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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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March 23, 2016

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

From: Philip L. Browning
Director

CHILDHELP FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Childhelp Foster Family Agency (the FFA) in April 2015. The FFA has one licensed office located in the Third Supervisorial District and one licensed office located in San Bernardino County. Both offices provide services to the County of Los Angeles DCFS placed children as well as children placed from other counties. According to the FFA's Program Statement, its stated mission is "to provide foster care and treatment for abused and neglected children while re-unification services with their families are being explored and/or completed."

At the time of the review, the FFA supervised eight DCFS placed children in eight Certified Foster Homes (CFHs). The placed children's average length of placement was four months and their average age was 6.

SUMMARY

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

CAD noted deficiencies in the following areas: Licensure/Contract Requirements, related to the FFA not timely submitting Special Incident Reports (SIRs), Community Care Licensing (CCL) citations and

the FFA not assessing a CFH prior to placing more than two children; Facility and Environment, related to one CFH not maintaining the exterior and grounds, one CFP not maintaining common areas, one CFP not maintaining a child's bedrooms and one CFP having expired food; Maintenance of Required Documentation and Service Delivery, related to the FFA not obtaining the County Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs), the FFA not developing comprehensive initial NSPs and quarterly reports and one FFA social worker not conducting the required visits; Health and Medical Needs, related to one initial medical examination being late; and Personnel Records, related to the FFA not obtaining criminal clearances for two employees prior to their hire date.

Attached are the details of our review.

REVIEW OF REPORT

On May 8, 2015, Viktoria Penchuk, DCFS CAD and Kirk Barrow, Out-of-Home Care Management Division (OHCMD) held an Exit Conference with FFA representatives: Patricia Old, Interim Director, Family Development Intake; Gloria Dominguez, Executive Assistant; Diana Correa, Executive Director; Colleen Begley, Assistant Director/Adoption Support; Angelique Yoshikawa, Quality Improvement; Rosa Aguayo, Office Manager; and Kurt Kozma, Director of Clinical Services. The FFA representatives were in agreement with the review findings and recommendations, were receptive to implementing systemic changes to improve the FFA's compliance with regulatory standards and were in agreement with addressing the noted deficiencies in a Corrective Action Plan (CAP).

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

CAD conducted a follow-up visit to the FFA on July 31, 2015, to verify implementation of the CAP.

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

PLB:EM:LTI:vp

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Latrice Hickman, Chief Program Operations and Compliance Officer, Childhelp
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

CHILDHELP FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW SUMMARY

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Redlands, CA 92374
License Number: 366404114

1345 El Centro
Hollywood, CA 90028
License Number: 197801357

	Contract Compliance Review	**Findings: April 2015**
I	**Licensure/Contract Requirements** (7 Elements) 1. Timely Notification for Child's Relocation 2. Timely, Cross-Reported SIRs 3. Runaway Procedures in Accordance with the Contract 4. Are there CCL Citations/OHCMD Safety Reports 5. If Applicable, FFA ensures Complete Required Whole Foster Family Home Training 6. FFA Pays Certified Foster Parents (CFP) Whole Foster Family Home Payments 7. FFA Conducts an Assessment of CFP Prior to Placement of Two (2) or More Children	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Not Applicable 6. Not Applicable 7. Improvement Needed
II	**Certified Foster Homes** (12 Elements) 1. Home Study and Safety Inspection Conducted Prior to Certification 2. Agency's Inquiry with OHCMD for Historical Information Prior to Certification 3. Timely Criminal Clearances (FBI, DOJ, CACI) prior to Certification 4. Timely, Completed, Signed Criminal Background Statement 5. Health Screening & TB Test Prior to Certification 6. All Required Training Prior to Certification 7. Certificate of Approval on File/Including Capacity 8. Safety Inspection Completed At Least Every Six Months or Per-Approved Program Statement 9. Completed Annual Training Hours for Re-certification and Current CPR/First-Aid/Water Safety Certificates 10. Current CDL/Auto Insurance/Annual Vehicle Maintenance Documentation for CFPs and Designated Drivers 11. Criminal Clearances and Health Screening/CDL/CPR/ FBI/DOJ/CACI/Auto Insurance for Other Adults in the Home	Full Compliance (All)

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

	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	 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance
VII	**Psychotropic Medication** (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 Choices 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 or 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 (DOJ, FBI, and 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. 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

CHILDHELP FOSTER FAMILY AGNECY
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" visit. This compliance report addressed findings noted during the April 2015 Contract Compliance Review. The purpose of this review was to assess Childhelp 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 internal administrative policies and procedures. The 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 the purpose of this review, four placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed 2 of 4 children. Two children were too young to be interviewed. CAD observed the children in the Certified Foster Home (CFH) setting to be clean, dressed appropriately and appeared to be comfortable in the presence of the Certified Foster Parents (CFPs). The CFPs were appropriately responsive to the children's needs, treating children with respect and dignity. CAD reviewed all four 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, one placed child selected for the sample was prescribed psychotropic medication. This case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

CAD found the following areas out of compliance:

Licensure and Contract Requirements

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

CAD reviewed six SIRs and found that one SIR was not timely reported. On March 31, 2015, the FFA social worker learned about inappropriate discipline having been applied by a CFP to two placed children. The incident was reported one day late via the I-Track database on April 2, 2015.

During a follow-up visit on July 31, 2015, CAD reviewed two additional SIRs that were submitted via the I-Track database since this review. CAD verified that both SIRs were timely submitted.

- Community Care Licensing (CCL) citations.

CCL cited the FFA as a result of deficiencies and findings for a complaint received by CCL on September 13, 2013. According to the report dated July 1, 2014, CCL substantiated a personal rights violation against a CFP who allegedly spoke inappropriately to the child. CCL requested a Plan of Correction (POC) from the FFA. The FFA provided training to the CFP and proof was submitted to CCL on July 1, 2014. CCL cleared the POC the same day. This referral was investigated by a Department of Children and Family Services (DCFS) Emergency Response Children's Social Worker (ER CSW). The outcome of the investigation is unknown as the referral is marked sensitive in the Child Welfare Services/Case Management System (CWS/CMS) database.

CCL cited the FFA as a result of deficiencies and findings for a complaint received by CCL on November 20, 2013. According to the report, dated April 8, 2015, CCL substantiated allegations of lack of supervision against a CFP because alcohol was found in a child's bedroom. The FFA decertified the parent on January 1, 2014. CCL cleared the citation on April 8, 2015. This referral was not investigated by a DCFS ER CSW.

During a follow-up visit on July 31, 2015, CAD verified that the FFA has not received any new citations from CCL since this review was conducted.

- The FFA did not conduct an assessment of a CFP prior to placing two or more children in a home.

The FFA placed two small children, ages two and four in a CFH on February 18, 2015. A third child (premature newborn baby) was placed in the same CFH on March 25, 2015. Per the placed baby's file, the baby had identified special needs that required special baby formula, different therapeutic services and frequent doctor's appointments. The FFA had no supporting documentation that an assessment of the CFH was conducted prior to placing more than two children in the home as required by the contract.

During the Exit Conference, the FFA representatives stated that the CFHs are being assessed during the intake process. The FFA representatives agreed that the FFA needs to clearly document its assessment conducted at intake. As a result of this finding, the FFA developed a new form and provided training for the FFA staff on June 6, 2015. During a follow-up visit conducted on July 31, 2015, CAD reviewed files of three newly placed children and verified that the FFA had completed the required assessments.

Recommendations:

The FFA's management shall ensure that:

1. All SIRs are timely reported.
2. The FFA is in full compliance with Title 22 regulations and free of CCL citations.
3. The FFA conducts an assessment of CFP prior to placing more than two children in the home.

Facility and Environment

- Exterior/Grounds were not well maintained.

During a home inspection to CFH #3 conducted on April 24, 2015, CAD observed animal feces in the backyard, on sidewalks and a grass lawn around the children's playground. A big piece of plastic pipe for water was unattached, not in use and laying on the lawn, creating a safety hazard for the placed children. The animal feces and the piece of plastic pipe were immediately removed by the CFP. Also, a piece of non-operable metal pipe was sticking out of the side of the house, not fully attached and running along the wall on the ground and was accessible to the children creating a safety hazard. The CFP notified CAD that a metal pipe is attached to the house and needs to be cut off by a professional in order to be removed. The metal pipe was removed on May 1, 2015. On May 4, 2015, CAD received pictures confirming the completion of the repairs.

- Common areas were not well maintained.

During a home inspection to CFH # 3 conducted on April 24, 2015, CAD observed dirt in a bathroom at the grout line between bathtub and tile. CAD was notified that the bathroom was re-caulked and pictures were sent to CAD on April 24, 2015.

During a home inspection to CFH # 2 conducted on April 22, 2015, CAD observed a broken toilet handle on a toilet tank. The handle was replaced and pictures were sent to CAD on May 12, 2015.

- Children's bedrooms were not well maintained.

In CFH Home #2, one nightstand was stored on the top of another without securing the top nightstand to the bottom nightstand or to the wall. The nightstands were immediately separated by the CFP during CAD's visit. One nightstand had a broken handle, making it difficult to open the drawer. Confirmation that the handle was repaired was received by CAD on May 12, 2015.

- Adequate perishable and non-perishable foods.

One CFP did not adhere to product "best by" and expiration dates. During CAD's home inspection, CAD observed three boxes of cake mix and two cans of soup with dates that were past "best by" dates. The CFP disposed of the expired food during the review.

The FFA representatives responded that the CFPs will be reminded to adhere to "best by" and expiration dates and clinical coordinators will receive an additional training and will be required to check on the expiration dates during their home inspections. CAD received verification of the training conducted on June 9, 2015.

Recommendations:

The FFA's management shall ensure that:

4. Exterior/Grounds are well maintained.
5. All common areas are well maintained.
6. Children's bedrooms are well maintained.
7. Adequate perishable and non-perishable foods are maintained.

Maintenance of Required Documentation and Service Delivery

- The FFA did not obtain or document efforts to obtain County Children's Social Workers' (CSW) authorization to implement Needs and Services Plans (NSPs).

CAD reviewed four initial and four quarterly reports. The FFA did not obtain the County CSWs' authorization to implement NSPs on two of the initial and all four quarterly NSPs. The FFA documented only one attempt to obtain the County CSW's signature on the initial NSPs and two attempts on quarterly NSPs. Not all attempts made were within the required timeframe.

- The FFA social workers did not develop comprehensive initial NSPs.

All four initial NSPs reviewed by CAD were not comprehensive. The goals developed by the FFA for three children were not Specific, Measurable, Attainable, Realistic and Time measured (SMART). The initial NSP for one child did not include information about services that had been already in place and set before the initial NSP was developed by the FFA.

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

CAD reviewed four quarterly reports for two children. All four quarterly reports were not comprehensive. One child was referred to play therapy during an initial medical appointment. Per the child's NSP, the child had an intake assessment in February 2015; however, no outcome was

documented. Based on the quarterly report, it was unclear whether or not the child received services. The CFP indicated that the child receives services; however, no service provider information or dates of service were documented in the child's quarterly report. The quarterly report for another child indicated that the child had an initial psychiatric evaluation on December 29, 2014; but no outcome was documented. Also, there was a discrepancy in the visitation documented and the CFP's signature was missing. The goals developed by the FFA in all four NSPs were not within SMART guidelines.

During the Exit Conference, the FFA representatives stated the FFA will re-train staff on the development of quarterly reports. The training took place on June 2, 2015. CAD received verification that all FFA social workers were in attendance.

During a follow-up visit conducted on July 31, 2015, CAD reviewed a newly developed initial NSP and two quarterly reports. CAD verified that all required signatures including County CSWs' authorization were obtained on all three documents.

- The FFA social worker did not conduct the required visits.

CAD reviewed four children's files for the period from March 2014 through April, 2015. During the children's file review, CAD found that one child was not visited during the week of March 22, 2015.

During the Exit Conference, the FFA representatives stated the FFA social worker was on vacation and missed one visit. As a result of this deficiency, the FFA conducted training to the FFA's administration and its social workers regarding the requirement for the social workers to ensure the FFA has identified coverage for all required visits when the FFA social workers are on vacation.

During a follow-up visit conducted on July 31, 2015, CAD reviewed a random sample of four children's files. CAD noted that one child was seen by the FFA social worker bi-weekly (per the Program Statement). CAD also noted the gap between visits was more than 14 days. The other three children received the required face-to-face contacts with the FFA social workers.

Recommendations:

The FFA's management shall ensure that:

8. FFA obtains or documents efforts to obtain County CSWs' Authorization to implement the NSPs.

9. FFA social workers develop comprehensive initial NSPs.

10. FFA social workers develop comprehensive quarterly NSPs.

11. FFA social workers conduct required visits.

Health and Medical Needs

- An initial medical examination was not timely conducted.

The initial medical examination for one child was not timely conducted. The child was placed on September 5, 2014 and the initial medical examination did not take place until October 14, 2015. No issues with scheduling the appointment were documented in the child's file. During a CFH inspection, the CFP indicated that she was looking for a clean and neat medical office for the children.

During the Exit Conference, the FFA representatives stated the FFA will develop new procedures that will assist in identifying deficiencies in this area. Per new policies developed by the FFA, the social workers are to follow-up with the CFPs during their first visit after the child's placement.

During a follow-up visit conducted on July 1, 2015, CAD reviewed files of three newly placed children. All three children were placed within less than 30 days of CAD's follow up visit; therefore, were not due for their initial physical examination.

Recommendation:

The FFA's management shall ensure that:

12. Initial medical examinations are conducted timely.

Personnel Records

- Criminal clearances were not obtained prior to employees' hire date.

CAD reviewed five personnel records. Criminal clearances for 2 of 5 employees were not obtained prior to their hire dates. One employee was initially hired by the FFA on June 11, 2012, to work at a residential treatment program but transferred and began working prior to being associated with the FFA program. Another employee had a history of working at the FFA in 2012. The employee was re-hired on February 27, 2015. The FFA submitted a transfer request to CCL after the hire date.

During the Exit Conference, the FFA representatives stated that the FFA will develop new policies for the FFA's Human Resources (HR) to ensure that all criminal clearances for prospective employees are received and the employees are associated with the FFA program prior to beginning work at the FFA. During a follow-up visit, CAD was informed that no new employees were hired for the FFA program since the review.

Recommendation:

The FFA's management shall ensure that:

13. Criminal clearances are completed and results received prior to an employee's hire date.

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

The CAD's last contract compliance report, dated May 21, 2015, identified 9 recommendations.

Results:

Based on the results of this review, the FFA fully implemented 7 of 9 previous recommendations in which they were to ensure that:

- Historical information from Out-of-Home Care Management Division (OHCMD) is obtained prior to certification.
- CFPs participate in the development of NSPs.
- The FFA social workers develop timely initial NSPs with child's participation.
- The FFA social workers develop timely updated NSPs with child's participation.
- County CSW's monthly contacts are documented.
- The FFA social workers develop timely quarterly reports.
- Follow-up dental exams are conducted timely.

The FFA did not implement 2 of 9 recommendations for which they were to ensure that:

- The FFA complies with Title 22 regulations and is free of CCL citations.
- The FFA social workers obtain or document efforts to obtain County CSWs' Authorization to Implement NSPs.

Recommendation:

14. The outstanding recommendations from the Fiscal Year 2013-2014 report dated May 21, 2015, which are noted in this report as recommendations 2 and 8 are fully implemented.

At the Exit Conference, the FFA representatives expressed their desire to remain in compliance with all Title 22 regulations and contract requirements. The Program Director stated that the FFA would implement procedures to strive towards greater compliance. A follow-up visit was conducted on July 31, 2015, by CAD and found that the FFA had implemented 8 of 12 recommendations noted in this report. The FFA had not fully implemented procedures on developing comprehensive NSPs, the use of a revised FFA form to ensure that exteriors/grounds, common areas and children's bedrooms are well-maintained, ensuring that required visits take place and implementing newly developed tracking procedures to ensure that initial medical appointments are timely conducted. The FFA was advised to fully implement newly developed policies and procedures to ensure that the FFA is in compliance with Title 22 regulations and the County contract. CAD will continue to assess implementation of the recommendations during our next review. The OHCMD will provide ongoing support and technical assistance prior to the next review.

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Founded in 1959
by Sara O'Meara and Yvonne Fedderson
PREVENTION and TREATMENT of CHILD ABUSE

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To: Viktoria Penchuk, Children's Services Administrator I
Contract Compliance Division
Contracts Administration Division
Department of Children and Family Services
3530 Wilshire Blvd., 4th Floor,
Los Angeles, CA 90010

Date: June 8, 2015 Due Date
June 18, 2015 Final Revision Date

Subject: Foster Family Agency Monitoring Review Field Exit Summary, Dated 5/5/2015

Facility: Childhelp Inc. – Foster Family Agency Contract number 07-021-10
Diana Correa, Executive Director of Program Operations-CA
Angelique Yoshikawa, Quality Improvement Manager
Colleen Begley, FFA Assistant Program Director
Patricia Old, FFA Program Director

I. Licensure/Contract Requirements

I.2. Are Special Incident Reports (SIRs) appropriately documented and cross-reported?

The one SIR was not reported within required timeframe. (DOI: 03/31/15: DOR: (4/2/15).

Plan of Correction:

Effective June 9, 2015, Childhelp reporting designee Assistant Program Director and/or Program Director will ensure all Special Incidents are reported timely to DCFS Out-of Home Care Management Division Monitor (OHCMDM), Children's Social Worker (CSW), and Community Care Licensing (CCL), via the I-Track web-base system. Childhelp's FFA Clinical Coordinator attended the Special Incident Reporting (SIR) Overview training provided by County of Los Angeles Dept. of Children and Family Services and Community Care Licensing on 5/7/2015. Clinical Coordinator conducted an in house training for Childhelp's FFA program staff on 5/12/2015 and Program Director conducted training on 6/2/2015 for program staff that was unable to attend the 5/7/2015 training. Clinical Coordinators conducted an in home training for all Foster Parents on Special Incident Reporting during their routine home visit during the month of May 2015. Included in this training was a review of the Childhelp Foster Family Agency Emergency & Incident Reporting Protocol, Reportable Incidents & Emergencies, and Numbers for Psychiatric Emergencies. This training will be conducted for all families prior to certification by the Family Developer and documented in the foster parent office file. This training is conducted for all families on a yearly basis in January during the Policy and Procedures training. This annual training is conducted by the Program Director and documented in the parent file with a report printed from Foster Trak (an internal program). The Office Manager will be responsible for updating Foster Trak and printing out the report for the parent files.

I.4 Is the agency free of substantiated Community Care Licensing complaints' reports on safety and physical plant deficiencies since the last review?

CCL substantiated allegations on 07/01/2014 (Personal rights violation); 04/08/2015 (lack of supervision).

Plan of Correction:

The personal rights violation was that foster parent speaks inappropriately to client. As part of the POC with CCL, the foster parent completed training on 10/1/2013 including 3 hours of Developing Tools to Effectively Communicate and Deal with Crisis and 2 hours on Stress: A Friend or Relentless Enemy? The citation was cleared by CCL on 7/1/2014. The lack of supervision (alcohol was observed in the client's bedroom), was cleared by CCL on 4/8/2015. The POC with CCL was the foster family was decertified with the agency on 1/1/2014.

Childhelp FFA currently has the following protocol in place: At each new placement, Personal Rights are reviewed with the minor as well as the foster parent and signatures are obtained on the form by both the minor and the foster parent. In addition, every six months the Personal Rights are reviewed by the Clinical Coordinator with the foster parent and minor and signatures are obtained on the form. At the annual Policies and Procedures foster parent training in January, the Personal Rights of the foster children are also reviewed. During this training, all foster parents are taught that only Childhelp sanctioned interventions are acceptable and to refrain from using other personal interventions with the youth. This annual Policy and Procedures Training is conducted by the Program Director and/or Assistant Program Director. During our regular trainings with our parents, we alert them to any citations issued so they can become familiar with citations and so they will not get in the same situation. During weekly home visits, Clinical Coordinators assess the safety of each child in the home by having a discussion with the minor and also assess the relationship between the foster parent and child

I.7. If applicable, did the FFA conduct an assessment of certified foster parents prior to placing more than two (2) children in the home in accordance with the contract?

Family # 3: two small children (ages 2 and 4) were placed on 02/18/2015. A third child (newborn premature baby) was placed on 03/25/2015. The FFA had no supporting documentation in CFP's file proving that the assessment was conducted prior placing a third child.

Plan of Correction:

Effective June 9, 2015 the Childhelp developed an Over-Two Placement Assessment of 3 or More Foster Children. Program Director conducted an in house training for Childhelp's FFA program staff on 6/2/2015 on how to use this form and how to assess if a certified family is appropriate for an additional placement. The form will be reviewed by the Program Director, and/or Assistant Program Director for approval or denial of an additional child being placed in the home.

III. Facility and Environment

III.20. Are the exterior and the grounds of the certified foster home well maintained? (Front and back yards clean and adequately manicured lawns/yards; condition of home exterior, drives, walkways and fences; window screens)

20: Home # 3: animal feces on a backyard, sidewalks and grass loan around children's playground. A big plastic pipe (water supply), unattached, laying on the grass loan. A piece of a metal pipe was on a sidewalk and accessible to the children. Animal feces and plastic pipe were immediately removed by the FP. The FP reported Metal pipe is not in use and needs to be cut in order to be removed. The family was out of town for a few days and returned on 04/30/2015. The issue needed to be fixed by the time the family returns. The FFA management was notified. Pictures were received by CAD on 04/23/15 and additional on 05/04/2015.

Plan of Correction:

Effective June 9, 2015 the Progress Note has been updated and has a section that asks about the Physical Home Observation. The Clinical Coordinators to conduct an inspection of the foster home both inside and out during each home visit. The Clinical Coordinators will then document if the home meets CCL regulations, and if deficiencies were found were they corrected at the time of the home visit. If deficiencies were found and corrected, the foster parent will sign the Progress Note. Clinical Coordinators and Assistant Program Director will be trained on the new Progress Note format on June 9, 2015 by the Program Director.

III.21. Are common areas/interior well maintained? (Clean/sanitary; neat; adequate furniture and lighting; home-like environment, no safety hazards)

21: Home # 1: Dirt in a bathroom at the grout line between bathtub and tile. The grout was re-sealed. Pictures received by CAD on 04/24/2015. Home #2: Broken toilet handle/flusher in a toilet.

Plan of Correction:

Effective June 9, 2015 the Progress Note has been updated and has a section that asks about the Physical Home Observation. The Clinical Coordinators to conduct an inspection of the foster home both inside and out during each home visit. The Clinical Coordinators will then document if the home meets CCL regulations, and if deficiencies were found were they corrected at the time of the home visit. If deficiencies were found and corrected, the foster parent will sign the Progress Note. Clinical Coordinators and Assistant Program Director will be trained on the new Progress Note format on June 9, 2015 by Program Director.

III.22. Are children's bedrooms well maintained? (Clean/sanitary; neat; comfortable; adequate lighting, window coverings, and storage space; beds, mattresses, furniture, flooring; full complement of clean linens on beds, age-appropriate decorations; and appropriate sleeping arrangements)

22: Home 2: One nightstand was stored on the top of another without securing it to the bottom nightstand or to the wall. The nightstands were immediately separated. One nightstand had a broken handle

Plan of Correction:

Effective June 9, 2015 the progress Note has been updated and has a section that asks about the Physical Home Observation. The Clinical Coordinators to conduct an inspection of the foster home both inside and out during each home visit. The Clinical Coordinators will then document if the home meets CCL regulations, and if deficiencies were found were they corrected at the time of the home visit. If deficiencies were found and corrected, the foster parent will sign the Progress Note. Clinical Coordinators and Assistant Program Director will be trained on the new Progress Note format on June 9, 2015 by Program Director.

III.24. Does the certified foster home maintain adequate nutritious perishable and non-perishable foods and adhere to product "used or freeze by," "best by," "sell by," or expiration dates? (A minimum of three meals and between meal snacks)

24: Home # 1: There were three boxes and two cans of food with the past "best by" dates.

Plan of Correction:

Effective June 9, 2015 the Progress Note has been updated and has a section that asks about the Physical Home Observation. The Clinical Coordinators to conduct an inspection of the foster home both inside and out during each home visit. The Clinical Coordinators will then document if the home meets CCL regulations, and if deficiencies were found were they corrected at the time of the home visit. If deficiencies were found and corrected, the foster parent will sign the Progress Note. Clinical Coordinators and Assistant Program Director will be trained on the new Progress Note format on June 9, 2015 by Program Director

IV. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

IV.27. Did the FFA obtains or document efforts to obtain the County worker's authorization to implement the NSP?

27: Child # 2: No CSW's signature on Initial and two updated NSPs. Only 1 attempt on Initial and 2 attempts on each updated NSPs were documented. Not all the attempts were within required timeframe. Child # 3: No CSW's signature on Initial and two updated NSPs. Only 1 attempt on each NSPs was documented.

Plan of Correction:

Childhelp Clinical Coordinators were trained by Childhelp Clinical Director on June 2, 2015 on how to obtain the CSW's authorization to implement all NSPs. The Clinical Coordinators have also been trained on how to make three documented attempts at obtaining this authorization.

They were trained by Childhelp Clinical Director on the applicable protocol on June 2, 2015. The attempts are to be made by three different modes of contact (e-mail, telephone and fax) on three different dates within five days. Each attempt is documented at the bottom of the NSP signature page.

The Assistant Program Director is responsible for auditing all NSP's to ensure that the Clinical Coordinators are complying with Childhelp protocol.

IV.30. Did the FFA social worker develop timely, comprehensive, initial (NSPs) with the participation of the developmentally age-appropriate child?

30: All four Initial NSPs are timely, but not comprehensive. Child #1: Goal # 3 is not within SMART guidelines. Child # 2: Goals 2 and 3 are not within SMART guidelines. Child # 3: Goal # 2 is not within SMART guidelines. Child # 4: By the time Initial NSP was developed, the child has had established services. The services were not documented in child's NSP.

Plan of Correction:

Childhelp Clinical Coordinators, Assistant Program Director, and Program Director were trained on June 2, 2015 by Childhelp Clinical Director on how to write more comprehensive NSP's using SMART guidelines and to ensure that established services are appropriately documented in the NSP. The Assistant Director is responsible for reviewing NSP's. The Clinical Coordinators e-mail the NSP to the Assistant Director; the NSP is reviewed to ensure that goals are within the SMART guidelines. If goals need to be revised to meet SMART guidelines, they are discussed with the Clinical Coordinators and the NSP is revised to reflect the SMART guidelines.

IV.35. Does the FFA social worker complete timely, comprehensive, quarterly reports? (to County workers by 10th business days following the end of each quarter from the date the child was placed).

35: Child 2: Goals are not within SMART guidelines. Per medical case notes, it was recommended for the child to be in play therapy. Intake assessment date was documented (2/18/15); however, no outcome was documented. Based on Quarterly NSP it was unclear whether or not the child receives services. Neither service provider nor dates of service were documented. Per CFP, the child receives services. Child 3: Goals are not within SMART guidelines. Quarterly NSP indicates psychiatric referral dated 12/19/2014, but no outcome was documented. There is a discrepancy in documented visitation. FP's signature is missing from NSP dated 03/05/2015.

Plan of Correction:

Childhelp Clinical Coordinators, Assistant Program Director, and Program Director were trained on June 2, 2015 by Childhelp Clinical Director on how to write more comprehensive NSP's using SMART guidelines and to ensure that established services are appropriately documented in the NSP. The Assistant Director is responsible for reviewing NSP's. The Clinical Coordinators e-mail the NSP to the Assistant Director; the NSP is reviewed to ensure that goals are within the

SMART guidelines. If goals need to be revised to meet SMART guidelines, they are discussed with the Clinical Coordinators and the NSP is revised to reflect the SMART guidelines.

IV.36. Do FFA social workers conduct required visits with placed children in accordance with the contract?

36: Child 1: One visit missed (the week of 03/22/2015)

Plan of Correction:

Clinical Coordinators were instructed on June 2, 2015 at the Department Team Meeting to make sure that their cases are covered when on vacation by another Clinical Coordinator. Program Director approves all vacation time and then the Clinical Coordinators are to inform their direct supervisor Assistant Program Director and the Assistant Program Director is to assign the coverage of their cases to ensure that the children are seen on a weekly basis or at least four times a month while the case covering Clinical Coordinator is on vacation.

VI.42. Are initial medical examinations conducted timely?

42: Child 2: DOP: 9/5/14. Date of Examination: 11/24/14.

Plan of correction:

Effective June 9, 2015 the Clinical Coordinators will follow up with the foster parent on their first home visit after the child is placed to ensure that a physical exam is scheduled within the first three days of placement in order to ensure that there is plenty of time to obtain an appointment. Clinical Coordinators to document this in their case notes under Medical/Dental issues follow up care section. Clinical Coordinators to discuss this in supervision with their direct supervisor, Assistant Program Director to ensure that guidelines are met.

XI. PERSONNEL RECORDS

XI.68. Were all criminal clearances (CACI, DOJ, FBI) signed and submitted timely prior to employee's hired date?

68: Employee #1: Employee was initially hired on 06/11/2012 to work at the residential treatment program (under same FFA). One 7/14/14, the employee was transferred to FFA program and started working on same date. Transfer request was submitted to CCL on 07/14/14. The employee was not associated with the FFA program prior to hire date. Employee #5: Employee's hire date is 2/27/2015. The FFA submitted CCL transfer on 3/4/15 and resends again on 4/2/15. The employee was not associated with the FFA program prior to hire date.

Plan of Correction:

Effective immediately any new Childhelp FFA program employee, Childhelp Human Resources will ensure that their CACI, DOJ, and FBI are all cleared and associated to the FFA prior to the

employee beginning work in the FFA. FFA Program Director and Human Recourses Director will coordinate the hire date around the date of clearance approval and association to the FFA.

Patricia Old, M.A., A.T.R.

Director Foster Care & Adoptions

Attachment Listing for Childhelp FFA

See Attachment 1 – SIR Staff Training Sign in Sheet
See Attachment 1a – SIR Foster Parent Training Sign in Sheets-for LA County Families (total of six)
See Attachment 1b - Childhelp Foster Family Agency Emergency & Incident Reporting Protocol
See Attachment 1c - Reportable Incidents & Emergencies
See Attachment 1d - Numbers for Psychiatric Emergencies.

See Attachment – 2 Personal Rights

See Attachment 3 – Staff Training Sign in Sheet
See Attachment 3a – Childhelp FFA Over-Two Placement Assessment of 3 or More Foster Children

See Attachment 4 – Applicant Checklist (page 1)
See Attachment 4 – Applicant Checklist (page 3)
See Attachment 4 Applicant Checklist (page 8)
See Attachment 4 Applicant Checklist (page 8)

See Attachment 5 – Progress Note

See Attachment 6 – Staff Training Sign in Sheet

See Attachment 7 – Staff Training Sign in Sheet

See Attachment 8 – Staff Training Sign in Sheet
See Attachment 8a – Setting SMART Goals
See Attachment 8b – SMART Description

See Attachment 9 – Staff Training Sign in Sheet Regarding Case Coverage

See Attachment 10 – Memo to Human Resources

See Attachment 11 – Clinical Coordinator Meeting Staff Sign in Sheet for Review of Progress Note

See Attachment 11a – Progress Note Training description Sheet