



County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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March 7, 2025

To: Supervisor Kathryn Barger, Chair  
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From: Brandon T. Nichols  
Director

**ASPIRANET  
INTENSIVE SERVICES FOSTER CARE FOSTER FAMILY AGENCY  
FOR CHILDREN WITH SERIOUS EMOTIONAL BEHAVIORAL NEEDS  
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 Aspiranet, Intensive Services Foster Care (ISFC) Foster Family Agency (FFA) for Children with Serious Emotional Behavioral Needs (SEBN), (the Contractor) in July 2024. The Contractor has one office located in the Fourth Supervisorial District. The office provides services to the County of Los Angeles DCFS placed children and Non-Minor Dependents (NMDs), Probation foster youth and NMDs, and children and NMDs placed by other counties.

**Key Outcomes**

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 8
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 Plan; Safety; Permanency; Support Services; Personal Rights and Social/Emotional Well-Being; Discharge Planning; and Personnel Files.

The Contractor was in full compliance with 5 of 11 applicable areas of the CCD's Contract Compliance Review: Safety; Permanency; Support Services; Personal Rights and Social/Emotional Well-Being; and Discharge Planning.

For the purpose of this review, one DCFS placed youth (age 17) was selected for the sample. The CCD reviewed the files of the selected youth and virtually interviewed the youth to assess the level of care and services received. The youth was virtually observed to be clean and well-groomed. The agency did not discharge any children during the review period; as such, there were no discharged files to review to assess the Contractor's compliance with permanency efforts.

The CCD reviewed one RFH's files and one staff file 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 RFH.

The CCD noted findings in the areas of:

***Priority 1***

- Facility and Environment (1 Finding)
  - The common quarters of the ISFC-FFA home did not meet required health and safety standards, as the knives and sharp objects were not safely stored and locked and the disinfectants and cleaning solutions were accessible to the placed youth.

***Priority 2***

- General Contract Requirements (2 Findings)
  - The RFH did not conduct disaster drills at least every 6 months.

- Serious Incident Reports for one child were not properly cross-reported in the iTrack system.
- RFH Requirements (2 Findings)
  - The Resource Family Parent did not complete the comprehensive trauma-informed training or the 24 hours of ongoing training.
  - The agency did not provide TB clearance for a Resource Family Parent.
- Engagement and Teamwork (1 Finding)
  - Child and Family Team meetings were not held at least once a month or more frequently if needed.
- Needs and Services Plan (2 Findings)
  - Individualized Needs and Services Plans (NSPs) were not comprehensive, complete and in compliance with all requirements; the need for on-going ISFC-FFA services was not documented.
  - The agency did not ensure any respite care was established, maintained and documented in the NSP or in the RFH records.
- Personnel Files (1 Finding)
  - One staff criminal record statement was not signed prior to their start date.

On September 26, 2024, the Children Services Administrator teams from DCFS' CCD and Bureau of Clinical Resources and Services 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.

Each Supervisor  
March 7, 2025  
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BTN:CMM  
RW:DF:lf

#### Attachments

c: Fesia Davenport, Chief Executive Officer  
Oscar Valdez, Auditor-Controller  
Guillermo Viera Rosa, Chief Probation Officer  
Public Information Office  
Audit Committee  
Vernon Brown, Chief Executive Officer, Aspiranet  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Celeste M. Fitchett, MSW, Bureau Chief, CDSS Fiscal and Performance Audits

December 19, 2024

Dear Ms. Foster,

Per the contract compliance exit summary review that occurred on September 26, 2024, regarding Aspiranet's FFA ISFC Contract Compliance Review, the following Corrective Action Plan is being submitted for your approval.

**Section I. General Contract Requirements**

**Finding (4)- The FFA ISFC resource family did not conduct disaster drills in the home at least every 6 months**

**1. Explain the Cause.**

FFA social worker did not follow protocol to ensure resource parents completed disaster drill at least once every six months.

**2. Corrective Action Taken.**

FFA Administrator retrained and reminded FFA social workers on 11/5/24 of requirement to follow current protocol for disaster drills to be completed every 6 months in the ISFC family home in the months of November and May.

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

FFA Administrator will review in November and May current document requiring date of disaster drill and RP signature on form confirming completion of disaster drill every 6 months in November and May.

**Finding (8)- All required parties were not notified of a threat or serious incident including the DCFS CSW, OHCMD, and County ISFC Unit, within 24 hours and in accordance with SIR guidelines.**

**1. Explain the Cause.**

FFA social worker failed to cross report each SIR for ISFC placed youth to all reporting parties, including DCFS CSW, Out of Home Care and County ISFC unit.

**2. Corrective Action Taken.**

FFA Administrator trained FFA social workers on 11/5/24 regarding the requirements for cross reporting all SIR's, including DCFS Social Worker, OHCMD, and County ISFC unit for ISFC placed youth.

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

Effective 12/1/24 FFA Administrator will review SIRs for approval prior to submission, and confirm all proper identified parties are cross reported, including DCFS CSW, OHCMD, and County ISFC unit.

**Counties Served**

Alameda  
Calaveras  
Contra Costa  
Fresno  
Imperial  
Kern  
Kings  
Los Angeles  
Madera  
Mariposa  
Merced  
Monterey  
Orange  
Placer  
Riverside  
Sacramento  
San Benito  
San Bernardino  
San Francisco  
San Joaquin  
San Luis Obispo  
San Mateo  
Santa Barbara  
Santa Clara  
Santa Cruz  
Solano  
Stanislaus  
Sutter  
Tulare  
Ventura  
Yolo

## **Section II. Resource Family Home Requirements**

### **Findings (12)- ISFC Resource Parent did not complete all required training.**

(12b) ISFC RFP did not complete annual trauma-informed training.

(12g) ISFC RFP did not complete the required 24 hours of ongoing training within 12 months of the first ISFC placement.

#### **1. Explain the Cause.**

(12b) The Resource Parent completed trauma-informed training in 2021, however FFA social worker failed to notify Resource Parent of requirement to complete annual trauma informed training per LA County ISFC Contract.

(12g) FFA social worker failed to notify resource parent of required 24 hours of training to be completed during the first year of ISFC placement.

#### **2. Corrective Action Taken.**

FFA Administrator trained FFA social workers on 11/5/24 regarding the following requirements:

- Comprehensive annual trauma informed training to be completed by Resource Parents as required per LA County contracts.
- ISFC training requirements including 24 hours during the first year of ISFC placement and 12 hours every year thereafter.
- FFA Administrator and FFA social workers will utilize and review monthly existing database reports to track accrual of required resource parent annual training hours.

FFA Administrator to notified ISFC resource parent to complete an annual trauma informed training. ISFC resource parent completed the training on 12/10/24. See attached certificate of completion.

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

By 12/1/24, FFA Administrator and FFA social workers to use existing Agency developed internal database reports to track resource parent annual training hour requirements. FFA Administrator to review database reports with FFA social worker staff on monthly basis to track status of resource parent annual training hours accrual, including annual trauma informed training. FFA Social worker to inform resource parents of their training hours status at least monthly during scheduled home visits and document in notes.

**Finding (14)- ISFC RFP's did not have documented TB clearance form.**

**1. Explain the cause.**

FFA social work staff failed to obtain resource parent TB clearance per LA County DCFS Contract prior to resource family approval.

**2. Corrective Action.**

FFA Administrator directed FFA social workers and case managers to verify that all Resource Families have completed TB screening on file and those without a TB screening are to obtain by 11/30/24 for submission to Aspiranet. FFA Administrator notified FFA social workers on 11/5/24 during training of TB screening requirement prior to RFH approval per LA County DCFS Contract. Documentation of TB Screening for ISFC resource parent attached.

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

Effective 12/1/24, FFA Administrator will review applicant resource parent files using resource family file checklist (see attached) which includes TB screening, to ensure resource parent TB screening is completed prior to approval as required per LA County DCFS Contract.

**Section III. Facility & Environment**

**Finding (18i & 18k) - The common quarters of the ISFC home did not meet all required health and safety standards.**

**1. Explain the cause.**

(18i & 18k): Resource Parent and FFA social worker failed to follow protocol to ensure knives and cleaning solutions were securely stored and locked per requirement of LA County contract.

**2. Corrective Action:**

FFA Administrator directed ISFC Resource Parent to obtain lock for kitchen cabinet to securely store knives and cleaning products. Social worker confirmed lock was installed and inspected cabinet to verify that knives and cleaning products were stored in locked cabinet on 10/17/24. See attached email submitted to County dated 10/17/24 with photo confirmation of locked cabinet.

On 11/5/24, during training with FFA Social Workers, FFA Administrator reviewed the necessity to observe resource family homes during regularly scheduled home visits and to immediately address any safety and compliance concerns, including locked storage of knives and cleaning products. FFA Social Workers were reminded to notify FFA Administrator of any safety and/or compliance concerns observed during home visits.

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

Effective 12/1/24, during weekly supervision between FFA Social Worker and FFA Administrator any safety and compliance concerns will be discussed and documented in supervision notes, including specific safety/compliance concern and date for compliance. It will also be discussed that during regularly scheduled home visits, social workers are to observe home environment for safety and compliance including locked storage for knives and cleaning supplies.

**Section IV: Engagement and Teamwork**

**Finding (22b)- The Child and Family Team Meetings did not take place a minimum of once per month as required.**

**1. Explain the cause.**

Due to FFA social worker failure to follow protocol, CFT meetings did not occur consistently at least once a month or more frequently as needed per month for ISFC placed youth, as required by the LA County contract.

**2. Corrective Action:**

FFA Administrator provided training to FFA social workers on 11/5/24 to engage and team with DCFS CSW to facilitate CFT meetings. FFA social workers were also reminded of requirement that a qualified CFT facilitator is to conduct ISFC CFT meetings. The FFA Social Worker will document efforts to obtain CFT information and efforts to collaborate and participate in child's CFT meetings at least once a month or more frequently, if needed.

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

Effective 12/1/24, FFA Administrator will discuss upcoming CFT meetings during weekly staff meeting and document CFT meeting dates in staff meeting minutes to ensure monthly ISFC CFT meetings are occurring a minimum of once per month or more frequently, as needed. FFA Administrator will review monthly CFT meeting minutes to confirm completion of CFT meetings.



## **Section V: Needs and Services Plans**

### **Findings:**

**(24a): Individualized NSPs were not comprehensive, complete, and in compliance with all requirements including being timely, trauma informed, culturally relevant, and age and developmentally appropriate.**

**(24c) FFA did not document need for ongoing ISFC services in NSP.**

#### **1. Explain the cause.**

(24a) FFA social worker failed to complete accurate and comprehensive NSPs, including lack of documentation of concurrent case plan, dates of all family visits, inaccurate SIR information, and as well as failure to update information under Medical/Physical/Dental, Behavioral /Mental Health, Education and Extracurricular and Life Skills, and psychotropic medication status.

24(c) FFA social worker failed to document in NSP's the reason for ongoing ISFC services.

#### **2. Corrective Action:**

On 11/5/24, FFA Administrator provided training to FFA social workers with review of NSP requirements, including documentation of:

- Concurrent case plan
- Family visitation dates
- Accurate information related to SIR's
- Current medication information
- Updated and current information in all applicable areas to child Med/Phys/Dental, Behavioral/Mental Health, etc.
- Reason for continued ISFC services
- Social workers were informed quarterly NSP updates should provide current and accurate status of child in all applicable areas for the period being reviewed.

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

Effective 11/5/24, FFA Administrator will review all NSPs for completion and compliance including that NSP's are comprehensive, accurate and up to date (and address need for continued ISFC services) prior to approval and signing in the PMIS.

### **Finding (27a)- The respite plan was not documented in NSP or case file**

#### **1. Explain the cause.**

FFA social worker failed to develop and document ISFC respite plan in NSP or case file.

#### **2. Corrective Action:**

FFA Administrator provided FFA social workers with review of NSP requirements during training on 11/5/24 including the requirement to ensure the development and documentation of ISFC respite plan either in NSP or in case notes maintained in the file.

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

As currently required, FFA Administrator will review NSPs for completion and compliance with all NSP requirements, including documentation of developed ISFC respite plan prior to approval and signing on quarterly basis. Effective 12/1/24, FFA supervisor will discuss ISFC respite plan for ISFC resource families during regularly scheduled weekly supervision with FFA ISFC social worker and document in supervision notes.

**Section XI: Personnel Files**

**Finding (52a)- Criminal clearance requirements (DOJ, FBI, CACI) were not completed prior to start date.**

**1. Explain the cause.**

Aspiranet Human Resources failed to comply with requirement per LA County Contract to collect criminal record statement (LIC 508) for employees as requirement prior to hire.

**2. Corrective Action:**

On 10/25/24 FFA Administrator notified Aspiranet Human Resources via email of requirement to comply with obtaining LIC 508 per LA County Contract for all new hires working under contract effective 11/1/24 (Email attached). LIC 508 for reviewed staff emailed to County Compliance 10/2/24 (Email attached).

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

Effective 11/1/24 Aspiranet Human Resources added LIC 508 to employee applicant checklist for completion prior to hire for staff under the LA County Contract.

Please contact me with questions or if further information is needed.

Sincerely,

Lynn Noble  
Associate Division Director  
Aspiranet