County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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March 25, 2016

To: Supervisor Hilda L. Solis, Chair
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

CHILDREN'S INSTITUTE FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW AND FISCAL ASSESSMENT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Fiscal Compliance Assessment of Children's Institute, Foster Family Agency (the FFA) in February 2015 and a Contract Compliance Review of the FFA in April 2015. The FFA has one licensed office located in the Fourth Supervisorial District and provides services to the County of Los Angeles DCFS placed children. According to the FFA's program statement, its stated purpose is "to promote the well-being of vulnerable children by healing those harmed by abuse or neglect, helping families provide safe, nurturing homes and the resources their children need to thrive, and advancing innovative programs and policies that contribute to the welfare of children."

At the time of the review, the FFA supervised 31 DCFS placed children in 15 Certified Foster Homes (CFHs). The placed children's overall average length of placement was eight months and their average age was seven.

SUMMARY

CAD conducted a Fiscal Compliance Assessment, which included an agency-wide review of the FFA's financial records, such as financial statements, bank statements, check register and personnel files to determine their compliance with the terms, conditions, and requirements of the FFA contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The FFA was in full compliance with 3 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; and Payroll and Personnel.

CAD noted deficiencies in the areas of: Board of Directors and Business Influence, related to the Board meeting minutes not being certified by the Board Secretary; Cash/Expenditures, related to incomplete fixed assets inventory list.

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe in the FFA's CFHs, having been provided with good care and appropriate services, being comfortable in their environment and treated with respect and dignity. The Certified Foster Parents (CFPs) 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 6 of 11 sections of CAD's Contract Compliance Review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication, Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well Being; and Discharged Children.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to a Special Incident Report (SIR) not submitted timely and Community Care Licensing (CCL) citations; Certified Foster Homes, related to one foster parent's file missing the Out-of-Home Care Management Division's (OHCMD's) historical information, one prospective foster parent did not complete all the required training prior to being certified and two CFPs had expired cardiopulmonary resuscitation certificates; Facility and Environment, related to weekly and clothing allowance logs not maintained; Maintenance of Required Documentation and Service Delivery, related to six children's files not having documented efforts to obtain the County Children's Social Workers' (CSWs') authorization to implement the Needs and Services Plan (NSP), the CFPs did not participate in the development of five NSPs, children not progressing towards meeting NSP goals, the FFA social worker did not develop timely comprehensive initial or updated NSPs, children's therapy sessions were not documented, monthly contact with the County CSWs were not documented, quarterly reports were not timely or comprehensive and the FFA social worker did not conduct the required visits with two children; and Personnel Records, related to one FFA employee not having a valid California drivers license.

Attached are the details of our review.

REVIEW OF REPORT

On May 28, 2015, Luis Moreno, DCFS CAD, held the Fiscal Exit Conference with Yeison Gonzalez, Director of Contracts. On June 9, 2015, Rosalind Arrington, CAD and Kong Ng, OHCMD held the FFA Exit Conference with the FFA representatives: Jacy Taylor, Interim Foster Care Director and Daniel Winston, Quality Improvement/Program Compliance. The FFA representatives were in agreement 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 compliance Corrective Action Plan (CAP) and a Fiscal Corrective Action Plan (FCAP).

A copy of this report has been sent to the A-C and CCL. CAD conducted a follow-up visit to the FFA in September 2015 to verify implementation of the compliance CAP.

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

PLB:EM:LTI:ra

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Mary Emmons, Chief Executive Officer, Children's Institute Inc.
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott Regional Manager, Community Care Licensing Division

CHILDREN'S INSTITUTE
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014 – 2015

SCOPE OF REVIEW

The Fiscal Compliance Assessment included a review of Children's Institute Foster Family Agency's (the FFA's) financial records for the period of July 1, 2013 through December 31, 2014. Contracts Administration Division (CAD) reviewed the financial statements, bank statements, check register and personnel files to determine the FFA's compliance with the terms, conditions and requirements of the FFA contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The on-site Fiscal Compliance Assessment review focused on five key areas of internal controls:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The FFA was in full compliance with 3 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; and Payroll and Personnel.

FISCAL COMPLIANCE

CAD found the following areas out of compliance:

Board of Directors and Business Influence

- The Board meeting minutes dated May 12, 2014, June 17, 2014 and September 23, 2014 were not certified by the Board Secretary.

Effective July 1, 2015, the FFA will have the Board Secretary certify the Board meeting minutes.

Recommendation:

The FFA's management shall ensure that:

1. The Board meeting minutes are certified by the Board Secretary.

Cash/Expenditures

- No record of the fixed asset inventory list was provided.

After the Exit Conference, the Director of Finance provided a copy of its fixed asset inventory list. This inventory list was missing the acquisition date and funding source. The FFA reported that effective July 1, 2015, its fixed asset inventory list will have all the required elements.

Recommendation:

The FFA's management shall ensure that:

2. A fixed asset inventory list is maintained and includes all the required elements.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE A-C

The most recent fiscal review was posted by the A-C for the Wraparound Approach Services and Family Preservation contracts on February 15, 2012, for Fiscal Years (FYs) 2009-2010 and 2010-2011. The A-C found that the FFA did not allocate shared expenditures as stated in the Cost Allocation Plan, did not reserve excess Wraparound Program funds for future Program expenditures and did not monitor their sub-contractors payroll and other accounting records to support their billings. The A-C also noted an incorrect recorded pension refund for a terminated employee. After the A-C's review, the FFA provided additional documents demonstrating reduced expenditures and re-allocated costs to resolve all the items noted during the review.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next Fiscal Compliance Assessment of the FFA will be conducted in County FY 2015-2016.

CHILDREN'S INSTITUTE FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW SUMMARY

4300 Long Beach Blvd., #700
Long Beach, CA 90807
License Number: 197805117

	Contract Compliance Review	Findings: April 2015
I	**Licensure/Contract Requirements** (7 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Timely Cross-Reported SIRs	2. Improvement Needed
	3. Runaway Procedures in Accordance with the Contract	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. Full Compliance
	6. FFA Pays Certified Foster Parents (CFP) Whole Foster Family Home Payments	6. Full Compliance
	7. FFA Conducts an Assessment of 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 Conducted Prior to Certification	1. Full Compliance
	2. Agency's Inquiry with OHCMD for Historical Information Prior to Certification	2. Improvement Needed
	3. Timely, Criminal Clearances (FBI, DOJ, CACI) Prior to Certification	3. Full Compliance
	4. Timely, Completed, Signed Criminal Background Statement	4. Full Compliance
	5. Health Screening & TB Test Prior to Certification	5. Full Compliance
	6. All Required Training Prior to Certification	6. Improvement Needed
	7. Certificate of Approval on File/Including Capacity	7. Full Compliance
	8. Safety Inspection Completed At Least Every Six Months or Per Approved Program Statement	8. Full Compliance
	9. Completed Annual Training Hours for Re-certification and Current CPR/First-Aid/Water Safety Certificates	9. Improvement Needed
	10. Current CDL/Auto Insurance/Annual Vehicle Maintenance Documentation for CFPs and Designated Drivers	10. Full Compliance
	11. Criminal Clearances and Health Screening/CDL/CPR/FBI/DOJ/CACI/Auto Insurance for Other Adults in the Home	11. Full Compliance
	12. FFA Assists CFPs in Providing Transportation Needs	12. Full Compliance

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

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 Medications** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (All)
VIII	**Personal Rights and Social/Emotional Well-Being** (10 Elements) 1. Children Informed of Agency's Policies and Procedures 2. Children Feel Safe in the CFP Home 3. CFPs' Efforts to Provide Nutritious 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 of Their Choice 7. Children's Chores Reasonable 8. Children Informed About Their Medication and Right to Refuse Medication 9. Children Aware of Right to Refuse or Receive 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 Provided in Accordance with FFA Program Statement 2. Ongoing Clothing Inventories of Adequate Quantity and Quality 3. Children Involved in the Selection of Their Clothing 4. Provision of Sufficient Supply of Clean Towels and Personal Care Items Meeting Ethnic Needs 5. Minimum Weekly Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement/Assistance with Life Book/Photo Album	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. Criminal Clearances (FBI,DOJ, CACI) Signed and Submitted Timely 2. Timely, Completed, Signed Criminal Background Statement 3. FFA Social Workers Met Education/Experience Requirements 4. Timely Employee Health Screening/TB Clearances 5. Valid CDL and Auto Insurance 6. FFA Employees Signed Copies of FFA Policies and Procedures 7. FFA Employees Completed All Required Training and Documentation Maintained 8. FFA Social Workers Have Appropriate Caseload Ratio 9. FFA Maintained Written Declarations for Part-Time Contracted FFA Social Workers Caseloads Not to Exceed a Total of 15 Children	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance

CHILDREN'S INSTITUTE FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" visit. This compliance report addresses findings noted during the April 2015 monitoring review. The purpose of this review was to assess Children's Institute Foster Family Agency's (the FFA's) compliance with its County contract and State regulations and included a review of the FFA's program statement as well as the internal administrative 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, six placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed five of the six children. One child was not interviewed as the child was too young and two of the children's interviews were limited due to their young age and attention span. During the home visits the children were observed to be comfortable and well-cared for in the Certified Foster Homes (CFHs) and their Certified Foster Parents (CFPs) were observed to be attuned to the needs of the children. CAD reviewed all six case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the FFA's compliance with permanency efforts. At the time of the review, three placed children were prescribed psychotropic medication. CAD reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed three CFP files and four staff files for compliance with Title 22 regulations and County contract requirements. Interviews were conducted with the CFPs to assess the quality of care and supervision provided to the children.

CONTRACTUAL COMPLIANCE

CAD found the following areas to be out of compliance:

Licensure/Contract Requirements

- A Special Incident Report (SIR) was not submitted timely.

The FFA did not follow the protocol for appropriately documenting and submitting SIRs timely. On November 17, 2014, two placed children that are siblings reported a serious incident that occurred while living with their biological parents to their CFPs. The CFPs called the FFA social worker and reported the incident that same day. The FFA social worker called the Department of Children and Family Services (DCFS) Child Protection Hotline, but the SIR was not submitted until November 24, 2014.

During a follow-up visit on September 28, 2015, CAD reviewed 10 additional SIRs and noted that each SIR was timely submitted.

- Community Care Licensing Division (CCL) citations.

CCL cited the FFA as a result of deficiencies and findings noted during a CCL investigation at a CFH on December 18, 2014. According to the report, CCL substantiated the following: (1) criminal record clearance deficiency for a CFP's adult son residing in the home who had not submitted fingerprints to the Department of Justice (DOJ); (2) inspection authority deficiency for the CFP not allowing a Licensing agency to inspect the garage as a part of the required home inspection; and (3) buildings and grounds deficiency for a CFP whose backyard was accessible to the neighbor's backyard that has a three-tier fountain and there was no way to prevent the children from accessing the fountain. The FFA's CFP files did have a waiver approved by CCL. CCL requested Plan of Corrections (POCs) from the FFA to ensure that: (1) the CFP requires all adults to submit fingerprints to the DOJ to obtain clearance and submit a live-scan form to CCL; (2) the assigned FFA social worker complete a visit to inspect all areas of the home including the garage and submit pictures of the garage as well as, a written POC to ensure this type of deficiency does not reoccur in the CFH; and (3) the CFP install a five foot fence making the fountain inaccessible and submit verification pictures. CCL cleared the POCs 1 and 2 (listed above) on December 22, 2014 and POC 3 (listed above) on March 3, 2015.

CCL cited the FFA as a result of deficiencies and findings noted during a CCL investigation at a CFH on February 20, 2015. According to the report, CCL substantiated a physical environment deficiency for a CFH having a large amount of clutter in the patio area and outside in front of the large garage door. CCL requested a POC from the FFA requiring that the CFP clean up the large amount of clutter under the patio area and outside in front of the large garage door and provide pictures of the cleaned area to CCL by March 6, 2015. CCL cleared the POC on March 12, 2015.

Recommendation:

The FFA's management shall ensure that:

1. SIRs are appropriately documented and cross-reported timely.

2. The FFA is in compliance with Title 22 regulations and free of CCL citations.

Certified Foster Homes

- The FFA did not inquire with the Out-of-Home Care Management Division (OHCMD) for historical information for two CFPs prior to certification.

The FFA did not have records of having requested or receiving the historical information on two prospective CFPs prior to certification in their files. This was brought to the immediate attention of the FFA representative. During the Exit Conference, the FFA representative acknowledged it is the agency's policy to request historical information from OHCMD on all potential foster parents prior to certification.

- One prospective CFP did not receive all the required certification and initial training prior to being certified.

The CFP was listed on the initial certificate of approval, but did not complete any pre-certifications. The FFA representative acknowledged that their policy requires that all CFPs listed on the certificate of approval are required to complete all the required training prior to being certified.

- All required additional annual trainings were not completed by two CFPs.

One CFP's cardiopulmonary resuscitation (CPR) certificate expired on March 2, 2015 and the new certificate was not issued until April 11, 2015. Another CFP has no documentation of any annual training in the case file. This CFP was removed from the certificate of approval effective December 10, 2014.

During the follow-up visit on September 28, 2015, CAD reviewed two CFP files and verified that the FFA is requesting and receiving historical information from OHCMD prior to certification and that prospective CFPs complete all required training prior to being certified.

Recommendation:

The FFA's management shall ensure that:

3. The FFA inquires with OHCMD for historical information is completed prior to the certification.

4. All the required initial training is completed prior to certification.

5. All the required training and current safety certificates are maintained.

Facility and Environment

- Weekly allowance logs were not maintained.

In CFH #1, the weekly allowance logs were not properly maintained. The CFPs owe both children for the 5th week in August 2014. The CFP changed the weekly monetary allowance from Sunday to Tuesday for the month of August, which makes the allowance due only 4 weeks instead of 5 weeks for that month. The CFP provided documentation stating that she paid both children for that 5th week in August. In CFH #2, there were no allowances documented for January 2015 through March 2015 for child #1. The FFA provided signed documentation to CAD confirming that the child received the missing allowance.

During the Exit Conference, the FFA representatives stated that they would follow-up with the specific FFA social workers and CFPs to ensure that they are in compliance with all regulations. Per the

FFA's policy, the FFA social worker collects a monthly progress report including the allowance received by the youth and clothing provided in that month from the CFPs. The FFA social worker will assist the CFP in completing this form if necessary and ensure that the children receive all of their allowances timely.

During the follow-up visit on September 28, 2015, two children's case files were reviewed and the children were receiving their weekly monetary allowances timely. CAD noted that one of the children turned five years old and should have received an increased amount of $5.00 weekly instead of $2.00 weekly. The FFA representatives were made aware of this error and provided CAD with the signed documentation stating that on October 28, 2015, the child received the $88.00 owed to him.

Recommendations:

The FFA's management shall ensure that:

6. Monetary allowance logs are properly maintained.

Maintenance of Required Documentation and Service Delivery

- FFA obtains or documents efforts to obtain County Children's Social Workers' (CSWs') authorization to implement Needs and Services Plans (NSPs).

Six case files did not have documentation of the FFA's efforts to obtain the County CSWs' authorization to implement the NSPs. The documented efforts were not faxed within the required timeframes and/or NSPs were missing from the case file to verify efforts by fax, e-mail or telephone.

During the follow-up visit on September 28, 2015 two NSPs were reviewed and were determined to contain the required County CSW's signature to implement the NSPs.

- CFPs did not participate in the development of the NSPs.

Five CFPs did not participate in the development of the NSPs. The initial, updated and/or quarterly NSPs for five placed children were not signed.

During the follow-up visit on September 28, 2015, two NSPs were reviewed and the CFPs participated in the development of the NSPs and signed timely.

- Children are not progressing toward meeting the NSP case goals.

Five children's case files are missing updated/quarterly NSPs to verify progress toward meeting case goals.

During the follow-up visit on September 28, 2015, two children's case files were reviewed and CAD was unable to verify the children's progress toward meeting their case goals because their goals were not properly documented. CAD noted that the NSP contained goals, but the goals were not appropriate Specific Measureable Attainable Realistic Time measured (SMART) goals.

- The FFA did not develop timely, comprehensive initial NSPs with child's participation.

Five initial NSPs were not timely and/or comprehensive. All the sections were not completed properly and they were not signed by all the treatment team members in a timely manner.

During the follow-up visit on September 28, 2015, two initial NSPs were timely but the NSPs were not comprehensive, as all sections of the NSPs were not completed properly.

- The FFA social workers did not develop timely, comprehensive updated NSPs with child's participation.

Five updated NSPs were not timely and/or comprehensive. All the sections of the NSP were not completed properly, language was copied and pasted, goals didn't properly address the children's needs and services and the same verbiage appeared on each report.

During the follow-up visit on September 28, 2015, two updated NSPs were timely, but not comprehensive, as all sections of the NSPs were not completed properly.

- Children are not receiving necessary therapeutic services.

Therapy sessions are not noted in the NSPs for two children. The FFA also keeps therapy dates on another form, but the forms for November 2014, December 2014, and January 2015 are missing from both case files.

During the follow-up visit on September 28, 2015, CAD noted that the two children's case files did contain the dates of their therapy sessions.

- County CSW's monthly contacts were not documented in child's case file.

The NSPs did not contain proper County CSW monthly contact information. The NSPs did not include dates or a summary of the contacts. For one child, the NSP had a general statement indicating that the County CSW is contacted twice a month, but no actual dates were listed. For another child, there were no monthly contacts with the County CSW noted from April 2014 through October 2014 and for February 2015 and March 2015. Another two children's case files should have contained four NSPs, but only had two and the monthly contact with the County CSW was noted as weekly with no dates listed.

During the follow-up visit on September 28, 2015, two case files were reviewed and the FFA social workers' monthly contact with the County CSW was properly documented.

- The FFA social workers did not develop timely, comprehensive quarterly reports.

For one child, the NSPs that were due December 26, 2014 and March 26, 2015, were missing from the case file. Another child's NSPs, which were due August 12, 2014 and November 21, 2014, were missing from the case file and two other children's NSPs that were due December 16, 2014 and March 16, 2015, were missing from the case files.

Although some quarterly NSPs were developed, three were not timely or comprehensive. Some sections in the NSPs were not completed and/or not comprehensive. NSPs not signed by a child or team did not have documented efforts to acquire the County CSW's signature, no measurable SMART goals, copying and pasting was noted and the same verbiage on the initial and updated NSPs.

The FFA representatives were made aware of the need to complete NSPs in the required timeframe and to properly complete each section of the NSP and obtain signatures from all team members. The FFA representatives stated that the problem was an oversight. The Program Director provided re-training on the NSPs on July 6, 2015.

During the follow-up visit on September 28, 2015, two quarterly NSPs were timely, but were not comprehensive. All sections of the NSPs were not completed properly.

- The FFA social worker did not conduct required visits with placed children in accordance with the contract.

For one child, the NSPs due December 2014 and March 2015 and for another child the NSPs due August and November 2014, were missing from the case files and CAD was unable to verify that the FFA social worker had any monthly contact with the placed children.

During the follow-up visit on September 28, 2015, two case files were reviewed and the FFA social worker did conduct the required visits with the children.

The FFA re-trained staff that participates in the development of the NSPs on July 6, 2015. The FFA representatives acknowledged the importance of submitting timely and comprehensive NSPs and will continue to work with the FFA social workers to ensure compliance with all required guidelines.

Recommendations:

The FFA's management shall ensure that:

7. FFA obtains or documents efforts to obtain County CSWs' authorization to implement NSPs.

8. CFPs participate in the development of the NSPs.

9. Children are progressing towards meeting the NSP case goals.

10. FFA social workers develop timely and comprehensive initial NSPs.

11. FFA social workers develop timely and comprehensive updated NSPs.

12. Children receive necessary therapeutic services.

13. County CSW's monthly contacts are documented in child's case file.

14. FFA social workers develop timely, comprehensive quarterly reports.

15. FFA social workers conduct all required visits.

Personnel Records

- An FFA employee that transports children did not have a valid California (CA) driver's license.

One FFA social worker did not have a valid CA driver's license on file. On March 13, 2015, the FFA provided CAD with a copy of the employee's interim CA driver's license valid until July 3, 2015.

During the follow-up visit on September 28, 2015, CAD reviewed personnel files and verified that personnel records were in compliance with guidelines.

Recommendation:

The FFA's management shall ensure that:

16. FFA employees have a valid driver's license.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD's FFA CONTRACT COMPLIANCE MONITORING REVIEW

CAD's last compliance report dated August 13, 2015, identified 15 recommendations.

Results:

Based on the results of the current review, the FFA had fully implemented 8 of 15 recommendations for which they were to ensure:

- Common areas are well maintained.
- Children's bedrooms/interior are well maintained.
- Sufficient and appropriate educational resources are maintained.
- Adequate perishable and non-perishable foods are maintained.
- Children are informed about their right to refuse medication.
- Clothing allowance is provided in accordance with the FFA program statement.
- CFPs encourage and assist with a Life Book/Photo Album.
- Discharge summaries were completed.

Based on the current review, the FFA did not fully implement seven previous recommendations for which they were to ensure:

- FFA inquires with OHCMD for historical information prior to certifying a foster parent.
- Monetary allowance logs are maintained.
- FFA social workers obtains or documents efforts to obtain County CSWs' authorization to implement NSPs.
- CFPs participate in the development of the NSPs.
- FFA social workers develop timely updated NSPs.

- County CSW monthly contacts are documented in the children's case file.
- FFA social workers develop timely quarterly reports.

Recommendation:

17. The outstanding recommendations from the Fiscal Year 2013-2014 monitoring report dated August 13, 2015, which are noted in this report as recommendations 3, 6, 7, 8, 11, 13 and 14 are fully implemented.

A follow-up visit was conducted by CAD on September 28, 2015 and the FFA implemented 11 of 15 recommendations noted in this report. The FFA will continue to work with its staff and CFPs to ensure compliance with all required guidelines. On October 20, 2015, the FFA provided sign-in sheets and the agenda to CAD to verify that the CFPs were re-trained on October 15, 2015, regarding the management and distribution of allowances/earnings.

The FFA representatives expressed their desire to remain in compliance with the Title 22 regulations and contract requirements. CAD will continue to assess implementation of the recommendations during the next contract compliance review. The OHCMD will provide ongoing support and technical assistance prior to the next review.

children's institute, inc.
safe children, strong families, healthy communities

Corrective Action Plan

Fiscal Compliance Assessment
Onsite Fiscal review: 2/9/15 to 2/11/15
Submission Date: July 14, 2015

	Finding	Corrective Action – Next Step	Effective Dates
	FCAT Section III – Board of Directors and Business Influence: a. The board minutes for the month of May, June, and September 2014 were not signed by the Board Secretary.	a. Per California Code 5215, Secretary or Assistant Secretary shall certify via meeting minutes that a meeting has occurred and the matters discussed are – CII Secretary and/or other designated person taking minutes of the meeting will certify meeting minutes either electronically, with an initial, a signature or provide an affidavit. Currently, all other approvals or resolutions are certified.	a. 07/01/15 By Amy Kern, Executive Assistant
	FCAT Section IV – Cash/Expenditures b. The agency does not maintain a fixed asset listing.	b. CII maintains a fix asset listing that is completed annually, but will ensure that all relevant information is listed to include the acquisition cost, date and funding source; the current listing maintained includes: Description of Item, Serial Number and other relevant information.	b. 07/01/15 By Eliz Hovsepian, VP of Finance

August 13, 2015

Diana Flaggs, Contract Compliance
Department of Children and Family Services
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

RE: Corrective Action Plan (Addendum) for Contract Compliance Monitoring Review Exit Summary Report dated June 9, 2015

Dear Ms. Flaggs:

Children's Institute Inc. (CII) has a long standing commitment to foster care and the safety and wellbeing of those youths whom we serve. CII fully recognizes and shares the concerns indicated in the Contract Compliance Monitoring Review Exit Summary Report dated June 9, 2015. It is our intention to fully address each noted concern, and to be in 100% compliance with all contractual terms. We are focusing on training, tracking and monitoring, and making necessary systemic changes to ensure full compliance going forward.

Our mission still remains "To help children in Los Angeles's most challenged communities heal from the trauma of family and community violence, build the confidence and skills to break through the barriers of poverty, and grow up to lead healthy, productive lives." With that in mind, the staff members who did not fulfill documentation requirements are no longer with the agency. We have hired a new, full-time Foster Care

Director, Robert Haley, LMFT. Mr. Haley is a former DCFS Assistant Regional Administrator with many years of experience working in the foster care system. He will partner with a similarly experienced social work supervisor, Jacy Taylor, M.A., to closely monitor staff compliance with all requirements. Daniel Winston will remain as our Quality Improvement/Program Compliance (QI/PC) oversight and support personnel. The QI/PC and our executive management team will be closely monitoring the enclosed Corrective Action Plan (CAP). Vice President of Programs, Manuel Rivera, Ph. D. will be the executive manager directly responsible for our foster care program.

Children's Institute Inc. submits the enclosed Corrective Action Plan (CAP) for your review detailing how the noted deficiencies will be corrected.

If you have any questions, please contact me at (213) 252-5733 or at (562) 547-6355.

Respectfully,

Robert Haley, LMFT

Robert Haley, LMFT

Director of Foster Care

Manuel Rivera PhD.

Manuel Rivera, Ph. D.

Vice President-Programs

children's institute, inc.

Corrective Action Plan (Addendum) for Contract Compliance Monitoring Review
June 9, 2015

Concern Area I:

Finding #2:

Are Special Incident Reports (SIRs) appropriately documented and cross-reported?

Specifically noted, one SIR was not reported on time. The SIR was entered into the I-Track system timely; however, it was not submitted within the required time frame.

Recommendation:

Per CII Statement of Work, "Any incident that threatens the physical health, emotional health or continued safety of any child e.g. substance abuse, physical violence, manual restraint, suicidal attempts, sexually related incidents, police contacts, and disruptive behaviors by parent or another visitor shall be reported either immediately or the next business day."

Corrective Action Plan:

CII Foster Care Management will ensure that SIRs are completed by the Agency Social Workers (ASW) and submitted within 24 hours of an incident.

- Program Supervisor has provided training for ASW's during weekly supervision meetings in the months of June and July 2015
- Program Supervisor will submit an addendum to SIRs if complete information was not obtained before the deadline or if there is a need for modifications to the information previously submitted.

- Program Supervisor will be responsible for ensuring the timely submission of SIRs by providing timelines/deadline reminders to ASW's. Also, the supervisor will complete and submit if the ASW is unable to.
- Effective July 1, 2015, all newly hired staff will receive training on Special Incident Report writing during their orientation period, which will the tracked on a "Staff Orientation and Training Checklist" form (see attachment 1). This area will be monitored by the Program Supervisor, QI/PC Staff and the Director of Foster Care.
- Additionally, the Program Supervisor and Director had scheduled a will provide training on SIR reporting requirements and guidelines to certified foster parents on July 16, 2015 (See Attachment 2) during a monthly training, however due to lack of attendance, the training has been scheduled the agenda created for October 15, 2015. (See Attachment 3)

Finding #4:

Is the agency free of substantiated Community Care Licensing complaints' reports on safety and physical plant deficiencies since the last review?

Specifically noted, CII received two citations from Community Care Licensing for its failure to ensure that all homes meet licensing requirements, including the obtainment of criminal clearances, and ensuring the facility meets licensing standards. These citations have been cleared, and no fines were received.

Recommendation:

All certified foster homes are to meet licensing requirements on an ongoing basis. Each facility will be evaluated on an ongoing basis to ensure the home meets standards, which includes assessing for any changes in household composition to ensure required criminal clearances are obtained for all adults residing in the home.

Corrective Action Plan:

- All ASW's are now required to complete Monthly Safety Assessments of each foster home to evaluate and ensure the facility constantly meets

licensing standards, including confirmation that all individuals residing in the home are accounted for, and that all adults residing in the home obtain the required criminal clearances. Any changes in relation to non-foster children who are about to turn 18, will be tracked, and they will be mandated to submit their required criminal clearances. (See attachment 4)

- The ASWs will document the results of the Safety Assessments in the foster youth's contact notes.
- The date of each assessment will be documented on the Monthly Accountability Report.
- All concerns reported will be addressed with the foster parent for immediate correction and reported to the Program Supervisor.
- Each foster home will be reviewed during weekly supervision with the Program Supervisor.
- This area will be monitored by the Program Supervisor, QI/PC Staff and the Director of Foster Care.

Concern Area II:

Finding #9:

If applicable, does the foster parent case record include the agency's inquiry with OHCMD for historical information prior to certification (effective November 1, 2008) and reference check?

Specifically noted, two foster parents did not have an inquiry or response with OHCMD prior to certification noted in file.

Recommendation:

Per Community Care Licensing (CCL) and the Foster Family Agency Contract requirements, all individuals looking to become certified foster parents or those looking to be recertified are required to complete the OHCMD History of Child Abuse and Neglect historical information inquiry prior to certification or re-certification. Evidence of completion is to be placed in the foster parent file before certification takes place and annually during recertification.

Corrective Action Plan:

Effective July 1, 2015:

- All individuals looking to become **certified** with CII will receive the OHCMD History of Child Abuse and Neglect historical information inquiry to complete.
- The Family Development Specialist will submit the completed document to CII's assigned OHCMD representative for inquiry.
- The approval document will be stored with the remaining documents until the certification process has been completed and placed in the foster parent's file.
- The OHCMD History of Child Abuse and Neglect document will be added to the certification checklist. (See Attachment 5)
- The Family Development Specialist will submit this checklist attached to the completed documents to CII management for review and a final approval signature.
- CII management will submit the signed approval documents to the Administrative Assistant to complete the certificate of approval.
- This area will be monitored by the Program Supervisor, QI/PC Staff and the Director of Foster Care.

Finding #13:

Did prospective certified foster parents receive all the certification and initial training required PRIOR to being certified? (A minimum of 18 hours of initial Model Approach to Partnership in Parenting (MAPP) or equivalent training in accordance with the contract)

Specifically noted, one foster parent's husband who was listed on the certificate of approval had not completed the required training prior to being certified.

Recommendation:

Per CII policy and CCL requirements all foster parents listed on the Certificate of Approval are required to complete all certification and re-certification requirements.

Corrective Action Plan:

- The Family Development Specialist was provided with re-training on the requirements for those listed on the Certificate of Approval.
- The Family Development Specialist will interview all individuals interested in becoming a foster parent in each home. The requirements and expectations will be reviewed at that time.
- If the spouse of a foster parent is not interested in becoming a certified co-foster parent, the spouse is to be listed as other adult in the home and not placed on the Certificate of Approval.
- The Family Development Specialist will provide PRIDE training for all individuals to be listed on the Certificate of Approval.

Finding #16:

Have foster parents completed the required additional annual training of 12 hours during the first year and 15 hours every year thereafter, as well as CPR, First Aid and Water Safety certificates? (If applicable)

Specifically noted, per the FFA's, Program Statement a foster parent has from July to June to complete annual training hours. However, the certification period begins on the date of certification. One Certified Foster Parent's CPR certificate was expired (the previous certificate expired March 2, 2015 and was renewed on April 11, 2015.) One foster parent did not have confirmation/certificates of completing the required number of annual training hours (15) on file.

Recommendation:

Per CII and CCL requirements all foster parents are to maintain valid CPR and First Aide certificates, and are required to complete 12 training hours during the first year of certification, and 15 hours of annual training thereafter.

Corrective Action Plan:

- CII has trained our current Family Development Specialist that all caregivers listed on the home certification are required to fulfill the mandatory training requirements of 12 hours for the first year, and 15 hours of training in subsequent years.
- Effective July 1, 2015, all ASW's are required to complete a Monthly Accountability Report (MAR) that requires them to list the expiration date of certifications of all adults in the home who provide supervision to foster youth, as well as monitor and track foster parent training hours (See attachment 6)
- The assigned ASW will provide reminders to the foster parent of their expiration date 60 days prior to their expiration date.
- The Family Development Specialist will provide a monthly list of dates CPR and First Aid training that will be held at the CII agency office, to be mailed out to the foster parents and hand delivered to each foster parent the first week of each month. (See attachment 7)
- The Family Development Specialist will provide a monthly list of trainings available for foster parents to meet training expectations.
- ASW will prompt foster parents to attend required training to ensure the required number of training hours occurs.
- The Program Supervisor will review the Monthly Accountability Report (MAR) with each ASW during weekly supervision to ensure certifications are training remain current.
- The Program Supervisor will provide reminders and additional approved options for foster parents who are unable to attend the scheduled CPR and First Aid training held at the CII office.

- This area will be monitored by the Program Supervisor, QI/PC Staff and the Director of Foster Care.

Concern Area III:

Finding #26:

Are appropriate and comprehensive monetary and clothing allowance logs maintained?

Specifically noted, foster youth were missing appropriate documentation of weekly/monthly allowances.

Recommendation:

As per CII policy that the case carrying Social Worker will collect Monthly Progress Reports (MPR) (which contain the clothing monies spent for the month and the allowance received by the youth). It is an expectation that the ASW will assist the foster parent in completing this form, if necessary.

Corrective Action Plan:

- The noted minors whose allowance was not appropriately documented for week 5 of August 2014 received the weekly allowance in question on August 12, 2015. (See attachment 8)
- CII is providing documentation confirming that the noted minor whose allowance was not documented for the months of January, February and March of 2015 has been paid. (See Attachment 9)
- During weekly supervision, all ASW's were provided with re-training on the correct method of completing the Monthly Progress Report, which includes monitoring of weekly allowance distribution, as well ensuring that monthly clothing is purchased (See Attachment 10). ASW will obtain receipts as confirmation that clothing was purchased.
- ASWs will interview children in care and foster parents during required visits to the home to inquire about allowance distribution
- The ASW will review all Monthly Progress Reports with each foster parent and youth (when appropriate) at the time of submission from the foster parent, noting any discrepancies in the distribution of allowances, noting

clothing that was purchased for that month, and provide corrective action if/when noted.

- The ASW will submit all Monthly Accountability Reports by the second week of the following month to the Program Supervisor for review.
- The Program Supervisor will review and initial all MARs when correctly completed, specifically noting allowance distribution and clothing purchased, and return to the assigned ASW to file in the youth's file.
- All newly hired staff will receive training in this area as a part of their orientation process. (See attachment 1)
- In addition, staff has been retrained in completing DCFS Forms pertaining to foster youth's personal property and valuables, safeguarded cash resources and clothing inventories.
- The foster parents will be provided with training on the policy and procedures for completing the Monthly Progress Review form and the required clothing inventory, personal property and cash reserves at a monthly training on October 15, 2015. This training was originally scheduled for July 16, 2015, however due to lack of attendance, the training was rescheduled for October 15, 2015.
- This area will be monitored by the Program Supervisor, QI/PC Staff and the Director of Foster Care.

Concern Area IV:

Finding #27:

Did the FFA obtain or document efforts to obtain the County worker's authorization to implement the NSP?

Specifically noted, during the review of six children's case files, multiple NSPs, (both initial and updated NSPs) were not signed by the DCFS CSW authorizing implementation.

Recommendation:

Per CCL Requirements, County DPO/CSW must approve implementation of the Needs and Service Plan (NSP). All signatures are to be hand dated. All efforts to

secure missing signatures are to be documented and attached to NSP (three attempt rule applies to DCFS only, Probation requires an actual signature)

Corrective Action Plan:

- CII Program Supervisor attended the NSP Review Process training on May 8, 2015.
- CII Program Supervisor provided re-training on the NSP process on July 6, 2015. CII has included the NSP requirements into Policy & Procedure "Needs and Service Planning: Initial and Quarterly NSP and Term Reports" (See Attachment 11)
- On August 5, 2015, all ASWs were provided with training on service planning requirements that included obtaining the DPO/CSW's approval. All staff was informed that confirmation of attempts to obtain approval must be documented in the case file.
- CII is working towards sending NSPs to CSWs via encrypted e-mail to provide confirmation of ASWs attempts to obtain approval and signatures from DPS/CSW.
- CII is working towards implementing Child and Family Team (CFT) meetings for all youth in care. When implemented, all ASW's will be required to schedule CFT meetings 30 days prior to the due date of the quarterly NSP and 15 days prior to the due date of the initial NSP.
- When implemented, the scheduled date of the CFT will be added to the MAR (see Attachment 6) that will be reviewed weekly during supervision.
- The ASW's supervisor will review the MAR and provide reminders to schedule and obtain approval from CSWs to implement the NSP.
- The Program Supervisor and QI/PC staff reviewed all previously completed reports for the appropriate signatures.
- All remaining reports missing signatures or documentation of attempts to obtain signatures were completed by July 31, 2015.
- This area will be monitored by the Program Supervisor, QI/PC Staff and the Director of Foster Care.

Finding #28:

Do certified foster parents participate in development of the NSPs?

Specifically noted, five of the six children's case files reviewed had NSPs that did not show documentation of the foster parent's participation in the development of the NSPs.

Recommendation:

Per CCL Requirements, all age-appropriate foster youth and foster parents are to participate in the creation and modification of NSP goals.

Corrective Action Plan:

- CII Program Supervisor attended the NSP Review Process training on May 8, 2015.
- CII Program Supervisor provided re-training on the NSP process to staff on July 6, 2015.
- All ASWs have been provided with re-training on service planning requirements, including the foster parent's participation of the creation of NSP goals.
- Upon implementation of CFTs, all ASW's will be required to schedule CFT Service Planning meetings 30 days prior to the due date for quarterly NSPs and 15 days prior to Initial NSPs.
- When implemented, the scheduled date of the CFT will be added to the MAR (Attachment 6) that will be reviewed weekly during supervision.
- The ASW's supervisor will review the MAR and provide reminders to schedule and obtain approval to implement the NSP.
- The Program Supervisor and QI/PC reviewed all previously completed reports for the appropriate signatures.
- The ASW will document the participation of the foster youth and foster parent in the creation of NSP goals in the "Reason for Goal" section of the NSP.

- This area will be monitored by the Program Supervisor, QI/PC Staff and the Director of Foster Care.

Finding #29:

Are the placed children progressing toward meeting the NSPs case goals (initial and updated)?

Specifically noted, five children's case files were reviewed, and multiple NSPs did not show documentation of progress towards meeting the NSP goals.

Recommendation:

Per CCL requirements, all NSPs must obtain SMART Goals (Specific, Measurable, Results Focused and Time-Bound). The reports are to document progress towards each goal.

Corrective Action Plan:

- CII Program Supervisor attended the NSP Review Process training on May 8, 2015.
- CII Program Supervisor provided re-training on writing SMART Goals to all ASWs on July 6, 2015.
- When CFTs are fully implemented, all ASW's will be scheduling a CFT meeting 30 days prior to the due date for quarterly NSPs and 15 days prior to the due date for initial NSPs.
- When implemented, the scheduled date of the CFT will be added to the MAR (Attachment 6) that will be reviewed with ASW weekly during supervision with Program Supervisor.
- The Program Supervisor will review all goals to ensure their use of the SMART Goals format.
- The Program Supervisor will provide additional assistance with writing SMART Goals as needed during weekly supervision.
- ASW and Program supervisor will ensure that progress towards NSP goals is documented for each youth in care.

- This area will be monitored by the Program Supervisor, Quality Compliance Staff and the Director of Foster Care.

Finding #30:

Did the FFA social worker develop timely, comprehensive, initial (NSPs) with the participation of the developmentally age-appropriate child?

Specifically noted, one of the six children's case files reviewed had initial NSPs that were developed timely and comprehensively. Five case files contained initial NSPs that were **not** timely or comprehensive.

Recommendation:

Initial Plan is to be developed within 30 days of placement and sent to County Deputy Probation Officer (DPO)/Children's Social Worker (CSW) by the 35th day. The first Quarterly report is due 90 days after the initial date of placement. Thereafter, Quarterly reports are to be developed every 90 days thereafter, and sent to DPO/CSW within five days.

Corrective Action Plan:

- CII Program Supervisor attended the NSP Review Process training on May 8, 2015.
- On July 6, 2015, CII Program Supervisor provided all ASWs with re-training on the timely NSP process.
- Program Supervisor will assess progress towards the timely completion of NSPs during weekly supervision with all ASWs.
- The Program Supervisor will provide reminders of upcoming NSP reports due using the tracking log and electronic report tickler. (see Attachment 12)
- The Program Supervisor will continue to provide additional support with writing NSPs as needed.
- This area will be monitored by the Program Supervisor, Quality Compliance Staff and the Director of Foster Care.

Finding #31:

Did the FFA social worker develop timely, comprehensive, updated (NSPs) with the participation of the developmentally age-appropriate child?

Specifically noted, one of the six children's case files reviewed included timely and comprehensively updated NSPs. Five of the six children's case files **did not** include timely and comprehensively updated NSPs.

Recommendation:

Per CCL Requirements, all age-appropriate foster youth and foster parents are to participate in the creation and modification of NSP goals.

Corrective Action Plan:

- CII Program Supervisor attended the NSP Review Process training on May 8, 2015.
- On July 6, 2015, CII Program Supervisor provided re-training to staff on the NSP process.
- Also on July 6, 2015, all ASWs were provided with re-training on service planning requirements that included the foster youth's participation (when age appropriate) of the creation of NSP goals.
- Upon implementation of CFTs for all youth in care, ASW's will be scheduling CFT meetings 30 days prior to the due date for quarterly NSPs and 15 days prior to the due date for initial NSPs.
- When implemented, the scheduled date of the CFT will be added to the MAR (Attachment 6), which will be reviewed weekly during supervision.
- The Program Supervisor will review the MAR monthly and provide reminders to schedule and obtain approval from the CSW to implement the NSP.
- The Program Supervisor and QA staff reviewed all previously completed NSPs for the appropriate signatures.
- This area will be monitored by the Program Supervisor, QI/PC Staff and the Director of Foster Care.

Finding #32:

When applicable, are children receiving necessary therapeutic services?

Specifically noted, two of three children's case files did not have a record of therapeutic service sessions provided.

Recommendation:

Per CCL requirements, dates of all therapeutic services provided to a foster youth during the reporting period along with the outcomes are to be listed on the NSP.

Corrective Action Plan:

- CII Program Supervisor attended the NSP Review Process training on May 8, 2015.
- On July 6, 2015, all ASWs were provided with re-training on how to complete the therapeutic section of the NSP.
- The CII Program Supervisor will review all NSPs to ensure all dates of services and the outcomes are documented.
- The Program Supervisor and QAR staff will review all previously completed reports for the appropriate signatures.
- This area will be monitored by the Program Supervisor, QI/PC Staff and the Director of Foster Care.

Finding #34:

Are County workers contacted monthly and are the contacts appropriately documented in the case file?

Specifically noted, four of the six children's case files reviewed did not show appropriate documentation of monthly contact with the DCFS CSWs.

Recommendation:

Per CCL requirements, all ASWs are to contact each foster youth's CSWs monthly. ASW's are to document the outcome of the contact in the foster youth's contact notes.

Corrective Action Plan:

- During weekly supervision, Program Supervisor will provide ongoing oversight of monthly contact with each foster youth's CSW in order to obtain and share updated case information, and collaborate for case planning purposes.
- The ASW will include all dates of contact with CSWs in the contact section of the NSP.
- The ASW will include the date of contact with the DCFS CSW on the MAR. (Attachment 6)
- The Program Supervisor will review the MAR during weekly supervision meetings.
- The Program Supervisor will provide additional assistance as necessary.
- Program Supervisor will review and sign all contact notes for completion and timeliness.
- This area will be monitored by the Program Supervisor, QI/PC Staff and the Director of Foster Care.

Finding #35:

Does the FFA social worker complete timely, comprehensive, quarterly reports? (to County workers by 10th business day following the end of each quarter from the date the child was placed)

Specifically noted, four children's case files did not demonstrate that the ASW completed comprehensive and timely quarterly reports

Recommendation:

Per CCL requirements all Quarterly reports are to be completed comprehensively and submitted to County workers by 10 business days following the end of each quarter from the date the child was placed.

Corrective Action Plan:

- CII Program Supervisor attended the NSP/Quarterly Report Review Process training on May 8, 2015.
- On July 6, 2015, CII Program Supervisor provided re-training to FFA staff on the Initial and Quarterly Report process.
- The date of completion and submission of the Initial and Quarterly Report to CSW has been added to the MAR. (Attachment 4)
- The Monthly Accountability Report will be reviewed by Program Supervisor during weekly supervision ASW, and will provide with ASW with timeline reminders as needed.
- Initial and Quarterly Reports will be reviewed during weekly supervision to ensure their comprehensiveness. The Program Supervisor will sign the Initial/Quarterly Reports when completed correctly and will provide additional assistance if necessary with completing comprehensive Initial/Quarterly Reports.
- This area will be monitored by the Program Supervisor, QI/PC Staff and the Director of Foster Care.

Finding #36:

Do FFA social workers conduct required visits with placed children in accordance with the contract?

Specifically noted, two of the six case files reviewed did not show the amount of required visits with placed children in accordance with the FFA contract.

Recommendation:

Per CCL requirements and CII policy, all ASWs are required to complete weekly visits in the foster youth for the first three months of placement. Two visits must be completed in the foster home. After the initial 90 days of placement, with the approval of the Program Supervisor, the visits can be twice monthly if appropriate. All ASW contact is to be documented in the foster youth's contact notes.

Corrective Action Plan:

- On July 6, 2015, CII Program Supervisor provided re-training on the required visitation with each foster youth along with completing the required visitation log to be filed in each foster youth's file.
- The ASW will document each visit as required in the child's case file and in their NSPs. Program supervisor will follow up with ASW to ensure the number of visits that occur on each case meets contract requirements.
- The ASW will include the number of visits required and completed during the month on the Monthly Accountability Report. (Attachment 6)
- The Program Supervisor will review the MAR during weekly supervision meetings and will provide additional assistance as necessary.
- Program Supervisor will review and sign all contact notes for completion and timeliness, and will ensure the required number of visits have occurred and are documented.
- This area will be monitored by the Program Supervisor, Quality Compliance Staff and the Director of Foster Care.

Concern Area XI:

Finding #72:

Do required employees who transport children, have a valid California driver's license and auto insurance?

Specifically noted, one staff personnel did not have a valid California driver's license, but had a valid Virginia driver's license on file.

Recommendation:

Per CII policy, all staff that uses their own personal vehicles to transport youth is required to have a valid California Driver's License, Auto Insurance, and Vehicle Registration. Also, their vehicles most pass a vehicle safety inspection by a licensed auto mechanic yearly.

Corrective Action Plan:

- On May 5, 2015, the noted staff person obtained the required California Driver's License.
- Effective July 1, 2015, no staff person will be permitted to start employment or continue employment without a valid California Driver's License.
- Effective July 1, 2015, a staff document tracking log was created that lists the expiration dates of all required staff documentation.
- CII Management Staff will provide each staff member with reminders of expiring documents 30 days prior to the expiration date.
- CII Management will update and monitor the tracking log weekly during supervision with each staff.
- This area will be monitored by the Program Supervisor, Quality Compliance Staff and the Director of Foster Care.