County of Los Angeles

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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October 28, 2026

To: Supervisor Hilda L. Solis, Chair
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Supervisor Janice Hahn
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From: Lisa E. Mandel for
Interim Director

CHILDHELP FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW REPORT

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted a virtual Contract Compliance Review of the Childhelp Foster Family Agency (FFA) in June 2026. The Contractor has one site located in Los Angeles (LA) County. The site provides services to the LA County DCFS placed children, Probation foster youth, and Non-Minor Dependents and children placed by other counties.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 3
PRIORITY 2 35
PRIORITY 3 0

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 3 of 11 applicable areas of CCD's Contract Compliance Review: RFH Requirements; Permanency and Transition Services; Personal Rights and Social/Emotional 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 children and interviewed three children to assess the level of care and services they received. Three children (ages 10 months, 1 year old and 3 year old) were too young to be interviewed and were virtually observed to be clean and well-groomed. An additional four discharged children and youth files were reviewed to assess the Contractor's compliance with permanency efforts. The CCD reviewed four RFH files and three staff files for compliance with Title 22 Regulations and County contracting requirements. The CCD also conducted virtual interviews with staff and Resource Family Parents (RFP). To assess the quality of care and supervision provided to the placed children and foster youth. DCFS also conducted virtual site visits of the RFHs.

The CCD noted findings in the following areas:

Priority 1

- General Contract Requirement (3 Findings)
    - Special Incident Reports for three children were not properly cross-reported in the I-Track system and not documented in the NSPs.

Priority 2

- General Contract Requirements (3 Findings)
    - The Contractor did not ensure disaster drills were conducted and documented in three RFPs case files.

- Facility and Environment (1 Finding)
    - Vehicle used to transport children was not well maintained; vehicle did not have the current registration for one RFH.

- Engagement and Teamwork (3 Findings)
    - Child and Family Team (CFT) members/participants were not identified and documented in one youth NSP and the Contractor did not document efforts to obtain the information.
    - The Contractor did not document efforts to collaborate and participate in one youth CFT meetings or obtained copies of the CFT meeting notes.
    - NSPs for one youth were not in alignment with services as identified in the CFT notes.

- Education and Independent Living Plan Services (2 Findings)
    - The Contractor did not document its efforts to maintain two children in their school of origin after placement.

- Needs and Services Plans (6 Findings)
    - The NSPs for one child were not completed comprehensively and accurately.
    - The NSPs for three children were not developed timely, comprehensively and accurately.
    - The NSPs for one child were not developed timely, comprehensively and accurately and did not include Concurrent Plan goal.
    - The NSPs for one child were not developed timely, comprehensively and accurately, and signed by RFPs and the Contractor.

- Health and Medical Needs (11 Findings)
    - The initial medical examinations for two children were not conducted timely.
    - The initial dental examination for one child was not conducted timely.
    - Required follow-up medical examinations were not conducted on time for six children.
    - The court approved psychotropic medication authorizations for two children were not in file.

- Personal Needs/Survival and Economic Well-Being (1 Finding)
    - One youth reported not receiving the minimum weekly allowances.

- Personnel Files (8 Findings)
    - One employee did not receive all required medical clearances within one year prior to hire date or within seven days after the hire date, the employee tuberculosis clearances were not given within one year prior to hire date or within seven days after the hire date.
    - One employee did not meet educational and/or experience requirements in accordance with the Contractor's program statement and Interim Licensing Standard requirements.
    - One employee did not complete the initial minimum one hour of Child Abuse Identification and Reporting, Reproductive and Sexual Health, and New hire orientation training.
    - One employee did not complete the initial Reproductive and Sexual Health training.
    - One employee did not complete the initial Reproductive and Sexual Health training and New Hire Orientation training.
    - One employee did not receive the annual on-going Reproductive and Sexual Health training.

- The Contractor did not ensure two employees administering the Naloxone Receive Opioid Overdose Prevention and Treatment training.

On August 5, 2026, the DCFS' CCD Children Services Administrator team 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.

LEM:RT
KR:DF:gt

Attachments

c: Joseph M. Nicchitta, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Lauren Anderson, Senior Program Officer, Childhelp FFA
Kellee Coleman, Assist Program Administrator, LA Region CCLD
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Jacqueline Juarez, Acting CDSS Bureau Chief Fiscal and Performance Audits

LOS ANGELES COUNTY

CHILDHELP, INC. (FFA)

Corrective Action Plan

2026

GENERAL CONTRACT REQUIREMENTS

5. The FFA ensured disaster drills were conducted and documented in the RFPs case files, occurring at a minimum of every six (6) months. [Title 22, Section 80023(d) ILS Section 88487.5 (c)]

Facility
Site 1928
Site 1929
Site 1930

1. Explain the Cause.

The Resource Parent failed to conduct the required disaster drill at the six-month interval, and the Foster Care Coordinator failed to check the Extended Reach system to confirm the Resource Parent had completed and logged the drill.

2. Corrective Action Taken.

Resource Parents were trained on completing disaster drills in Extended Reach, the agency's electronic record system, on August 20, 2026. Foster Care Coordinators were trained on checking Extended Reach and reminding families going forward, on August 28, 2026. (See attached sign-in sheets and training agendas.)

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

The Resource Parent is responsible for completing the disaster drill in Extended Reach; the Foster Care Coordinator reviews and approves the drill entry once the Resource Parent has completed it. The Supervisor will review disaster drills monthly and cross-check entries to confirm drills are being completed and reviewed.

1. Special Incident Reports are properly documented.

1a. In the Needs and Services Plans (NSPs) [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 1928

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.

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1. Explain the Cause.

This is a repeat finding from the prior year's Corrective Action Plan; last year's corrective action relied primarily on staff training without a standardized, mandatory checklist or a clearly designated point of accountability, and a Supervisor transition during the review period contributed to inconsistent oversight. Foster Care Coordinator failed to follow protocol by not documenting the Special Incident Report in the Needs and Services Plan, and the Supervisor failed to review the NSP to confirm the SIR was reported, consistent with the root cause described above.

2. Corrective Action Taken.

All agency staff were trained on proper NSP documentation requirements on August 28, 2026. The agency created a new SIR/NSP Checklist that maps each checklist item to a specific documentation requirement, including SIR reporting in the NSP, so staff verify every requirement individually rather than relying on training alone. The FFA Supervisor is designated as responsible for confirming the checklist is completed for every NSP. (See attached sign-in sheet, training agenda, and NSP/SIR Checklist.)

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

Foster Care Coordinators will cross-check the I-Track system and search for SIRs pertaining to their client each time they complete the NSP, to confirm all Special Incident Reports have been properly documented. Foster Care Coordinators and the Supervisor will also review the NSP/SIR Checklist during weekly supervision, prior to the NSP due date, to confirm SIRs are documented in the NSP before approval. This item is added to the Chart Audit Review Form, completed quarterly. The FFA Supervisor is responsible for ensuring the checklist is completed for every NSP submitted, providing a line of accountability that continues regardless of future staff turnover.

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 1930

1. Explain the Cause.

The Family Developer — the staff role responsible for onboarding resource families and maintaining their compliance records, including vehicle registration — failed to track the vehicle registration renewal date for a vehicle used to transport children, resulting in a lapse in current registration. The agency also experienced a system glitch in Extended Reach that prevented the expected notification that the registration had expired. In addition, the Resource Parent failed to provide the agency with the updated registration, and the Foster Care Coordinator failed to check whether the registration had expired

2. Corrective Action Taken.

Vehicle registration was renewed and brought current. The agency created a Vehicle Compliance Tracking Log to monitor registration, insurance, and inspection due dates for all vehicles used to transport children, and created a combined SIR/NSP Checklist. Foster Care Coordinators use a Home Visit Checklist during home visits, which include a vehicle check: the coordinator asks the resource parent about any vehicle used to transport the child, visually inspects the current registration tag, and confirms proof of insurance is available. (See attached updated registration, Vehicle Compliance Tracking Log, and Home Visit Checklist.)

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

The Family Developer and Foster Care Coordinator will review the Vehicle Compliance Tracking Log monthly to confirm registration remains current for all vehicles used to transport children. During home visits, Foster Care Coordinators will use the Home Visit Checklist, which includes verifying the vehicle's registration and insurance are current, and this item is added to the quarterly Chart Audit Review Form.

ENGAGEMENT AND TEAMWORK

20. The child's CFT team members/participants are identified and documented in the NSP OR the FFA has documented efforts to obtain the information SOW, Part C, Sections 14.0, 15.5, 19.2, 20.3

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1. Explain the Cause.

This is a repeat finding from the prior year's Corrective Action Plan involving identification of the child's CFT team members and participants; consistent with the root cause described above, the absence of a standardized checklist and the Supervisor transition contributed to this finding recurring from the prior year. Foster Care Coordinator failed to document all CFT team members/participants in the NSP or document efforts made to obtain that information. Child and Family Team (CFT) meetings are at times delayed due to the availability of the assigned county social worker, which has contributed to incomplete team member identification.

2. Corrective Action Taken.

All agency staff were trained on CFT documentation requirements, including documenting team members/participants and efforts to obtain that information, on August 28, 2026. A CFT Documentation Checklist was created with a specific field for team member identification. CFT requests are documented in writing by email rather than by phone or text, so that every request and response is captured in the record. (See attached sign-in sheet, training agenda, and CFT Documentation Checklist.)

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

Foster Care Coordinators will complete the CFT Documentation Checklist for each NSP, identifying all team members or documenting efforts to obtain that information. Foster Care Coordinators will send CFT participation requests by email on a defined cadence of every one to two weeks and will escalate to the Supervisor if a county social worker does not respond after two consecutive requests. The Supervisor will review compliance with this cadence during weekly supervision, and this item is added to the quarterly Chart Audit Review Form.

21. The FFA documented efforts to collaborate and participate in the child's CFT meetings OR the FFA obtained copies of the CFT meeting notes SOW, Part C, Sections 14.0

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1. Explain the Cause.

This is a repeat finding from the prior year's Corrective Action Plan; consistent with the root cause described above, the absence of a standardized checklist and the Supervisor transition contributed to this finding recurring from the prior year. Foster Care Coordinator failed to document efforts to collaborate in the child's CFT meetings and did not obtain copies of the CFT meeting notes. The agency did not make sufficient efforts to contact the assigned social worker.

2. Corrective Action Taken.

All agency staff were trained on the requirement to document CFT participation efforts and to request and obtain CFT meeting notes on August 28, 2026. The agency requests CFT meeting notes by email, with a documented request made at least once per quarter and additional follow-up requests as needed. If CFT meeting notes have not been received, the agency will send up to three documented email requests: the first two requests will be sent to the assigned Children's Social Worker (CSW), and the third request will be sent to both the CSW and the CSW's Supervisor. (See attached sign-in sheet and training agenda.)

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

Foster Care Coordinators will document all CFT participation efforts in progress notes, using email so every request is traceable, and will request CFT meeting notes following every CFT meeting, following the three-request escalation sequence described above. The Supervisor will verify this documentation during weekly supervision and the quarterly Chart Audit Review.

22. The child's NSPs are in alignment with services as identified in the CFT notes. [SOW, Part C, Sections 14.0, 19.1.2 and Master Contract, Exhibit A, Title 22, 80068.2; 80069.8(k), 88068.2; FFA ILS Chapter 8.8 Section 88289.1; SOW Part C, 14.0 (1-5), 15.1; 19.1.2; & 19.2; Foster Youth Rights Handbook pg.38]

Facility

Site 1929

1. Explain the Cause.

Foster Care Coordinator and Supervisor failed to follow protocol by not updating the Needs and Services Plan to reflect all the domains covered in the Child and Family Team meeting.

2. Corrective Action Taken.

All agency staff were trained on proper NSP documentation requirements on August 28, 2026. The NSP Checklist includes a specific item requiring the Foster Care Coordinator to confirm the NSP has been updated to reflect every domain addressed in the most recent CFT meeting notes. (See attached sign-in sheet, training agenda, and NSP Checklist.)

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

Foster Care Coordinators and the Supervisor will review the NSP Checklist during weekly supervision, prior to the NSP due date, to confirm the NSP is in alignment with CFT meeting notes before Supervisor approval. This item is added to the quarterly Chart Audit Review Form, and the Supervisor is responsible for ensuring the checklist is completed for every NSP submitted.

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.]

23a. Developed timely

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23b. Are comprehensive and accurate

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23c. Included Case Plans and Concurrent Case Plan

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

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23f. Signed by FFA staff

Facility
Site 1930

1. Explain the Cause.

23a. This finding recurred from the prior year's Corrective Action Plan; in addition to the Supervisor transition described above, the agency experienced staff turnover during the review period — outgoing staff did not complete some NSPs before departing, and incoming staff were unable to complete those outstanding NSPs within the required timeframe. Foster Care Coordinator did not complete the NSP within the required timeframe due to competing caseload demands during this period of staff turnover. 23b. Foster Care Coordinator and Supervisor did not consistently follow protocol to ensure NSPs were comprehensive, accurate, and current, including that current case plans and concurrent case plans were reflected in the Needs and Services Plan. 23c. Foster Care Coordinator and Supervisor failed to follow protocol by not updating the Needs and Services Plan to reflect the current case plan and concurrent case plan. 23e. Foster Care Coordinator did not obtain the Resource Family Parent's signature on the completed NSP prior to filing. In some instances, Resource Family Parents did not have access to the electronic equipment needed to sign electronically, and some Resource Family Parents did not fully understand the electronic signature process. 23f.Foster Care Coordinator did not sign the completed NSP prior to filing.

2. Corrective Action Taken.

23a. All agency staff were trained on NSP due-date requirements on August 28, 2026. The agency's Extended Reach system tracks and displays NSP due dates for each case; Foster Care Coordinators monitor these due dates in Extended Reach, and timeliness is now one of the items confirmed on the comprehensive NSP Checklist described above. (See attached sign-in sheet and training agenda.) 23b. All agency staff were trained on proper NSP documentation requirements, including ensuring NSPs are comprehensive and accurate, on August 28, 2026. The comprehensive NSP Checklist described above gives Foster Care Coordinators and the Supervisor one consistent tool to confirm every requirement for every NSP submitted, not only the specific items cited in a given review. (See attached sign-in sheet, training agenda, and NSP Checklist.) 23c. This requirement is addressed through the same comprehensive NSP Checklist described in 23a-23b above, which includes a specific item confirming the case plan and concurrent case plan are documented in the NSP. All agency staff

received this training on August 28, 2026. (See attached sign-in sheet, training agenda, and NSP Checklist.) 23e. The Resource Family Parent's signature was obtained on the NSP. Resource Family Parents were trained on the electronic signature process. Foster Care Coordinators will now be present with the family when the NSP is ready for signature so the Resource Family Parent can sign on the Foster Care Coordinator's laptop, avoiding equipment or access issues. The NSP Checklist now includes a specific line item requiring the Foster Care Coordinator to confirm the RFP (and parent, if applicable) signature is on file before the NSP is considered complete. All agency staff were trained on this requirement on August 28, 2026. (See attached signed NSP, sign-in sheet, and training agenda.) 23f. The NSP was signed by the appropriate FFA staff. The NSP Checklist now includes a specific line item requiring confirmation of the FFA staff signature before the NSP is considered complete. All agency staff were trained on this requirement on August 28, 2026. (See attached signed NSP, sign-in sheet, and training agenda.)

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

23a. Foster Care Coordinators will monitor NSP due dates in Extended Reach weekly. The Supervisor will review these due dates during weekly supervision to ensure NSPs are completed on time, and this item is added to the quarterly Chart Audit Review Form. 23b. Foster Care Coordinators and the Supervisor will review the NSP Checklist during weekly supervision, prior to the NSP due date, to confirm every NSP is comprehensive and accurate before Supervisor approval. This item is added to the quarterly Chart Audit Review Form, and the Supervisor is responsible for ensuring the checklist is completed for every NSP submitted. 23c. Foster Care Coordinators and the Supervisor will confirm this checklist item during weekly supervision prior to the NSP due date, and it is included in the quarterly Chart Audit Review Form. 23e. Foster Care Coordinators will confirm the RFP (and parent, if applicable) signature is obtained, using the NSP Checklist, before submitting the NSP for Supervisor approval. The Supervisor will verify the signature is present during weekly supervision and the quarterly Chart Audit Review. 23f. The Supervisor will verify the FFA staff signature is present on every NSP, using the NSP Checklist, before final approval, and this item is added to the quarterly Chart Audit Review Form.

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; EDC Section 48853.5(f)(1)(4)(5)(b)(7); WIC Section 16001.9 (27);Foster Care Rights Youth Handbook pg. 27]

Facility
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Site 1927

1. Explain the Cause.

The Foster Care Coordinator failed to document the agency's efforts to maintain the child in their school of origin following placement. The agency's standard practice is for the Intake Coordinator to use a standard intake document to obtain school-of-origin information directly from the assigned social worker at the time of placement; in this instance, that information was not carried forward into the child's documented file, an isolated gap linked to the Supervisor transition described above rather than a breakdown in the underlying intake protocol.

2. Corrective Action Taken.

All agency staff were trained on school-of-origin documentation requirements on August 28, 2026, including documenting best-interest determinations and the specific efforts made to maintain the child's school placement. The agency created a standard Intake Document that specifically asks about the child's school of origin, for the Intake Coordinator to complete with the assigned social worker at the time of placement, and Foster Care Coordinators are responsible for confirming that information is carried into the NSP. (See attached sign-in sheet, training agenda, and Intake Document.)

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

Foster Care Coordinators will document school-of-origin efforts and determinations in the NSP and progress notes for every applicable placement, drawing on the information the Intake Coordinator obtains at placement. The Supervisor will review this documentation during weekly supervision and the quarterly Chart Audit Review to confirm the intake protocol is followed consistently.

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
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1. Explain the Cause.

Resource Parents, who are responsible for scheduling the child's initial medical examination, did not schedule the exam within the required timeframe following placement, and Foster Care Coordinators did not identify and follow up on the missed deadline in time to prevent the finding.

2. Corrective Action Taken.

Initial medical examinations were completed for the selected children. Resource Parents were retrained on their responsibility to schedule initial medical examinations within the required timeframe on August 20, 2026. All agency staff were retrained on initial medical exam timelines and the Foster Care Coordinator's follow-up role on August 28, 2026. The agency's Extended Reach electronic record system notifies staff when medical appointments are due; Foster Care Coordinators are responsible for reminding Resource Parents when a notification is received, and this expectation is now also addressed at intake to increase accountability from the start of placement. (See attached exam documentation, sign-in sheet, and training agenda.)

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

Foster Care Coordinators will monitor Extended Reach notifications for upcoming and due medical appointments and will follow up with the Resource Parent to confirm the appointment is scheduled and completed. The Supervisor will review this weekly during supervision, and this item is added to the quarterly Chart Audit Review Form.

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

Facility
Site 1928

1. Explain the Cause.

Resource Parents, who are responsible for scheduling the child's initial dental examination, did not schedule the exam within the required timeframe following placement, and Foster Care Coordinators did not identify and follow up on the missed deadline in time to prevent the finding.

2. Corrective Action Taken.

The initial dental examination was completed for the selected child. Resource Parents were retrained on their responsibility to schedule initial dental examinations within the required timeframe on August 20, 2026. All agency staff were retrained on initial dental exam timelines and the Foster Care Coordinator's follow-up role on August 28, 2026. As with medical appointments, Extended Reach notifies staff when dental appointments are due, and this is now also addressed at intake to increase accountability. (See attached exam documentation, sign-in sheet, and training agenda.)

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

Foster Care Coordinators will monitor Extended Reach notifications for dental appointment due dates and follow up with the Resource Parent to confirm the appointment is scheduled and completed. The Supervisor will review this weekly, and this item is added to the quarterly Chart Audit Review Form.

43. Required follow-up medical examinations were conducted on time (Contract, Section 19.0, SOW Part C, Sections 15.3.9)

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1. Explain the Cause.

Resource Parents and Foster Care Coordinators did not ensure required follow-up medical examinations were scheduled within the required timeframe.

2. Corrective Action Taken.

Follow-up medical examinations were completed for the selected children. Resource Parents were retrained on their scheduling responsibilities on August 20, 2026, and all agency staff were retrained on follow-up medical exam timelines and the Foster Care Coordinator's follow-up role on August 28, 2026. Extended Reach notifies staff when follow-up appointments are due. (See attached exam documentation, sign-in sheet, and training agenda.)

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

Foster Care Coordinators and the Supervisor will read the appointment documentation from each completed exam to identify any recommended follow-up appointments for the youth, and will track those follow-up due dates in Extended Reach. The Supervisor will review this weekly, and this item is added to the quarterly Chart Audit Review Form.

46. Current court-approved psychotropic medication authorizations are on file, or FFA has documented efforts (Contract, Sections 19.1, SOW Part C, Sections 15.1.1, ILS Sections 88487.16(g))

Facility
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Site 1929

1. Explain the Cause.

Foster Care Coordinator did not obtain or file the current court-approved psychotropic medication authorization for the selected child, and documented efforts to obtain the authorization were not recorded. As of this submission, the authorization has not yet been received from the assigned social worker despite the agency's request; the social worker has provided the JV-220 but has advised the agency by email that the JV-6017 was not submitted because it is outdated.

2. Corrective Action Taken.

The agency has followed up directly with the assigned social worker and, where an authorization has not been received, is escalating the request to the social worker's supervisor. The agency is again requesting the JV-223 from the social worker. All agency staff were trained on psychotropic medication authorization requirements and the need to document efforts to obtain authorizations on August 28, 2026. Once received, authorizations will be uploaded to PMIS and the attachment verified. (See attached authorizations obtained to date, sign-in sheet, and training agenda; outstanding authorizations will be submitted upon receipt.)

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

Foster Care Coordinators will verify current psychotropic medication authorizations are on file at each home visit and will document any outstanding efforts and escalations in the case file. Where an authorization remains outstanding, the Foster Care Coordinator will escalate to the social worker's supervisor and document the escalation. The Supervisor will review outstanding authorizations during weekly supervision and the quarterly Chart Audit Review, and will confirm each received authorization is uploaded to PMIS with the attachment verified.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

69. Children reported receiving all allowances

69a. Children reported receiving the minimum weekly allowances

Facility
Site 1927

1. Explain the Cause.

Foster Care Coordinator/Resource Family Parent did not ensure the child received the required minimum weekly allowance.

2. Corrective Action Taken.

The child was provided the required weekly allowance, and any back pay owed was addressed. The Resource Family Parent was retrained on allowance requirements in August 2026. The agency's standard process requires a weekly allowance log signed by both the youth and the Resource Parent, which the Foster Care Coordinator collects and saves to the case file, with secondary review and approval by the Program Supervisor. (See attached documentation and training sign-in sheet.)

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

Foster Care Coordinators will ask the youth about their allowance at every face-to-face visit and record the amount reported in progress notes, in addition to collecting the signed weekly allowance log. The Program Supervisor will provide secondary review and approval of each weekly log. For older youth, the agency is evaluating a supplemental verification option using electronic payment records (e.g., Cash App, Zelle, or Venmo screenshots) in addition to the signed log; this option will be discussed with the child's CFT to reach consensus before implementation and, if adopted, will be incorporated into the allowance checklist and a written policy addressing age eligibility, consent, data retention, and privacy. The Supervisor will review compliance during weekly supervision and the quarterly Chart Audit Review.

PERSONNEL FILES

74. Personnel received all required medical clearances

74a. Medical clearances within one (1) year prior to hire date or within seven (7) days of hire

Facility
Site 1927

74b. Tuberculosis clearances within one (1) year prior to hire date or within seven (7) days of hire

Facility
Site 1927

1. Explain the Cause.

74a. Human Resources did not obtain the employee's medical clearance within one year prior to hire date or within seven days of hire. 74b. Human Resources did not obtain the employee's tuberculosis clearance within one year prior to hire date or within seven days of hire.

2. Corrective Action Taken.

74a. and b. The employee's medical clearance and tuberculosis clearance were obtained and filed. The agency has implemented Paycom as its full-fledged Human Resources operating system, which tracks new-hire compliance requirements — including medical and TB clearances — and flags them prior to an employee's start date.

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

74 a. and b. Human Resources will use Paycom to track and confirm medical and TB clearance requirements are met for every new employee prior to their start date. The Supervisor/HR Manager will review Paycom compliance reports for each new hire, and this item is added to the quarterly Personnel File Audit.

75 Personnel meet employment requirements in accordance with the FFA's program statement and governing regulations. [EXHIBIT A SOW Part C, 17.0 & 17.6.1.6; ILS 88487(10) (B)]

75a. Personnel meet educational and/or experience requirements in accordance with the FFA's program statement and ILS requirements (ILS Sections 88264, 88265.2, 88265.3) (ILS Sections 88264, 88265.2, 88265.3)

Facility
Site 1929

1. Explain the Cause.

Human Resources did not verify the employee met the required educational and/or experience requirements prior to hire in accordance with the FFA's program statement and ILS requirements.

2. Corrective Action Taken.

The agency submitted a request to Community Care Licensing (CCL) for an exception for this employee and is awaiting CCL's determination. Human Resources has immediately revised the job description — which previously required a master's degree or equivalent years of experience — to address this going forward. (See attached CCL exception request.)

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

The Human Resources Manager will be responsible for ensuring this compliance requirement is adhered to, including applying the revised job description when verifying qualifications for every new hire going forward.

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

77a. Minimum of one (1) hour of Child Abuse Identification & Reporting training (SOW, Part B, Section 9.0, ILS Sections 88222.1(4), 88222(d)(7)(B)(3), 88264(g)(1)(B), 88265.2(c)(1), 88364(c), 88365.2(b), 88365.3(b))

Facility
Site 1928

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

Facility
Site 1927
Site 1929
Site 1928

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

Facility
Site 1929
Site 1928

1. Explain the Cause.

77a. Human Resources did not ensure the employee completed the required minimum of one hour of Child Abuse Identification & Reporting training as part of new-hire orientation. 77b. Human Resources did not ensure the employee completed required reproductive and sexual health training under Senate Bill 89 as part of new-hire orientation. 77c. Human Resources did not ensure the employee completed new hire orientation within the required timeframe.

2. Corrective Action Taken.

77a. The employee completed Child Abuse Identification & Reporting training. 77b. The employee completed reproductive and sexual health training. 77c. The employee completed new hire orientation. The agency has implemented Paycom as its full-fledged Human Resources operating system, which tracks required new-hire trainings — including Child Abuse Identification & Reporting, SB 89 reproductive and sexual health training, and new hire orientation — and flags incomplete items.

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

77a./b./c. Human Resources will use Paycom to confirm completion of Child Abuse Identification & Reporting training, reproductive and sexual health training, and new hire orientation for every new employee prior to their start date. This item is added to the quarterly Personnel File Audit.

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]

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

Facility
Site 1927

78f. FFA ensured staff administering naloxone receive opioid overdose prevention and treatment training, at a minimum, in accordance with PIN 23-11-CRP and Exhibit A-31. PIN 23-11-CRP and Exhibit A-31.

Facility
Site 1929
Site 1928

1. Explain the Cause.

78d. Human Resources did not ensure the employee completed the required annual reproductive and sexual health training under Senate Bill 89. 78f. Human Resources did not ensure staff administering naloxone completed the required opioid overdose prevention and treatment training.

2. Corrective Action Taken.

78d. The employee completed the annual reproductive and sexual health training. 78f. Staff administering naloxone completed opioid overdose prevention and treatment training. The agency has implemented Paycom as its full-fledged Human Resources operating system, which tracks annual training due dates — including SB 89 annual reproductive and sexual health training and naloxone/opioid overdose prevention training — and generates reminders as renewal dates approach.

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

78d./f. Human Resources will use Paycom to track annual reproductive and sexual health training and naloxone/opioid overdose prevention training due dates for all applicable staff. Supervisor/HR will review Paycom compliance reports quarterly to ensure ongoing compliance.