County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 12, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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From: Philip L. Browning
Director

FLORENCE CRITTENTON SERVICES OF ORANGE COUNTY, INC., d.b.a. CRITTENTON SERVICES FOR CHILDREN AND FAMILIES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Florence Crittenton Services of Orange County Foster Family Agency (the FFA) in May 2013. The FFA is located in Orange County and provides services to County of Los Angeles DCFS foster children and youth. According to the FFA's program statement, its mission is "to provide trained foster parents who can offer a nurturing and protecting environment to children of both sexes from birth to 17 years of age."

At the time of the review, the FFA supervised six DCFS placed children in three certified foster homes. The placed children's average length of placement was 10 months, and their average age was 14.

SUMMARY

During OHCMD's review, the interviewed children generally reported: feeling safe at the FFA; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity. The certified foster parents reported they were supported by the FFA staff in their efforts to provide care, supervision and service delivery to the children placed in their homes.

The FFA was in full compliance with 7 of the 11 sections of our program compliance review: Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharge Children; and Personnel Records. The area of Psychotropic Medication was not applicable since there were no children taking psychotropic medication at the time of our review.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to Special Incident Reports (SIRs) not being cross-reported to OHCMD and a citation by Community Care Licensing (CCL) as a result of a deficiency finding during a CCL investigation of a complaint related to a certified foster parent failing to take a pregnant foster child to medical appointments; Building and Grounds violation, as there was no exception on file for foster youth to share a room with her non-dependent infant; Certified Foster Homes violation, related to one certified foster home not having a timely home study, as there was no documentation for one certified home that the FFA submitted an inquiry to the OHCMD monitor for historical abuse/neglect information prior to certification and for another certified foster home, as the foster parents had untimely health screenings; and Maintenance of Required Documentation and Service Delivery, related to initial Needs and Services Plan (NSP) and Quarterly Report not having been sent to the child's case-carrying CSW for approval, and one child was not visited weekly by the FFA Social Worker for two months, as per Contract requirements.

Attached are the details of our review.

REVIEW OF REPORT

On June 6, 2013, the DCFS OHCMD Monitor, Cori Shaffer, conducted an Exit Conference with the FFA representatives, Program Director/Administrator Ana Eykel, Supervising Social Worker, Colleen Velasco and Recruiter, Leticia Garza-Burden. The FFA's representatives: agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller and CCL.

The FFA provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD will confirm that these recommendations have been implemented during our next monitoring review.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:EM:KR
RDS:NF:cs

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Public Information Office
Audit Committee
Joyce Cappelle, Executive Director, Crittenton Family and Children Services FFA
Angelica Lopez, Acting Regional Manager, Community Care Licensing

FLORENCE CRITTENTON SERVICES OF ORANGE COUNTY, INC., d.b.a.
CRITTENTON SERVICES FOR CHILDREN AND FAMILIES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the May 2013 review. The purpose of this review was to assess Florence Crittenton Services for Children and Family Foster Family Agency's (the FFA's) compliance with the County contract and State regulations and included a review of the FFA's program statement, as well as administrative internal policies and procedures. The monitoring review covered the following 11 areas:

- Licensure/Contract Requirements,
- Certified Foster Homes,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For purposes of this review, four children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed three children, as one child was non-verbal. We observed the non-verbal child to be well-cared for in a safe, nurturing home environment. We reviewed all four children's case files to assess the care and services they received. Additionally, four discharged children's files were reviewed to assess the FFA's compliance with permanency efforts. At the time of the review, there were no placed children who were prescribed psychotropic medication.

OHCMD reviewed two certified foster parent files and two staff files were reviewed for compliance with Title 22 Regulations and County contract requirements. Interviews were conducted with two certified foster parents to assess the quality of care and supervision provided to children.

CONTRACTUAL COMPLIANCE

OHCMD found the following three areas to be out of compliance.

Licensure/Contract Requirements

- Two Special Incident Reports (SIRs) for one County of Los Angeles placed youth were reported to the Department of Children and Family Services (DCFS) case-carrying Children's Social Worker (CSW), but were not cross reported to OHCMD. During the exit review, OHCMD reviewed the SIR requirements with the FFA Program Director/Administrator and the

the FFA Supervising Social Worker who indicated that they will provide training on SIR reporting requirements to all of the FFA social work staff and will ensure thorough oversight will be provided by the administrative staff.

- Community Care Licensing (CCL) cited the FFA for two separate issues in one certified foster home. A complaint for general neglect was substantiated due to the foster mother failing to take a pregnant foster child to medical appointments. CCL requested and approved a Plan of Correction including a retraining with the certified foster parents on the needs of pregnant youth. A Buildings and Grounds violation was also cited when it was discovered that there was no exception on file for the foster youth and her non-dependent infant to share a room. Additionally, there was not enough storage in the bedroom for the foster children's belongings. The FFA provided verification to OHCMD that a Corrective Action Plan was completed and submitted to the Riverside County CCL analyst as the home was in Riverside County. The FFA provided verification that new dressers were purchased for the children and that appropriate sleeping arrangements have been made, which no longer require an exception. OHCMD verified with that a referral was generated and it was Evaluated Out by the DCFS regional operation and by the Out-of Home Care Investigations Section.

Recommendations

The FFA's management shall ensure that:

1. All SIRs are cross reported to the OHCMD monitor and documentation is maintained.

2. All certified foster homes are in compliance with Title 22 Regulations and documentation is maintained in the certified foster parent's files.

Certified Foster Homes

- One certified foster home had an untimely home study dated two weeks after certification. The FFA administrator indicated that this error occurred prior to her oversight of the FFA and that in the future the FFA will utilize an audit chart to ensure that home studies are completed prior to certification and that documentation is maintained.

- For the two certified foster home files reviewed, there was no documentation that the FFA submitted an inquiry to OHCMD for historical abuse/neglect information on the prospective certified foster parents prior to certification. During the review process, OHCMD completed a review of historical abuse/neglect information for the certified foster parents and there were no issues noted that would prevent the individuals from being placement resources. During the Exit Conference, the OHCMD thoroughly reviewed the required clearance process for all new applicants with the FFA Administrator, the FFA Supervising Social Worker and the FFA Recruiter. The FFA Administrator agreed with the requirements and indicated that the Administrator will provide ongoing oversight to ensure that the FFA Administrative staff sends all requests to OHCMD prior to the potential applicants attending the FFA's pre-certification training and documentation will be maintained in the files.

- For one certified foster home, the certified foster parent's health screenings and TB tests were untimely. The foster parents had their health screenings and TB tests three months after certification. During the Exit Conference, the FFA Administrator indicated that the FFA administrative staff will ensure that the health screenings for all certified foster parents are completed timely and documentation is maintained and the FFA Administrator will provide ongoing oversight.

Recommendations

The FFA's management shall ensure that:

3. Certified foster parent's home studies are conducted prior to certification of the home and that documentation is maintained in the foster parent files.

4. Prior to certification of a foster home, the FFA will submit an inquiry to OHCMD for historical abuse/neglect information and documentation will be maintained in the foster parent files.

5. All certified foster parents have timely health screenings and TB tests as required by Title 22 regulations and that documentation is maintained in the certified foster parent files.

.Maintenance of Required Documentation and Service Delivery

- For three children, there was no documentation that the FFA sent the initial Needs and Services Plans (NSPs) to the DCFS case carrying CSWs. The FFA Administrative staff indicated that they will ensure that the NSPs are sent to the CSWs within five business days and after three failed attempts, the CSW's supervisor will be notified.

- For one child, there were only three visits documented for the month of November 2012 and three visits documented for December 2012 by the FFA Social Worker. According to the Contract, four visits per month are required by the FFA Social Worker for the first three months of placement. The FFA Administrative staff indicated that subsequent to the review, they conducted a re-training of the FFA visitation protocol with the FFA social workers and interns.

Recommendations

The FFA's management shall ensure that:

6. All children's initial NSPs are sent timely to the placed DCFS children's case-carrying CSWs and documentation is maintained in the files.

7. The FFA Social Worker conducts the required visits with placed DCFS children in accordance with the contract.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's FOSTER FAMILY AGENCY CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report dated August 10, 2012 identified six recommendations.

Results

Based on OHCMD's follow-up, the FFA fully implemented four of the previous six recommendations for which they were to ensure that:

- Initial NSPs are comprehensive and are completed on the required NSP template and documentation is maintained in the files.
- Updated NSPs are comprehensive and are completed on the required NSP template and documentation is maintained in the files.
- Placed school-aged children are enrolled in a school program within three days of placement and documentation is maintained in the children's files.
- All school-aged children attend school as required and documentation is maintained.

Based on our follow-up, the FFA did not implement the following two previous recommendations for which they were to ensure that:

- SIRs are documented and cross reported to OHCMD
- All children's initial NSPs are sent timely to the placed children's case-carrying CSWs and documentation is maintained in the files.

Recommendation

The FFA's management shall ensure that:

8. The outstanding recommendations from the 2011 – 2012 monitoring report dated August 12, 2012, which are noted in this report as Recommendations 1 and 2, are fully implemented.

At the Exit Conference, the FFA Program Director/Administrator expressed her desire to remain in compliance with all Title 22 Regulations and Contract requirements. To ensure that SIRs are appropriately documented and cross reported to OHCMD, the FFA Program Director/Administrator conducted a thorough step-by-step training with all Crittenton social work staff and the Crittenton Procedural Manual was updated to include detailed reporting procedures. The FFA Supervising Social Worker will review all SIRs to ensure OHCMD has been notified in the drop down box on the I-track system. With regard to the FFA's documenting efforts to obtain the DCFS CSW's authorization to implement the NSP, the Crittenton's Procedural Manual now clearly states that the FFA social worker will submit the signed NSP within five business days to the CSW and after three failed attempts the DCFS Supervising Social Worker will be notified. The Program Director or the FFA Supervising Social Worker will ensure that the FFA protocol is followed at the time of signing.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER (A-C)

A fiscal review of The FFA has not been posted by the A-C.

FLORENCE CRITTENTON SERVICES OF ORANGE COUNTY, INC., d.b.a.
CRITTENTON SERVICES FOR CHILDREN AND FAMILIES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE MONITORING REVIEW

801 Chapman Avenue, Suite 230
Fullerton, CA 92831
License Number: 306099612

	Contract Compliance Monitoring Review	Findings: May 2013
I	**Licensure/Contract Requirements** (7 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Serious Incident Report Documentation and Cross Reporting	2. Improvement Needed
	3. Runaway Procedures	3. Full Compliance
	4. Are there CCL Citations/OHCMD Safety Reports	4. Improvement Needed
	5. If Applicable, FFA Ensures Complete Required Whole Foster Family Home Training	5. Not Applicable (N/A)
	6. FFA Pays Certified Foster Parents Whole Foster Family Home Payments	6. Not Applicable (N/A)
	7. Assessment of Certified Foster Parent (CFP) Prior to Placement of Two (2) or More Children	7. Full Compliance
II	**Certified Foster Homes (CFHs)** (12 Elements)	
	1. Home Study and Safety Inspection Prior to Certification	1. Improvement Needed
	2. Contact with References/Including Check with OHCMD	2. Improvement Needed
	3. Timely DOJ, FBI, CACI	3. Full Compliance
	4. Timely, Completed, Signed Criminal Background Statement	4. Full Compliance
	5. Health Screening & TB Test Prior to Certification	5. Improvement Needed
	6. Required Training Prior to Certification	6. Full Compliance
	7. Certificate of Approval on File/Including Capacity	7. Full Compliance
	8. Safety Inspection Every Six Months or Per Approved Program Statement	8. Full Compliance
	9. Completed Training Hours for Re-certification and Current CPR/First-Aid/Water Safety Certificates	9. Full Compliance
	10. Current CDL/Auto Insurance/Annual Vehicle Maintenance Documentation for CFPs and Designated Drivers	10. Full Compliance
	11. Other Adults in the Home: Health Screening/CDL/CPR DOJ/FBI/CACI/Auto Insurance	11. Full Compliance
	12. FFA Assists CFPs with Transportation Needs	12. Full Compliance

III	**Facility and Environment** (7 Elements) 1. Exterior/Grounds Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Educational Resources 5. Adequate Perishable and Non-Perishable Food 6. Disaster Drills Conducted and Documentation Maintained 7. Allowance Logs Maintained	Full Compliance (ALL)
IV	**Maintenance of Required Documentation/Service Delivery** (10 Elements) 1. Department of Children and Family Services (DCFS) Children's Social Worker's (CSW) Authorization to Implement NSPs 2. NSPs Implemented and Discussed with CFPs 3. Children Progressing Towards Meeting NSP Goals 4. Develop Timely, Comprehensive Initial NSP with Child's Participation 5. Develop Timely, Comprehensive Updated NSPs with Child's Participation 6. Therapeutic Services Received 7. Recommended Assessments/Evaluations Implemented 8. DCFS CSW's Monthly Contacts Documented in Child's Case File 9. Develop Timely, Comprehensive Quarterly Reports 10. FFA Social Workers Conduct Required Visits	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Improvement Needed
V	**Education and Workforce Readiness** (5 Elements) 1. Children Enrolled in School within Three School Days 2. Children Attend School as Required and FFA Facilitates Children's Educational Goals Met 3. Children's Academic Performance and/or Attendance Increased 4. Current Report Cards Maintained 5. FFA Facilitates Child's Participation in YDS/Equivalent/Vocational Programs	Full Compliance (ALL)

VI	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VII	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Not Applicable (N/A)
VIII	**Personal Rights and Social Emotional Well-Being** (10 Elements) 1. Children Informed of Agency's Policies and Procedures 2. Children Feel Safe 3. CFPs' Efforts to Provide Meals and Snacks 4. CFPs Treat Children with Respect and Dignity 5. Children Allowed Private Visits, Calls and to Receive Correspondence 6. Children Free to Attend or Not Attend Religious Services/Activities 7. Reasonable Chores 8. Children Informed About Their Medication and Right to Refuse Medication 9. Children Aware of Right to Refuse Medical, Dental and Psychiatric Care 10. Children Given Opportunities to Participate in Extra-Curricular Activities, Enrichment and Social Activities	Full Compliance (ALL)
IX	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. Clothing Allowance in Accordance with FFA Program Statement ($50 Minimum if After November 1, 2012) 2. Ongoing Clothing Inventories of Adequate Quantity and Quality 3. Children's Involvement in Selection of Clothing 4. Provision of Sufficient Supply of Clean Towels and Personal Care Items Meeting Ethnic Needs 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement/Assistance with Life Book	Full Compliance (ALL)

X	**Discharged Children** (3 Elements) 1. Completed Discharge Summary 2. Attempts to Stabilize Children's Placement 3. Child Completed High School (if applicable)	Full Compliance (ALL)
XI	**Personnel Records** (9 Elements) 1. DOJ, FBI, CACI Submitted Timely 2. Timely, Completed, Signed Criminal Background Statement 3. Education/Experience Requirements 4. Employee Health Screening/TB Timely 5. Valid CDL and Auto Insurance 6. Signed Copies of FFA Policies and Procedures 7. Staff Completed All Required Training and Documentation Maintained 8. FFA Social Workers Have Appropriate Caseload Ratio 9. Written Declarations for Contract FFA Social Workers That Caseloads Not Exceed Total of 15 Children	Full Compliance (ALL)

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July 9, 2013 / July 18, 2013 (revision)

Cori Shaffer, MA
Children Services Administrator I
Out of Home Care Management Division
Los Angeles County Department of Children and Family Services
9320 Telstar Ave, Suite 216
El Monte, CA 91731

To Cori Shaffer:

CRITTENTON OF ORANGE COUNTY FFA 2012/2013
COMPLIANCE REVIEW CORRECTIVE ACTION PLAN (CAP)

On June 3, 2013, OHCMD met at your office for the 2012/2013 Compliance Review Exit Meeting. At that time the findings were discussed in detail. I am sending you a letter to highlight the five findings in three sections that were noted during the review. A Corrective Action Plan (CAP) has been requested to address the findings noted below.

With regard to Licensure/Contract Requirements:

1. Are SIRs appropriately documented and reported timely (#2)
    a. SIRs will be appropriately documented and cross reported to the OHCMD (Cori Shaffer) via the DCFS i-Track System. At the time of reviewing the SIR, the FCSW supervisor will verify that the OHCMD worker has been included in the cross reports section.
    b. A training of all social worker staff occurred on 6/20/13 (Moreno Valley office) and 6/25/2013 (Fullerton office) to review SIR documentation in i-Track and to include OHCMD in the "drop-

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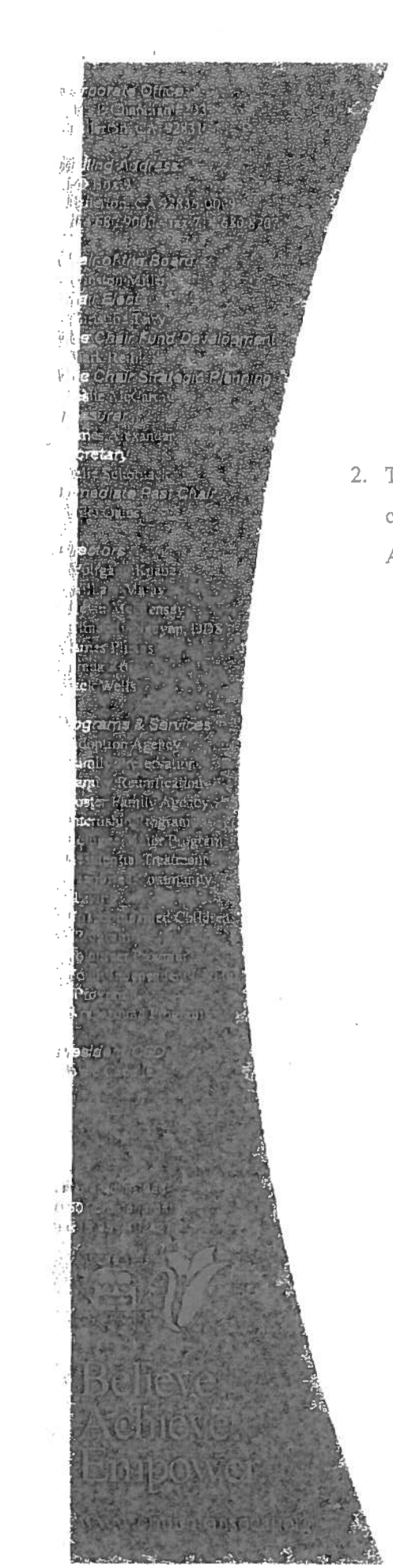

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down" box under, cross reporting. (See attached training documentation.)

c. The Crittenton Procedure Manuel was also updated to reflect the specific reporting requirements and website address. (See attached copy of the updated SIR Procedure # PSC-22.05.)

2. There were three substantiated Community Care Licensing (CCL) citations for one home in 2012. (Medical, Building and Grounds, Accountability) (#4)

   a. Medical - The FCSW will ensure that all youth receive prompt and timely medical attention. The FCSW will require the foster parents to schedule medical visits within a timeline specific to the needs of the youth and within Title 22 State Regulations. The FCSW will follow up with the foster parent to verify that appointments have been scheduled as agreed (specific to the need of the youth) and any changes that may arise related to medical appointments are discussed timely with the FCSW. The FCSW will follow up with the foster parent in regards to the outcome of the medical visit and follow up with an Addendum SIR, as needed. The FCSW will gather from the foster parents the Medical Examination Form/documentation as evidence of the medical attention the youth received and file accordingly in the foster youth's file. The FCSW will consult as needed with the Program Director and treatment team. The Program Director/Supervisor will review the case file quarterly in concordance with the Treatment Review Schedule and ensure that all medical appoints/visits continue to occur on a timeline specific to the needs of the youth and within Title 22 State Regulations.

   b. Building and Grounds - The FCSW will follow Crittenton Procedure in obtaining an approved exception for more than two

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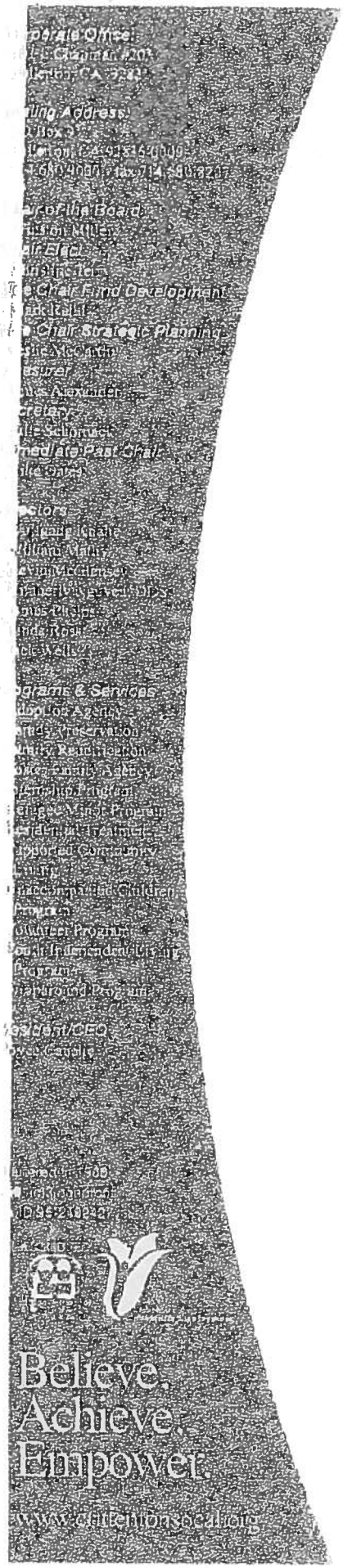
file. The Crittenton recruiter will also ensure that the foster parent(s) receive their home foster parent file, including a copy of their Certificate of Approval (as foster parents) upon their certification; reflecting current information pertinent to the foster family status. Upon the first placement for the certified family/home, the FCSW will verify at the first home visit that the foster family has in their possession the certificate approval. The FCSW will also note any changes in the composition of the home in the Monthly Foster Parent Case Note and will be responsible to relay the information to the Crittenton Program Director and Recruiter and assure that changes are reflected on the current certificate of approval within timeline approved. The Trainer/Certifer will complete routine audits of foster parent charts to verify that the certificate approval is present.

With regard to Certified Foster Homes:

3. Were home studies conducted prior to initial certification? (#8)
    a. The recruiter/certifier will have on-going communication with the clinical department regarding the need for a Clinical Home Study on a potential foster family. Once the historical information is received through OHCMD, and at minimum two PRIDE training sessions have been attended by the potential foster parent, the Clinical Supervisor will be notified by the certifier of the need to a Clinical Home Study. The Foster Parent Chart Audit will be completed by the Trainer/Certifier, utilized to review the documentation required for certification of the family/parent(s) in order to ensure that Clinical Home Study is completed prior to certification (see attached copy of audit tool).



foster youths to share a bedroom no later than two months ahead of time. Meaning, if there are particular and justifiable reasons for three youth to share a bedroom, the request for the exception (three to a bedroom) to be submitted two months before the accommodations are made so as to provide ample time to have the request for the exception approved by CCL and the CSW (when applicable). The FCSW will conduct bedroom inspections to verify safe and comfortable living of the youth. In addition, the FCSW will ensure that all youth have adequate storage for their belongings at all times. This compliance will be assured by home visits, inspection of the youth's bedrooms, and continuous documentation of the visits addressing any concerns and compliance of Title 22 State regulations. The Monthly Foster Parent Case Note been previously revised in order to document sleeping arrangements of the foster home. Once a month, the FCSW will conduct a home inspection and address any deficiencies with the foster parents giving a proper timeline for corrections. If concerns arise regarding compliance, the FCSW will conduct two visits to the foster home per week. The FCSW will increase unannounced home visits to ensure compliance. This information will be documented and filed in the foster parent office file at minimum once a month. The Program Director/Supervisor will review the completion of the Monthly Foster Parent Note during supervision with each FCSW.

c. Accountability - While the Crittenton recruiter will be responsible to complete the foster parent file and ensure that therein is a completed Home Study of the certified foster family upon certification, the FCSW will ensure upon assignment of the foster family that the Home Study is present in the office foster parent

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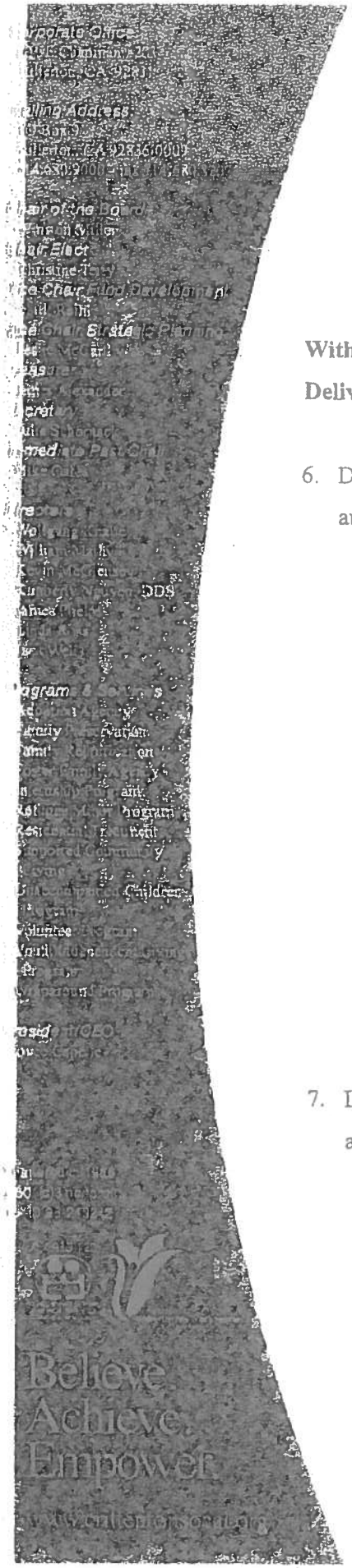
4. Does the foster parent case record include the agency's inquiry with OHCMD for historical information prior to certification? (#9)
    a. Crittenton Foster Agency will ensure that all families going through the certification process will obtain historical information through OHCMD prior to certification. Submission of verification will occur upon completion of the second pride session, attended by the potential foster parents and the consent to release information is signed by the potential foster parent. A copy of the e-mail verification will be placed in the potential foster parent file. No family will be certified without proof of verification. The Foster Parent Chart Audit will be utilized by the Recruiter in order to ensure all historical information through OHCMD is received and filed in the potential Foster Parent chart prior to certification (see attached copy of audit tool).

5. Did certified foster parents obtain health screenings/TB clearances prior to certification? (#12)
    a. Unfortunately, in this particular case the foster parents did not obtain the health screening/TB clearances prior to certification. Per Title 22 89465 (b) Crittenton Foster Agency will ensure that all families going through the certification process will submit proof of physical exam and TB test prior to certification. Crittenton will perform internal audits of case files prior to certification to ensure compliance. The Foster Parent Chart Audit will be completed by the Trainer/Certifier, utilized to review the documentation required for certification of the family/parent(s) in order to ensure that the physical exam and TB test(s) is completed



prior to certification. No family will be certified without proof of verification.

With regard to Maintenance of Required Documentation and Service Delivery:

6. Did the FFA obtain or document efforts to obtain the CSW's authorization to implement the NSP? (#27).
    a. According to Crittenton's Procedure Manuel, the Crittenton FCSW will submit the signed NSP within five (5) business days of the quarterly update. FCSW's will clearly document efforts to obtain the CSW's authorization via FAX and/or e-mail by placing a copy of the fax transmittal and/or email behind the NSP which is placed in the child's chart. The assigned FCSW will make and document ongoing attempts to obtain the CSW's signature, after 3 failed attempts, the CSW supervisor will be notified, if no results, OHCMD will be informed of the inability to attain a signature from the CSW/supervisor. Program Director/Supervisor will ensure that this procedure is followed at the time of signing the NSP.

7. Do FFA social workers conduct required visits with placed children in accordance with the Contract? (#36)
    a. The following is quoted from Crittenton Procedure Manuel *Intake, Service Planning, and Documentation #PSC-10.04, page 13:* "Visits to the foster home shall be no less than weekly for the first three months of placement and that two of these contacts must be in the certified home each month. Following the three month adjustment period there shall be no fewer than three face-to-face

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contacts, per month with the child, youth, or young adult, at least two of which will be in the home (one can be anywhere) and at least one monthly face to face contact with the certified Foster Parent." In addition, to a review of visitation procedure with currently employed FCSW staff, new staff and MSW interns will receive this training prior to carrying cases to ensure implementation of CCL, DCFS, and Crittenton Procedure. The Program Director/Supervisor/Clinical Director will verify that the correct number of visits is completed during individual supervision of each staff.

Respectfully,

Colleen Velasco, M.S.W
Program Director of Foster Care and Adoption
Fullerton Office

Ana Eykel, M.S., MFT-I
Vice President of Foster Care and Adoption

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