County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
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December 17, 2015

To: Supervisor Hilda L. Solis, Chair
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From: Philip L. Browning
Director

FRED JEFFERSON MEMORIAL HOME FOR BOYS FOSTER FAMILY AGENCY FISCAL ASSESSMENT AND CONTRACT COMPLIANCE

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a fiscal compliance assessment and contract compliance review of Fred Jefferson Memorial Home for Boys Foster Family Agency (the FFA) in August 2014. The FFA has three licensed offices: one in the Second Supervisorial District, one in Riverside County, and one in San Bernardino County. All offices provide services to County of Los Angeles DCFS placed children as well as children from other counties. According to the FFA's program statement, its purpose is "to maintain minors placed in our homes within their existing support system. In doing so, we maintain the minor's existing attachments that they are familiar and comfortable with. We maintain attachments to birth parents when possible and when appropriate. When birth parents are not available, our goal then becomes centered on developing and maintaining substitute parents. All children must be attached to an adult that is loving, nurturing and consistently there for them. Without appropriate relationships with adults that are consistent, minors are unable to develop appropriately."

At the time of the review, the FFA supervised 83 DCFS placed children in 65 certified foster homes. The placed children's overall average length of placement was 10 months and their average age was 14.

SUMMARY

CAD conducted a fiscal compliance assessment which included a review of the FFA's financial records such as financial statements, bank statements, check register, and personnel files to determine the FFA's compliance with the terms, conditions, and requirements of the Foster Family Agency 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 2 of 5 areas of the fiscal assessment: Loans, Advances and Investments; and Board of Directors and Business Influence.

CAD noted deficiencies in the areas of: Financial Overview; Cash/Expenditures; and Payroll and Personnel.

During CAD's contract compliance review, the interviewed children generally reported feeling safe in their foster homes; being provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The FFA was in full compliance with 5 of 11 sections of our review: Certified Foster Homes; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to, Community Care Licensing (CCL) citations; Facility and Environment, related to common areas not being well maintained, children's bedrooms/interior not being well maintained, and allowance logs not being maintained; Maintenance of Required Documentation and Service Delivery, related to not obtaining or documenting efforts to obtain or document County Children's Social Workers' (CSWs) authorization to implement Needs and Services Plans (NSPs), the FFA social workers not developing timely, initial NSPs with the child's participation; Education and Workforce Readiness, related to the FFA not facilitating child's participation in Youth Development Services or equivalent services and vocational programs; Health and Medical Needs, related to follow-up dental examinations not being conducted timely; and Psychotropic Medications, related to current psychiatric evaluation reviews not being conducted.

Attached are the details of our review.

REVIEW OF REPORT

On November 4, 2014, Theodore Howard, DCFS CAD, held an Exit Conference with FFA representatives: Dr. Cecelia Jefferson-Freeman, Chief Executive Officer (CEO); Kimberly Weldon, Chief Financial Officer; and Niquelle Burks, FFA Program Administrator. DCFS staff included Helga Kiaian, CAD; and Aiyana Rios, Out-of-Home Care Management Division. 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 to address the noted deficiencies in a compliance Corrective Action Plan (CAP) and Fiscal Corrective Action Plan (FCAP).

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

The FFA provided the attached approved CAP and FCAP addressing the recommendations noted in this report.

CAD conducted a follow-up visit to the FFA on February 5, 2015 and verified implementation of the CAP. CAD fiscal staff will complete follow-up to verify implementation of the FCAP by December 31, 2015.

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

PLB:EM:LTI:th

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Dr. Cecilia Jefferson-Freeman, CEO, Fred Jefferson Memorial Home for Boys FFA
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

FRED JEFFERSON MEMORIAL HOME FOR BOYS FOSTER FAMILY AGENCY
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The fiscal compliance assessment included a review of Fred Jefferson's Memorial Home (the FFA) for Boys financial records for the period of July 1, 2013 through June 30, 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 their 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 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 2 of 5 fiscal areas reviewed: Loans, Advances and Investments; and Board of Directors and Business Influence.

FISCAL COMPLIANCE

CAD found the following areas out of compliance:

Financial Overview

- Incurred loss of $114,415 from operations and a total net assets deficit of $917,706 for its fiscal year (FY) that ended December 31, 2013 due to unpaid payroll taxes of $1,223,950 for salaries paid during FY's 2008 through 2011.

Recommendation:

The FFA management shall ensure that:

1. The FFA maintains positive net assets.

Cash/Expenditures

- The April 2014 bank reconciliation was prepared more than 30 days from the bank statement date.

Recommendation:

The FFA management shall ensure that:

2. The bank reconciliations are prepared timely.

Payroll and Personnel

- Two individuals are compensated as both an employee and as a contractor.

Recommendation:

The FFA management shall ensure that:

3. The FFA will properly classify employees and independent contractors, and will not classify or pay its employee's whose pay is reported on W2s as Independent Contractors.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent fiscal review of the FFA was posted by the Auditor-Controller on March 13, 2013. This report identified $48,138 in unallowable expenditures and $1,648 in unsupported/inadequately supported expenditures. The amounts were repaid in full. The FFA has an overpayment balance of $144. These payments are being made in accordance with the invoice due dates.

NEXT FISCAL COMPLIANCE ASSESSMENT

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

FRED JEFFERSON MEMORIAL HOME FOR BOYS FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

152 W. Walnut St., Suite 150 Gardena, CA 90248 License Number: 197805297	12981 Perris Blvd., Suite 208 Perris, CA 92553 License Number: 336408474	14268 Main St. Hesperia, CA 92345 License Number: 366423518

	Contract Compliance Monitoring Review	Findings: August 2014
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. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Not Applicable 6. Not Applicable 7. Full Compliance
II	**Certified Foster Homes (CFHs)** (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 (DOJ, FBI, 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 Inspections 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/ DOJ/FBI/CACI/Auto Insurance for Other Adults in the Home 12. FFA Assists CFPs in Providing Transportation Needs	Full Compliance (All)

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

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. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed
VII	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	 1. Full Compliance 2. Improvement Needed
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's Involvement in 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 (DOJ, FBI, 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 Exceed Total of 15 Children	Full Compliance (All)

FRED JEFFERSON MEMORIAL HOME FOR BOYS FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. The compliance report addresses findings noted during the August 2014 review. The purpose of this review was to assess Fred Jefferson Memorial Home for Boys Foster Family Agency's (the FFA's) compliance with the County contract and State regulations and included a review of the FFA's program statement, as well as administrative internal policies and procedures. The 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 each child and reviewed their 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. Two of the children selected for the sample were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed four Certified Foster Home (CFH) files and five staff files for compliance with Title 22 regulations and County contract requirements. Interviews were conducted with four Certified Foster Parents (CFPs) to assess the quality of care and supervision provided to children.

CONTRACTUAL COMPLIANCE

CAD found the following areas out of compliance:

Licensure/Contract Requirements

- Community Care Licensing (CCL) citations.

CCL cited the FFA as a result of deficiencies and findings in a complaint received on June 11, 2014. According to the report dated June 11, 2014, CCL substantiated a complaint against a CFP that transported placed children without appropriate car seats. The remaining placed children in the home were moved to another CFH within the FFA on February 6, 2014. This CFP was decertified by the FFA on February 19, 2014. This referral was investigated by a Department of Children and Family

Services (DCFS) Emergency Response Children's Social Worker (ER CSW) who substantiated allegations of General Neglect. On May 29, 2014, Out-of-Home Care Investigation Services (OHCIS) placed this home on an indefinite hold and determined that the CFP would no longer be used as a placement resource for DCFS.

CCL cited the FFA as a result of deficiencies and findings in a complaint received on December 17, 2014. According to the report dated December 17, 2014, CCL substantiated a complaint against a CFP that allowed a placed child to supervise another placed child that was taking a shower. The remaining placed children were moved to another CFH within the FFA on December 12, 2014 and December 15, 2014. This CFP was decertified by the FFA on February 4, 2015. This referral was investigated by a DCFS ER CSW who substantiated allegations of General Neglect. On March 17, 2015, OHCIS placed this home on an indefinite hold and determined that the CFP would no longer be used as a placement resource for DCFS.

At the Exit Conference, the FFA representatives stated that they will continue to review Title 22 regulations with all CFPs in their scheduled quarterly meetings.

At the time of CAD's follow-up visit on February 5, 2015, there had been no new CCL citations for the FFA's foster homes.

Recommendation:

The FFA's management shall ensure that:

1. The FFA is in full compliance with Title 22 Regulations and free of CCL citations.

Facility and Environment

- Common areas were not well maintained.

CFH #1 did not have a working smoke detector in one room on the day of the review. CAD verified a working smoke detector was installed before leaving the home at the end of the day.

- Children's bedrooms/interior not well maintained.

CFH #2 had a door to the children's bedroom that could not be opened all the way due to a bed blocking it. CAD verified that this situation was resolved before leaving the home on the day of the review.

- Allowance logs not maintained.

In CFH #2, allowances were given out on an inconsistent basis leading to several instances in which the placed children did not receive their allowances for an entire month.

At the Exit Conference, the FFA representatives stated that they would immediately have the FFA social worker for CFH #2 make certain that the corrections are made and that the home is in compliance with all Title 22 regulations.

During a follow up visit conducted by CAD on February 5, 2015, it was verified that the CFP had implemented the changes to her internal record keeping system and distributed all allowances weekly.

Recommendations:

The FFA's management shall ensure that:

2. Common areas are well maintained.

3. Children's bedrooms/interior are well maintained.

4. Allowance logs are maintained.

Maintenance of Required Documentation and Service Delivery

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

In four NSPs reviewed, CSW authorization to implement NSPs was not obtained. There was documentation of only one attempt to obtain CSW's authorization for one of the NSPs.

At the Exit Conference, the FFA representatives stated that they would immediately change their internal protocols so the FFA social worker supervisor will be responsible for ensuring that each NSP is faxed over to the CSW for approval three times for each NSP.

On February 5, 2015, CAD conducted a follow-up visit to ensure the FFA's implementation of its new protocol. CAD reviewed two NSPs and found that appropriate measures had been taken by the FFA to obtain the CSW's authorization to implement NSPs.

- FFA social workers did not develop timely initial NSPs.

Two reviewed NSPs were found to have signatures that were more than 30 days late. There was no explanation regarding the reason for the delay.

At the Exit Conference, the FFA representatives stated that they would immediately change their internal protocols so the FFA social worker supervisor will be responsible for ensuring that each child signs their NSP within 5 working days of the due date and that all signatures are dated by the person who signed.

On February 5, 2015, CAD conducted a follow-up visit to ensure the FFA's implementation of its new protocol. CAD reviewed two NSPs and found all signatures were timely.

Recommendations:

The FFA's management shall ensure that:

5. FFA obtains or documents efforts to obtain the County CSWs authorization to implement NSPs.

6. FFA social workers develop timely Initial NSPs.

Education and Workforce Readiness

- The FFA did not facilitate child's participation in Youth Development Services (YDS) or equivalent services and vocational programs.

One 16 year-old was not participating in any YDS related services. There was no documentation of the FFA social worker's efforts to coordinate the child's participation in the services with the child's CSW.

At the Exit Conference, the FFA representatives stated they would immediately arrange for all FFA social worker staff to attend training with the Independent Living Program/YDS Division regarding how to successfully enroll their age-appropriate children in this program.

On February 5, 2015, CAD conducted a follow-up visit to ensure the FFA's implementation of its new protocol. CAD reviewed above child's file and found that adequate efforts were being made by the FFA to ensure the child receives appropriate YDS related services.

Recommendation:

The FFA's management shall ensure that:

7. The FFA facilitates child's participation in YDS or equivalent services and vocational programs.

Health and Medical Needs

- Follow-up dental exams not conducted timely.

One child did not have a follow-up dental exam completed timely.

At the Exit Conference, the FFA representatives stated that they would immediately change their internal protocols so that the FFA social worker supervisor will be responsible for ensuring that medical and dental exams are completed and the follow-up documentation is completed and appropriately filed.

On February 5, 2015, CAD conducted a follow-up visit to ensure the FFA's implementation of its new protocol. CAD reviewed the above child's file, as well as two other case files for timeliness of follow-up dental examinations. It was noted that the FFA was in compliance with the requirements for ensuring timely follow-up dental examinations.

Recommendation:

The FFA's management shall ensure that:

8. Follow-up dental exams are conducted timely.

Psychotropic Medication

- Current psychiatric evaluation review not completed.

One child's case file did not have a current psychiatric evaluation report.

At the Exit Conference, the FFA representatives stated that they believed that this document had been obtained, but was misfiled. They stated that they would have their staff immediately review all children's files to make certain all psychiatric evaluations were filed properly.

On February 5, 2015, CAD conducted a follow-up visit to ensure the FFA's implementation of its new protocol. CAD reviewed the above child's file and found that this child had received an updated psychiatric evaluation.

Recommendation:

The FFA's management shall ensure that:

9. Current psychiatric evaluation reviews are completed.

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD) FOSTER FAMILY AGENCY CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report dated March 14, 2014, identified five recommendations.

Results

Based on the results of this review, the FFA successfully implemented 4 of 5 previous recommendations as follows:

- All SIRs are cross reported to all required parties via I-Track and documentation is maintained.
- All certified foster parents' home studies are completed prior to certification.
- Certified Foster Parents are included in the development of the NSP.
- NSP Quarterly Reports are comprehensive and include all elements contained in the standard NSP template.

Based on the results of this review, the FFA did not successfully implement 1 of 5 previous recommendations from last year:

- All certified foster homes are in compliance with Title 22 Regulations.

Recommendation:

The FFA management shall ensure that:

10. The outstanding recommendation from the March 14, 2014, monitoring report, which is noted in this report as recommendation 1 is fully implemented.

The FFA representatives expressed their desire to remain in compliance with Title 22 regulations and contract requirements. The FFA will implement procedures to strive towards greater compliance.

On February 5, 2015, CAD conducted a follow-up visit to ensure the implementation of the FFA's new protocol.

CAD found that the FFA had implemented 9 of 9 recommendations noted in this report. No CCL citations have been issued for the FFA's CFHs. CAD verified that the CFP had made the proper corrections to the FFA's internal record keeping system regarding children's allowances. Two NSPs were reviewed and it was found that appropriate measures had been taken by the FFA to obtain the CSW's authorization to implement NSPs. Additional NSPs were reviewed and they were timely dated. The FFA now documents its efforts to ensure the children receive appropriate YDS or equivalent services. The FFA demonstrated follow-up dental examinations are conducted timely and that current psychiatric evaluation reviews are being conducted as required. CAD will continue to assess implementation of the recommendations during our next monitoring review. OHCMD will provide on-going technical assistance prior to the next review.

Fred Jefferson Memorial Homes for Boys
152 West Walnut Street Suite 150
Gardena, CA 90248
Phone (310) 763-1660 ***Fax (310) 763-0357***

December 1, 2014

Department of Children and Family Services
Contracts Administration Division
3530 Wilshire Blvd, 5th Floor
Los Angeles, CA 90010
Attention Helga Kilian

Fred Jefferson Memorial Home for Boys
Fiscal Compliance Assessment – Internal Controls
Summary of Findings

FCAT Section I – Financial Overview

Question #3 & 4

Finding – Operating loss and a net deficiency in net assets raise a substantial doubt about FJMH's ability to continue as a going concern.

Response – The operating loss and negative net assets are largely attributed to the past unpaid payroll taxes. Although the agency has remained current with the payroll taxes the last two years, until the Offer In Compromise has been accepted by the Internal Revenue Service, penalties and interest will continue to accrue.

Question #10

Finding – FJMH has unpaid payroll taxes of $967,593 for salaries paid during FYs 12/31/2008 – 12/31/2011.

Response – FJMH currently has an Offer In Compromise pending with the Internal Revenue Service. As of the last communication with IRS there has been no updates and the offer is still awaiting review. FJMH has remained current with all payroll taxes due.

FCAT Section III – Board of Directors, and Business Influence

Question #15

Finding – Two of the residential homes are leased from the Agency's CFO. The CFO is also the CEO's sister. Monthly rental payments made to related party for two residential homes is $4,200.00 ($2,000+$2,200), which is over the 1% of the property value per LA County Assessors information.

Response – Appraisals of the two residential properties were performed. (Please see attached.) Estimated rents for the two properties came in at $2,015.00 and $2,300.00.

FCAT Section IV – Cash/Expenditures

Question #25

Finding – The reconciliation for bank statement dated 04/30/14 was prepared on 06/12/14.

Response – Fred Jefferson Memorial Homes elected to switch our bookkeeping methods QuickBooks online. Transitioning to this program took some time because of some unforeseen glitches. Bank reconciliations are and have been done in a timely manner with the exception of this incident.

Question #30

Finding – two employees are also paid as contractors for cleaning services provided.

Response – The two employees were immediately notified of the concern and the amount was incorporated into their salary, effective 09/01/2014.

If you have any further questions, please contact me at 310-763-1660, ext 122 or via email.

Sincerely,

Kimberly Weldon
Chief Financial Officer

Fred Jefferson Memorial Homes For Boys
152 West Walnut Street Suite #150
Gardena, Ca 90248

Phone # (310) 763-1660 Fax # (310) 763-0357

January 22, 2015

Attention: Department of Children and Family Services
Contract Administration Division
Ted Howard, CSA I
3530 Wilshire Blvd. 4th Floor #079
Los Angeles, CA 90010

From: Niquelle Burks, MA
Administrator

Regarding: Audit Findings Completed November 4, 2014

Fred Jefferson FFA is submitting a Corrective Action Plan in response to the contract compliance review conducted November 2014.

I. Licensure/ Contract Requirements

Finding
The Agency was found to not be free of substantiated Community Care Licensing complaints/reports on safety and physical plant deficiencies since the last review.

Action Taken
The Agency will continue to review Title 22 Regulations which the certified parents in the scheduled quarterly meeting which includes Safety, Physical Plant and Personal Rights. Each certified parent will receive handouts on the items covered on the agenda.

II. Certified Foster Homes

Finding
Home studies and safety inspections were not conducted prior to certification.

Action Taken
The FFA will continue to follow protocol with the Home Study process. Each certified parent reviewed was a parent that transferred from another foster family agency with approval from Out of Home Care for certification without an approved home study. Each

home study is in process and has been since the date of certification. All documentation to prove this was provided at the time of the review. If further information is needed it can be provided at any time.

III. Facility and Environment

Finding
Two certified homes were not found free from safety hazards.

Action Taken
The certified homes visited during this review that was not free from safety hazards were visited by the FFA staff on November 5, 2014 and December 19, 2014. The foster parent was made aware of the issue and what was needed to take place to continue certification. The bedroom in one home has been rearranged and made free of all safety hazards. In the second home it was verified that the smoke detector had been replaced and all smoke detectors were properly working. Attached you will find the home evaluations for these certified homes to verify the inspection dates.

IV. Maintenance of Required Documentation and Service Delivery

Finding
The FFA did not obtain or document efforts to obtain signatures of the CSW's in a timely manner on the Quarterly/NSP reports. Also, only one attempt to obtain signatures were documented by the agency.

Action Taken
The FFA Social Worker Supervisor will ensure that each NSP is faxed over to the CSW three times within the first five days after the report date. A fax confirmation will be obtained to provide proof of submission to the CSW to implement the NSP.

Finding
The agency social worker did not develop timely, comprehensive, initial and updated NSPs with the participation of the developmentally age- appropriate child.

Action Taken
Each social worker that is servicing Los Angeles County Children will continue to be trained to ensure proper development of initial and updated NSP reports. Each social worker supervisor will ensure that these reports are meeting the requirements of DCFS.

V. Education and Workforce Readiness

Finding
The agency did not ensure that all children participate in ILP services.

Action Taken
The administrator and Social Worker Supervisors have attended a training with the Independent Living Program/Youth Development Services Division on how to successfully enroll our age appropriate minors in the program. The correct forms have been received by the agency and are currently being completed for submission. Attached you will find a copy of the information that was provided and the forms we complete to enroll the youth in the program.

VI. Health and Medical Needs

Finding
The agency did not obtain follow up dental examination documentation from the certified foster parent.

Action Taken
The agency social worker supervisor will ensure that medical and dental exams are completed and the follow up documentation is obtained. If applicable, the agency social worker will submit the monthly documentation. If the social worker does not submit the documentation, the social worker supervisor will contact the noted medical or dental office to obtain the records.

VII. Psychotropic Medication

Finding
The agency did not obtain up to date psychiatric evaluation forms for one of the children which file was reviewed during the review.

Action Taken
As the agency's administrator I believe this to be an oversight on the audit findings. Attached you will find the proper documentation for the child noted. She had been seeing a psychiatrist monthly and the proper documentation was in her file. When I submitted the documents for review via email, I did not notice the attachment was missing. However, I have attached the documents to this CAP.

IX. Personal Needs/Survival and Economic Well-Being

Finding

The agency/foster parent failed to encourage and assist two children with up to date life books or photo albums.

Action Taken

The agency has purchased life books for each child placed in the agency. The life books will be issued to every child at the time of intake. The foster parent will assist and encourage each child to complete the book within the first 90 days of placement to the best of their ability. Photos and life achievements will be added to the book on a regular basis during the remainder of the child's placement while in the agency. If the child is too young to complete the book the foster parent will complete the book for them. If the child decides to opt out of keeping a life book the social worker will retain a signed statement from the child to be kept in the child's file at the agency.

If further information is needed regarding the items addressed above please feel free to contact me. I can be reached at (310) 763-1660 ext. 118 or (714) 767-5494.

Respectfully submitted,

Niquelle Burks

Niquelle Burks
Administrator