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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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December 22, 2015

To: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
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Michael D. Antonovich, Mayor

From: Philip L. Browning
Director

NUEVO AMANECER LATINO CHILDREN'S SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of Nuevo Amanecer Latino Children's Services Foster Family Agency (the FFA) in April 2015. The FFA has licensed offices in the First, Third and Fifth Supervisorial Districts, one office in San Bernardino County, and one office in Orange County. All locations provide services to DCFS placed children, as well as children from other counties. According to the FFA's program statement, its mission is "to provide children and families with love, education and family based concurrent planning services."

At the time of the review, the FFA supervised 416 DCFS placed children in 74 Certified Foster Homes (CFHs). The placed children's average length of placement was 23 months, and their average age was 9.

SUMMARY

During CAD's contract compliance review, the interviewed children generally reported feeling safe in the FFA 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 being supported by the FFA staff in their efforts to provide care and supervision to the children placed in their homes.

The FFA was in full compliance with 7 of 11 sections of our contract compliance review: Certified Foster Homes; Facility and Environment; Education and Workforce Readiness; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) not being submitted or cross reported and Community Care Licensing (CCL) citations; Maintenance of Required Documentation and Service Delivery, related to a child not progressing towards meeting the Needs and Services Plan (NSP) case goals, the FFA social worker not developing comprehensive initial and updated NSPs, and the FFA social worker not developing comprehensive quarterly reports; Health and Medical Needs, related to follow-up medical examinations not being conducted timely; and Personal Needs/Survival and Economic Well-Being, related to encouragement/assistance with Life Book not being provided.

Attached are the details of our review.

REVIEW OF REPORT

On June 10, 2015, Lorena Moya-Rivas, DCFS CAD, held an Exit Conference with FFA representatives: David Danwing, Executive Director; Norma Duque, President and Chief Executive Officer; Enrique Montiel, Quality Improvement Supervisor; Jose Ruvalcaba, Resource Family Administrator; Nelson Martinez, Resource Family Administrator; Ernesto Velasquez, Resource Family Administrator; Omar Palao, Chief Financial Director and Ofelia Medina, Resource Family Supervisor. DCFS staff included Dario Villamarin, Out-of-Home Care Management Division. The FFA representatives agreed 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 Corrective Action Plan (CAP).

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

The FFA provided the attached approved CAP addressing the recommendations noted in this report. OHCMD provided technical assistance to the FFA on June 10, 2015, to assist the FFA with implementing their CAP.

CAD conducted an on-site follow-up visit on July 28, 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:lmr

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Norma Duque- Acosta, MS, MBA, President and CEO
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

NUEVO AMANECER LATINO CHILDREN'S SERVICES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

5400 Pomona Blvd.
Los Angeles, CA 90022
License Number: 197802088

1085 West Badillo Street
Covina, CA 91722
License Number: 197802638

439 North Maclay Avenue
San Fernando, CA 91340
License Number: 197602944

2025 North D Street
San Bernardino, CA 91730
License Number: 366408237

322 West Katella Avenue, Ste. 5-B
Orange, CA 92867
License Number: 306099621

	Contract Compliance Monitoring 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. Non-Applicable
	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	Full Compliance (All)
	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 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/ DOJ/FBI/CACI/Auto Insurance for Other Adults in the Home 12. FFA Assists CFPs in Providing Transportation Needs	
III	**Facility and Environment** (7 Elements) 1. Exterior/Grounds Well Maintained 2. Common Areas/Interior were 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	Full Compliance (All)
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 2. CFPs Participated in Development of the NSPs 3. Children Progressing Towards Meeting NSP Goals 4. FFA Social Workers Develop Timely, Comprehensive Initial NSP with Child's Participation 5. FFA Social Workers Develop Timely, Comprehensive Updated NSPs with Child's Participation 6. Therapeutic Services Received 7. Recommended Assessments/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. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Full Compliance

V	**Education and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. Children Attend School as Required and FFA Facilitates 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	Full Compliance (All)
VI	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	1. Full Compliance 2. Improvement Needed 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'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 or Photo Album	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
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)

NUEVO AMANECER LATINO CHILDREN'S SERVICES 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. This compliance report addresses findings noted during the April 2015 review. The purpose of this review was to assess Nuevo Amanecer Latino Children's Services 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 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 the purpose of this review, 14 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, five discharged children's files were reviewed to assess the FFA's compliance with permanency efforts. At the time of the review, four children were prescribed psychotropic medication. The children's case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and required documentation of psychiatric monitoring.

CAD reviewed seven Certified Foster Parent (CFP) files and five staff files for compliance with Title 22 regulations and County contract requirements. Interviews were conducted with seven 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

- Special Incident Reports (SIRs) were not cross reported.

One of 33 SIRs reviewed was not submitted or cross reported.

During a follow-up visit on July 28, 2015, CAD reviewed five additional SIRs and observed all to be timely submitted and appropriately cross reported. The FFA representative stated that he revised the FFA's quality improvement tool to include reviews of SIRs. In addition, the FFA has increased the

number of staff in their quality improvement section from one to three staff to improve the number and quality of children's files that can be reviewed.

- Community Care Licensing (CCL) cited the FFA.

CCL cited the FFA as a result of deficiencies and findings in a complaint received by CCL on February 6, 2014. According to the report dated May 20, 2014, CCL substantiated a personal rights violation due to Sexual Abuse by the certified foster father. The child's allegations were corroborated by another child with a similar complaint against the certified foster father. Neither child had knowledge of the other child being abused. CCL requested a Plan of Correction (POC), which included the decertification of the CFPs. CCL cleared the POC on May 20, 2014. These referrals were not investigated by DCFS or Kern County Child Protective Services; the referrals were evaluated out to Kern County law enforcement for appropriate action.

CCL cited the FFA as a result of deficiencies and findings in a complaint received by CCL on January 24, 2014. According to the report dated July 31, 2014, CCL substantiated a personal rights violation by the certified foster father because he looked at the children inappropriately and attempted to inappropriately kiss a child. The FFA submitted a POC, which included decertification of the home effective July 31, 2014. CCL cleared the POC on August 4, 2014. This complaint was investigated by a DCFS Emergency Response Children's Social Worker (ER CSW) and the allegations of Sexual Abuse and Sibling At-Risk were deemed inconclusive. Out-of-Home Care Investigations Section (OHCIS) recommended that the CFH be placed on an indefinite hold and the home will not be used as a placement resource for children. The FFA was to provide its social workers with additional training on child abuse reporting requirements, as well as SIR reporting requirements. On September 15, 2014, OHCIS approved the FFA's POC.

CCL cited the FFA during a complaint investigation visit on July 3, 2014. According to the report dated July 3, 2014, CCL substantiated a personal rights violation when CCL found that the CFP's adult son who is a registered sex offender was living in the home. CCL requested a POC, which included decertification of the CFH. The home was decertified on July 3, 2014 and CCL cleared the POC on the same date. This complaint was investigated by DCFS ER CSW and the allegation of General Neglect by the CFP was substantiated and the placed children were removed from the home. OHCIS recommended that the CFPs be placed on an indefinite hold status and no longer be used as a placement resource.

CCL cited the FFA as a result of deficiencies and findings in a complaint received on February 18, 2014. According to the report dated August 27, 2014, CCL substantiated a personal rights violation when the CFP was found yelling and screaming at the children. CCL requested a POC, which included that the CFP would be given additional personal rights training. The POC was submitted to CCL on September 4, 2014. This complaint was investigated by a DCFS ER CSW and the allegations of Physical Abuse and Sibling At-Risk were deemed unfounded, as the adults and children in the home denied the allegations. On May 19, 2014, OHCIS concluded their investigation with no recommendations following the review of the ER CSW's investigation results and interviews with DCFS and FFA staff.

CCL cited the FFA as a result of deficiencies and findings for an inspection authority violation on August 28, 2014. CCL was unable to inspect the back room of the CFH, as the CFPs were unable to

find the key. Further, CCL cited the FFA for a building and grounds violation when they observed a kitchen knife on top of the table accessible to small children. CCL requested a POC, which required that the FFA conduct an inspection of the back room and send a certification of the inspection and a picture of the room to CCL by September 5, 2014, and that the FFA train the CFPs on proper storage of sharp objects. CCL cleared the POC on September 3, 2014. This incident was not investigated by DCFS ER or OHCIS.

CCL cited the FFA as a result of deficiencies and findings in a complaint received by CCL on April 24, 2014. According to the report dated September 8, 2014, a child had been pinched on the ear and forcefully pulled by the arm by the CFP. CCL requested a POC due on August 13, 2014, which included the decertification of the CFH. CCL cleared the POC on August 13, 2014, as the FFA had decertified the home on July 9, 2014. On September 17, 2014, OHCIS placed this home on an indefinite hold and determined that the CFPs would no longer be used as a placement resource for DCFS supervised children.

CCL cited the FFA as a result of deficiencies and findings in a complaint received by CCL on June 26, 2014. According to the report dated November 5, 2014, the placed children were not properly supervised when the CFP left the children in the apartment complex playground to be supervised by a neighbor while she showered. One of the two placed children walked back to the apartment by himself and was crying because he was unable to find his sibling. CCL requested a POC, which included that the FFA re-train the CFP on proper supervision of the placed children. CCL cleared the POC on November 21, 2014, as CCL had received the proof of the training records. This complaint was investigated by a DCFS ER CSW and the allegation of General Neglect was deemed unfounded. On November 25, 2014, OHCIS recommended that the CFPs continue to provide children placed in their care with age appropriate supervision.

CCL cited the FFA as a result of deficiencies and findings in a complaint received by CCL on July 24, 2014. According to the report dated November 12, 2014, CCL substantiated a personal rights violation when the CFP called the children names, made the children clean the house, pulled a placed child's hair on one or more occasion and texted a child during a complaint investigation and was probing the child on what had been reported. The children were removed from the CFH on May 6, 2014. The CFP also attempted to speak to the children and ask them questions in regards to the complaint. As a result, this CFP was decertified by the FFA on October 2, 2014. CCL cleared the POC on November 12, 2014. This complaint was investigated by a DCFS ER CSW and the allegation of General Neglect was deemed inconclusive. On February 4, 2015, OHCIS placed this home on an indefinite hold and determined that the CFPs would no longer be used as a placement resource for DCFS supervised children.

CCL cited the FFA as a result of deficiencies and findings due to a CFP failing to report a serious incident in a timely manner related to two placed children engaged in marijuana use. The incident occurred on November 28, 2014; however, the CFP did not inform the FFA until December 1, 2014. CCL requested a POC, which included that the FFA is to provide training to the CFP regarding reporting requirements. On January 5, 2015, CCL cleared the POC as the FFA provided proof of conducting a reporting requirements training to the CFP. This incident was not investigated by DCFS or OHCIS.

CCL cited the FFA as a result of deficiencies and findings in a complaint received by CCL on February 9, 2015. According to the report dated February 11, 2015, during a case management visit by CCL, several deficiencies were observed, which included: three placed children sleeping in one room, two children sharing the same single size bed, the certified foster father was driving the children without a valid driver's license, the vehicle used to transport the children was filthy as there was trash and food in the vehicle, there was a missing handle on one of the children's dresser drawers, one child did not have adequate storage space, the restroom used by the placed children had a strong urine odor, the side yard was dirty, there was rotten fruit in the kitchen, and one orange was covered with mold. The certified foster father gave false statements to CCL regarding the sleeping arrangements and about transporting the children by car without a valid driver's license. The FFA social worker was also issued a citation for failure to provide general supervision to the home according to Title 22 regulations. CCL requested a POC to address these deficiencies, which included the CFPs fixing the furniture, purchasing adequate furniture, cleaning the bathroom and side yard and the FFA conducting an inspection for the cited deficiencies and submitting the report to CCL. In addition, the FFA was to provide additional training regarding Title 22 requirements to the CFPs and to the assigned FFA social worker. CCL cleared the POC on March 11, 2015.

CCL cited the FFA as a result of deficiencies and findings in a complaint received by CCL on November 3, 2014. According to the report dated February 23, 2015, CCL substantiated personal rights violations when the certified foster father made inappropriate sexual comments to the placed children. Further, it was discovered that there were adults living in the home without proper clearances. CCL requested a POC to address these deficiencies, which included the decertification of the home. CCL cleared the POC on February 23, 2015. This complaint was investigated by a DCFS ER CSW and the allegation of Sexual Abuse by the certified foster father and General Neglect by the certified foster mother were substantiated. On May 12, 2015, OHCIS placed this home on an indefinite hold and determined that the CFPs would no longer be used as a placement resource for DCFS supervised children.

During a follow-up visit on July 28, 2015, CAD noted that there were no new CCL reports filed after the Exit Conference. The FFA representative stated that the FFA has revamped the quality improvement section by revising their quality improvement tool and including a quality assurance tool for the FFA's internal quality reviews.

Recommendations:

The FFA's management shall ensure that:

1. SIRs are cross reported.

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

Maintenance of Required Documentation/Service Delivery

- Children are not progressing toward meeting Needs and Services Plan (NSP) goals.

One child was not progressing towards meeting their NSP goals. This was evidenced by repeated goals noted in the child's updated and quarterly NSPs dated December 10, 2014 and March 11, 2015.

- Comprehensive, initial NSPs with child's participation were not developed.

CAD found that two of seven initial NSPs reviewed were not comprehensive and did not include all elements in accordance with the NSP template. Specifically, the updated NSP goals were not child specific and the goals were not measurable.

- Comprehensive, updated NSPs with child's participation were not developed.

CAD found that 12 of 20 updated NSPs reviewed were not comprehensive and did not include all elements in accordance with the NSP template. Specifically, the updated NSP goals were not child specific and the goals were not measurable. There was missing information such as start date, modification date, and projected completion date for outcome goals. Further, goals were copied and pasted from previous NSPs, and goals that were not reached were not modified, but copied and pasted from the previous plan.

- Comprehensive quarterly reports were not completed.

CAD found that 7 of 23 quarterly reports reviewed were not comprehensive and did not include all elements in accordance with the NSP template. Specifically, the quarterly reports were not child specific and the goals were not measurable. In addition, the goals were copied and pasted from previous NSPs and goals that were not reached were not modified, but copied from one quarter to the next.

During the Exit Conference, the FFA representatives acknowledged that developing Specific, Measurable, Attainable, Relevant, and Time-bound (SMART) goals has been challenging and they will continue to work on this by providing training for staff.

During a follow-up visit on July 28, 2015, CAD reviewed two initial NSPs and one updated NSP. CAD confirmed that the FFA had developed NSP goals that contained child specific and measurable goals. Further, CAD confirmed that children's progress was properly documented in the NSPs. The FFA representatives stated that a quality improvement review tool utilized monthly during quality improvement reviews was developed to include a thorough review of the NSP goals and verification that the SMART goal criteria are followed. In addition, the FFA representative stated that the number of staff in the quality improvement section has been increased in an effort to successfully complete the additional areas the FFA has included for their ongoing internal quality reviews.

Recommendations:

The FFA's management shall ensure that:

3. Children progress toward meeting NSP goals.

4. Comprehensive initial NSPs are developed with child's participation.

5. Comprehensive updated NSPs are developed with child's participation.

6. Comprehensive quarterly reports are completed.

Health and Medical Needs

- Follow up medical exams were not conducted timely.

A 10 year-old child missed two follow-up medical examinations. The scheduled medical appointments were missed on December 1, 2014 and December 2, 2014. The child attended both missed follow-up appointments in January 2015.

During the review, the FFA representative acknowledged that there were two medical appointments missed for the child, due to an oversight by the CFP. The Certified Foster Parent received care and supervision training by the FFA on April 14, 2015.

During a follow-up visit on July 28, 2015, the FFA representative stated that the recertification training for CFPs is scheduled for August 15, 2015, which will include the importance of timely medical follow-up visits. In addition, the FFA representative showed CAD that ensuring timely follow-up medical visits is an area included in the FFA's quality assurance checklist tool, which is now utilized in their monthly internal quality reviews.

Recommendation:

The FFA's management shall ensure that:

7. Follow-up medical examinations are conducted timely.

Personal Rights and Survival/Economic Well-Being

- Encouragement/assistance not provided for Life Books.

A child placed in a CFH for a year had three photos in his Life Book. For two other children, CAD noted that the children had created their Life Books one week prior to CAD's visit to the CFH. The children stated they had been moved to the home one month ago, but had taken photos in their previous foster home, which was also a CFH for the FFA; however they did not have their photos and were not able to place them into their Life Books.

During the review, the matter was brought to the FFA representatives' attention and they agreed to obtain the photos taken in the children's previous placement so that they may include the photos into their Life Books.

During the Exit Conference, the FFA representatives questioned whether the children had to maintain a Life Book or whether the children could preserve photos in their phones or in a CD. CAD noted that if the child has a preference in terms of how they maintain their photos, then there must be valid documentation of that child's stated preference. Further, the CFP shall continue to encourage the child to have a Life Book. CAD also noted that if the children keep photos in their phones, the CFPs

shall also ask the children if they would like the photos developed, so that they may place those photos in a Life Book.

During a follow-up visit on July 28, 2015, CAD verified that the FFA had two new protocols in place to ensure Life Books are created and updated. CAD reviewed three completed house and property inspection checklists and three completed monthly risk assessment contact notes. The FFA had included Life Books as part of the quarterly house and property inspection checklist. In addition, the FFA has revised the monthly risk assessment contact notes, which now include a mandatory update on the child's Life Book. This monthly contact is reviewed and signed by a supervisor.

Recommendation:

The FFA's management shall ensure that:

8. Encouragement/assistance is provided for Life Books.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S FOSTER FAMILY AGENCY CONTRACT COMPLIANCE MONITORING REVIEW

CAD's last compliance report dated March 17, 2015, identified five recommendations.

Results

Based on the results of the current review, the FFA fully implemented one of five previous recommendations for which they were to ensure that:

- Age appropriate children are allowed to manage their allowance/earnings.

Based on the results of the current review, four recommendations were not implemented:

- SIR's will be cross-reported in a timely manner.
- The FFA is in full compliance with Title 22 regulations, free of CCL citations.
- FFA social workers develop timely and comprehensive initial NSPs with the child's participation.
- All children are encouraged/assisted with maintaining a Life Book/Photo Album.

Recommendation:

The FFA's management shall ensure that:

9. The outstanding recommendations from the monitoring report dated March 17, 2015, which are noted in this report as Recommendations 1, 2, 4 and 8, are fully implemented.

The FFA representatives expressed their desire to remain in compliance with Title 22 regulations and contract requirements. During a follow-up visit on July 28, 2015, CAD verified that all recommendations noted in this report have been implemented. CAD will continue to assess implementation of the new protocol during our next monitoring review. Out-of-Home Care Management Division will provide ongoing technical assistance prior to the next review.

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

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

Nuevo Amanecer Latino
CHILDREN'S SERVICES

Accredited Since 2004

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July 10th, 2015

Lorena Moya-Rivas, Children's Services Administrator I
Contract Administration Division
3530 Wilshire Blvd, 4th Floor
Los Angeles, CA 90010

Re: Corrective Action Plan to Contract Compliance Review

Dear Lorena Moya-Rivas,

Nuevo Amanecer Latino Children's Services has received the report following the contract compliance annual review of our agency conducted by the Contracts Administration Division (CAD) and are submitting the following Corrective Action Plan to remediate and address the recommendations noted.

Licensure/Contract requirements.

1. *Are Special Incident Reports (SIR's) appropriately documented and cross-reported?*

- *In order to reinforce compliance and uniformity regarding appropriately documenting and cross-reporting SIR's NALCS QI Department attended the Special Incident Report Overview Training (SIR) provided by OHCMD on May 8, 2015 during the FFA forum. Subsequently, on June 16th [redacted] NALCS Program and Compliance Manager, provided training to all direct foster care staff regarding SIR's (the training material and information was the exact one provided during the FFA forum (please see attached training material). A training log was generated and is maintained in the FFA's direct staff file to be available for any future references.*
  Additionally, in order to avoid future violations with SIR's, NALCS QI Department will 1) monitor SIR compliance during monthly record reviews, 2) Supervisors will review SIR's guidelines before submission 3) ongoing training will be provide to the direct staff generating such SIR's and/or 4) Disciplinary action will be taken should there continue to be concerns with SIR's.

2. *Is the agency free of substantiated CCL complaints reports on safety and physical plant deficiencies since the last review?*

- *Nuevo Amanecer Latino takes the safety and well-being of children as a first priority especially around CCL referrals and outcomes. Therefore, in order to be free of substantiated complaints NALCS continues to establish its protocols and procedures for addressing complaints. All complaints that receive a Corrective Action Plan (CAP) are addressed immediately and*

individually with each party with a specific/tailored training for that specific deficiency. This includes an internal safety assessment of the home for each individual complaint which is conducted by either RFSW or supervisor. Following the implementation of a CAP, assigned RFSW and supervisor monitor on a weekly basis that reoccurrence of the deficiency is not apparent.

- *Subsequently, NALCS QI Department has all referrals, CAP's, and deficiencies data centralized. In the event that there is reoccurrence of a deficiency or trend, further action includes retraining and/or decertification depending on each individual case. Additionally, NALCS continues to be open and work in partnership with community providers to help provide trainings that pertain to specific complain concerns/topics.*

Maintenance of required documentation and service delivery.

1. *Are the placed children progressing toward meeting the NSPs case goals (initial and updated)?*
2. *Did the FFA social worker develop timely, comprehensive initial (NSP's) with the participation of the developmentally age appropriate child?*
3. *Did the FFA social worker develop timely, comprehensive updated (NSP's) with the participation of the developmentally age appropriate child?*
4. *Does the FFA social worker complete timely, comprehensive, quarterly reports?*

In order to reinforce compliance and uniformity regarding initial, updated, and quarterly NSP completion and case goal progression. NALCS QI Department staff attended the training which was provided by OHCMD during the FFA forum on May 8, 2015 regarding NSP Overview. Subsequently on May 22, 29 and June 5, 19, and 26 [redacted] NALCS Program and Compliance Manager, provided training to all foster care staff regarding NSP Overview (the training material and information was the exact one provided during the FFA forum (please see attached training material). A training log was generated and is maintained in the FFA's direct staff file to be available for any future references. Additionally, in order to avoid future violations with NSP goals, NALCS QI Department will 1) monitor initial/quarterly NSP reports during monthly record reviews for compliance, 2) Supervisors will review initial/quarterly NSP reports goals to ensure use of SMART goals 3) ongoing training will be provide to the direct staff generating such NSP's and/or 3) Disciplinary action will be taken should there continue to be concerns with NSP goals.

Health and Medical Needs.

1. *Are required follow up medical examinations conducted timely?*

Nuevo Amanecer Latino
CHILDREN'S SERVICES

Nuevo Amanecer Latino has continued to understand the importance of providing quality and timely medical care to all its children serve. Although on one occasion, a child was not taken to a medical follow up visit, this was an isolated case, and was not reflective of an ongoing trend during this review nor has it been in the past. Additionally, NALCS is in the process of decertifying the resource parent associated with this case. NALCS will continue to ensure compliance via case management and QI reviews. Furthermore, on 8-15-15, during NALCS next Recertification training, the importance of timely medical follow up visits will be reiterated to certified resource parents. A sign in log will be generated and will be maintained in the resource parents file to be available for any future references. Subsequently, 1) NALCS QI department will monitor timely medical follow ups during monthly records reviews, 2) Assigned RFSW will remind resource parents to complete all medical follows when applicable, 3) Disciplinary action will be taken, such as decertification, should there continue to be concerns with resource parents failing to follow up with medical appointments.

Personal Needs/Survival and Economic Well-Being

2. *Does the certified foster parent encourage and assist children to update a life book or a photo album?*

In order to ensure that all children are encouraged and are progressing towards updating a life book or photo album NALCS revised its Monthly Safety Risk Assessment contact note in which progress towards a child's life book will be assessed on a monthly basis (both documents have been attached for your reference). Additionally, NALCS revised its House & Property Inspection to ensure that life books are formally part of the items reviewed on a quarterly basis.

At this time, we would like to extend a genuine thank you to you and your team for your professionalism before and after the annual review and for your recommendations and observations. We welcome the Department's feedback as a means to improve the quality of our services.

Should you have any further questions or suggestions please feel free to contact me.

Sincerely,

David Danwing
Executive Director

"Providing children with a path to a better future life"