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## County of Los Angeles

### DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 15, 2025

To: Supervisor Kathryn Barger, Chair  
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Supervisor Janice Hahn

From: Brandon T. Nichols  
Director

#### THE ROAD AHEAD FAMILY SERVICES 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 The Road Ahead Family Services Foster Family Agency (the Contractor) in March 2025. The Contractor has one office located in the Third Supervisorial District. The office provides 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 1
PRIORITY 2 21
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 (NSPs); 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 5 of 11 applicable areas of the CCD's Contract Compliance Review: RFH Requirements; Facility and Environment; Permanency and Transition Services; 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. The CCD 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 1 and 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.

The CCD reviewed two RFH files and three staff files for compliance with Title 22 Regulations and County contract requirements. The CCD also conducted telephonic interviews with staff and the 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.

The CCD noted findings in the areas of:

***Priority 1***

- General Contract Requirements (1 Finding)
  - One child's Special Incident Report was not properly cross reported in the iTrack system.

***Priority 2***

- General Contract Requirements (2 Findings)
  - Special Incident Reports for two children were not properly documented in the NSPs.
- Engagement and Teamwork (8 Findings)
  - CFT team members and participants for four children were not identified and documented in the NSPs.

- The FFA did not document efforts to collaborate and participate in the CFT meetings for four children.
- NSPs (4 Findings)
  - NSPs for two children were not developed timely and missing the RFPs' signatures.
  - One child's NSP was not developed timely.
  - One child's NSP was missing the RFPs' signatures.
- Education and Independent Living Plan Services (3 Findings)
  - One child's report card and progress reports were not maintained in the child's file.
  - The FFA did not document efforts to maintain two children in their school of origin after placement.
- Health and Medical Needs (3 Findings)
  - The required initial dental examination for one child was not completed timely.
  - The required follow up medical examination for one child was not conducted timely.
  - The required follow up dental examination for one child was not conducted timely.
- Personnel Files (1 Finding)
  - One employee did not sign a criminal record statement prior to or on hire date.

On May 28, 2025, 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.

While the Contractor's representatives agreed with the review findings and recommendations, the FFA ceased operations on May 28, 2025, and submitted the attached Corrective Action Plan. DCFS terminated the FFA contract effective June 30, 2025.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 371-6052.

BTN:JF:CMM

RW:DF:sl

Attachments

- c: Fesia Davenport, Chief Executive Officer  
Oscar Valdez, Auditor-Controller  
Guillermo Viera Rosa, Chief Probation Officer  
Public Information Office  
Audit Committee  
Carla Franco, Executive Director, The Road Ahead Family Services FFA  
Kellee Coleman, Assistant Program Administrator, Southern Region (LA)  
Bernice Karnsrithong, 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



## **Corrective Action Plan (CAP)**

**Agency: The Road Ahead Family Services**

**Exit Date: 05/28/2025**

**CAP Due Date: 06/27/2025**

**Note: The agency officially closed on 05/28/2025 and all homes have ported out.**

**Submitted By: Carla Franco, Administrator**

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**Phone: 818-745-2515**

### **1a. Special Incident Reports (SIRs) Documented in Needs and Services Plans (NSPs)**

#### **Cause:**

Staff received inconsistent training regarding the integration of SIRs into NSPs, leading to inconsistent documentation and cross-referencing of incident data.

#### **Corrective Action Taken:**

Prior to closure, staff were reminded of the appropriate protocol for documenting SIRs in NSPs to ensure alignment with agency standards.

#### **Quality Assurance Plan:**

The FFA officially closed on 05/28/2025. Although no ongoing QA is required, closure reviews confirmed that corrective action was implemented before termination of services.

### **1b. Special Incident Reports Cross-Reported in I-Track**

#### **Cause:**

Staff mistakenly did not cross report on two instances and these were addressed with follow up emails to the party that was not included immediately.

#### **Corrective Action Taken:**

Supervisors conducted targeted reminders and file reviews to ensure all final SIRs were properly cross-reported in I-Track prior to program closure.

#### **Quality Assurance Plan:**

With the closure of the FFA as of 05/28/2025, no QA follow-up is needed. Compliance was reviewed as part of the agency's final audit.

### **20. CFT Team Members Identified in the NSP**

#### **Cause:**

FCSW did not consistently document the effort to participate in CFTs.

#### **Corrective Action Taken:**

Staff made documented efforts to obtain missing CFT member details and updated NSPs accordingly prior to case closure.





**Quality Assurance Plan:**

As of the program closure on 05/28/2025, no QA plan is required. Efforts to collect and document this information were completed before transition.

**21. Participation in Child and Family Team (CFT) Meetings**

**Cause:**

CFT involvement by FCSW was inconsistently documented due to unclear and insufficient follow-up with placing agencies.

**Corrective Action Taken:**

Staff made final efforts to collect CFT meeting notes and document participation. Relevant notes were included in case files prior to transfer.

**Quality Assurance Plan:**

With closure effective 05/28/2025, no QA plan remains in place. All known documentation was compiled and finalized before agency closure.

**23a. Timely Development of Needs and Services Plans (NSPs)**

**Cause:**

Delays in timely development were linked to change in staff and training.

**Corrective Action Taken:**

Staff worked to complete all outstanding NSPs prior to closure and utilized a shared tracking system to monitor completion.

**Quality Assurance Plan:**

Following closure on 05/28/2025, no QA procedures are necessary. Final documentation was reviewed during closure audits.

**23e. NSPs Signed by Resource Family Parents (RFPs)**

**Cause:**

Signatures were missed due to staff oversight and lack of enforcement regarding electronic signature timelines.

**Corrective Action Taken:**

Before closure, staff used a centralized system to obtain and track all pending RFP signatures on NSPs.

**Quality Assurance Plan:**

No ongoing QA is required post-closure. Final files were reviewed and updated as part of the 05/28/2025 audit process.

**37. Report Cards and Progress Reports Maintained in Files**





**Cause:**

Educational documents were delayed or not submitted by caregivers or schools, and staff follow-up was inconsistent due to lack of clarity in the missing documents being for a NMD and her rights to privacy.

**Corrective Action Taken:**

Before closure, staff reached out to schools and caregivers to retrieve missing records and documented efforts where records remained unavailable.

**Quality Assurance Plan:**

As of the agency's closure on 05/28/2025, no future QA is applicable. Final case files were reviewed for completeness prior to transfer.

**39. Efforts to Maintain Children in School of Origin**

**Cause:**

In some cases, staff did not consistently document school stability considerations due to unclear guidance in the case of the children being replaced into a different home environment for adoptive placement.

**Corrective Action Taken:**

Staff reviewed placement files and added notes reflecting school-of-origin efforts or justifications for school changes.

**Quality Assurance Plan:**

With program closure on 05/28/2025, a formal QA plan is not in place. Final documentation included a review of educational stability notes.

**41. Timely Initial Medical Examinations**

**Cause:**

Initial medical appointments were occasionally delayed due to scheduling issues with RFPs or lack of timely notification from placement agencies.

**Corrective Action Taken:**

Prior to closure, efforts were made to verify completion of initial medicals and update case files with documentation or explanatory notes.

**Quality Assurance Plan:**

No ongoing QA is required. Case files were audited for medical compliance before the 05/28/2025 closure.

**43. Timely Follow-Up Medical Examinations**

**Cause:**

Follow-up appointments were not always tracked or uploaded in a timely manner due to lapses in staff oversight.





**Corrective Action Taken:**

Staff contacted RFPs to collect outstanding medical documentation and updated medical logs where records were received.

**Quality Assurance Plan:**

With program closure on 05/28/2025, no further QA is planned. Files were updated to reflect available follow-up information.

**44. Timely Follow-Up Dental Examinations**

**Cause:**

As with medical follow-ups, dental follow-up documentation was inconsistently maintained due to tracking issues.

**Corrective Action Taken:**

RFPs were contacted for outstanding dental documents, and updates were made to logs where applicable.

**Quality Assurance Plan:**

No further QA will occur after the 05/28/2025 closure. Dental follow-up records were addressed during final file reviews.

**73a. Criminal Record Statements (LIC 508) Signed Prior to or On Hire Date**

**Cause:**

An administrative oversight during onboarding resulted in a late-dated LIC 508 for one employee. This was a mistaken typo by the employee and not noticed by administration during review.

**Corrective Action Taken:**

HR corrected the discrepancy and ensured the correct form was signed and uploaded before the agency's closure.

**Quality Assurance Plan:**

Post-closure QA is not required. All personnel files were finalized and audited for accuracy by 05/28/2025.

Thank you so much for your support during the last 14 years. It is my most sincere hope that with this last revision we are able to close out this audit.

