auditor-Controller  
Guillermo Viera Rosa, Chief Probation Officer  
Public Information Office  
Audit Committee  
Donald R. Verleur, Chief Executive Officer, Olive Crest  
Kellee Coleman, Assistant Program Administrator Southern Region (LA)  
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing  
Celeste M. Fitchett, MSW, Bureau Chief, Fiscal and Performance Audits



# LOS ANGELES COUNTY

## OLIVE CREST (FFA)

### Corrective Action Plan

2024

## GENERAL CONTRACT REQUIREMENTS

1. Special Incident Reports are properly documented.

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 1386

Site 1388

Site 1389

Site 1390

Site 1391

#### 1. Explain the Cause.

SIR #1019399 was reflecting the same incident that occurred in SIR #1018139 - SIR #1018139 was submitted on time, but information was missed/incorrect (including cross report to DCFS-CSW) due to issue with new facility and/or vendor number (FFA moved and received new license # on 3/6/24); therefore, SIR #1019399 was submitted in addition so that all accurate information was reported. DCFS-CSW appears to have been cross-reported on SIR #1019399; however, name and email did not populate. SIRs were submitted late due to late reporting by Resource Parents. SIR#858167 was submitted via LIC924 on 6/7/23 and emailed to CSW, CCL, OHC, as the iTrack system was down due to migration, as previously noted in iTrack that was uploaded to Exit Summary.

#### 2. Corrective Action Taken.

Foster Program Staff have been informed and trained with SIR Reminder Checklist. Training was conducted on 8/20/24. Please see attached sign-in sheet from Treatment Team meeting. All active Resource Parents have been sent an email, with SIR Reporting Guidelines and reminders. Case Managers have re-distributed SIR Reporting Guidelines to all Resource Families.

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

Case Managers and Supervisors will utilize SIR Reminder Checklist when completing, reviewing, and approving SIRs. CMs will review SIR Reporting Guidelines with all active families during quarterly home inspections. Foster Admin Assistant will send out SIR Reporting Guidelines and reminders to families via email at the beginning of each month. If there is no compliance, CM or other program staff will conduct an in-person or virtual training with RPs that will need to be acknowledged and signed.

## FACILITY AND ENVIRONMENT

15. Common areas were safe and well-maintained

15e. A current and operable all-purpose fire extinguisher is readily accessible Title 22 80020; Title 19 596(b)(1), 557.9 & 567(b), (h), (i) **Title 22 80020; Title 19 596(b)(1), 557.9 & 567(b), (h), (i)**

Facility

Site 1391

1. Explain the Cause.

Resource Family Home fire extinguisher was not in good working order (needed to be recharged) - last home inspection was conducted 5/2024, in which the fire extinguisher was in good working order (please see attached).

2. Corrective Action Taken.

Foster Program Staff have been informed and trained to ensure that all fire extinguishers are checked during home visits, at least once per month. Training was conducted on 8/20/24. Please see attached sign-in sheet from Treatment Team meeting.

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

Foster Program Staff will check fire extinguishers on a monthly basis and document in their notes. If fire extinguisher is not in working condition, it will be replaced within 48 hours. Replacement will also be documented in notes.

## PERSONNEL FILES

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

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

Facility

Site 1386

1. Explain the Cause.

Staff is missing the initial training on Reproductive and Sexual Health, due to staff being hired prior to Senate Bill 89 requirement.

2. Corrective Action Taken.

Since Senate Bill 89 requirement was introduced, all staff are provided with initial training on Reproductive and Sexual Health upon start of employment.

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

Olive Crest will continue to ensure that all new social work staff are initially trained in SB89. Logs will be kept and maintained.

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 1386

Site 1386

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

Facility

Site 1386

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

Facility

Site 1386

78e. Reduction of Law Enforcement Involvement [SOW, Part B, Section 9.4](#)

Facility

Site 1386

**1. Explain the Cause.**

Staff are missing the annual trainings on Reproductive and Sexual Health, Implicit Bias, Cultural Competency, and Reduction of Law Enforcement. Agency was informed in past contract compliance reviews that Resource Family Specialists were not required to complete the aforementioned trainings due to not providing services directly to foster children and approved resource families. Adoption Social Worker has been on unexpected medical leave since November 2023 and unfortunately did not complete the annual trainings prior.

**2. Corrective Action Taken.**

Agency will ensure that all staff, regardless of role, complete the annual trainings mentioned in this section.

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

Agency logs and maintains all trainings in TalentLMS system. Annual trainings will be assigned to all staff and reminders to complete will be set to annually. Supervisors also receive notifications, in which they will follow up with staff during individual and group supervisions.