



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 6, 2017

To: Supervisor Mark Ridley-Thomas, Chairman
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Supervisor Janice Hahn
Supervisor Kathryn Barger

From: *for Cynthia McCoy Miller*
Brandon T. Nichols
Acting Director

ALLIANCE HUMAN SERVICES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Alliance Human Services Foster Family Agency (the FFA) in January 2017. The FFA has three offices: one in the Fourth Supervisorial District; one in San Bernardino County; and one in Kern County. All offices provide services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties, and Non-Minor Dependents (NMDs). According to the FFA's Program Statement, its stated purpose is "to strengthen and enhance supports and services to children and families."

At the time of the review, the FFA supervised 40 DCFS placed children, and one Probation foster youth in 23 Certified Foster Homes (CFHs). The children's average length of placement was 11 months and their average age was seven.

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 placement environment; and being treated with respect. 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 8 of 11 applicable areas of CAD's Contract Compliance Review: Certified Foster Homes; Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-being; Discharged Children; and Personnel Records.

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CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) that were not cross-reported, and Community Care Licensing Division (CCLD) citations; Maintenance of Required Documentation and Service Delivery, related to FFA Social Workers not obtaining or documenting efforts to obtain DCFS Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs), and Updated NSPs were not comprehensive; Personal Needs/Survival and Economic Well-Being, related to children's allowance were not issued weekly.

REVIEW OF REPORT

On February 9, 2017, Grace Tamase, and Vanessa Stamp, DCFS CAD, and Sonya Noil, DCFS Out-of-Home Care Management Division (OHCMD), held an exit conference with the FFA representatives: Luigi Grimaldi, Executive Director; Kayla Wright, Program Director; Michelle Reyes-Gomez, Program Director; Carly Sanchez-Water, Program Director; and Angelica Gonzalez, Recruiting Social Worker. The FFA representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve the FFA's compliance with regulatory standards; and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

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

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

BTN:KR
LTI:gt

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Terri L. McDonald, Chief Probation Officer
Sheila Mitchell, Chief Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Luigi Grimaldi, Executive Director
Lenora Scott, Regional Manager, Community Care Licensing Division

**ALLIANCE HUMAN SERVICES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW SUMMARY**

License Number: 197806287 License Number: 366407265 License Number: 157806065

	Contract Compliance Review	Findings: January 2017
I	<p><u>Licensure/Contract Requirements</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. Timely notification for child's relocation. 2. Timely, cross-reported Special Incident Reports (SIRs). 3. Runaway procedures. 4. Community Care Licensing Division (CCLD) citations/Out-of-Home Care Management Division (OHCMD) safety reports. 5. FFA ensures complete required Whole Foster Family Home (WFFH) training. 6. FFA pays Certified Foster Parents (CFPs) WFFH payments. 7. FFA conducted an assessment of CFPs prior to placement of two or more children. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Not Applicable 6. Not Applicable 7. Full Compliance
II	<p><u>Certified Foster Homes</u> (12 Elements)</p> <ol style="list-style-type: none"> 1. Home study and safety inspection conducted prior to certification. 2. FFA's inquiry with OHCMD for historical information prior to certification. 3. Timely criminal clearances from the Federal Bureau of Investigation (FBI), California Department of Justice (DOJ), and Child Abuse Central Index (CACI), prior to certification. 4. Timely, completed, and signed criminal background statement. 5. Health screening & tuberculosis (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 Cardiopulmonary Resuscitation (CPR)/First-Aid/Water safety certificates. 	<p align="center">Full Compliance (All)</p>

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	<ol style="list-style-type: none"> 10. Current California Driver's License (CDL), auto insurance and annual vehicle maintenance documentation for CFPs and designated drivers. 11. Criminal clearances from the FBI, DOJ and CACI; health screening and TB test; auto insurance and current CDL for other adults in the home. 12. FFA assists CFPs in providing transportation needs. 	
<p>III</p>	<p><u>Facility and Environment</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. Exterior grounds well maintained. 2. Common quarters well maintained. 3. Children's bedrooms well maintained. 4. Sufficient recreational equipment and educational resources (e.g., computer). 5. Adequate perishable and non-perishable food. 6. CFP conducted disaster drills and documentation maintained. 7. Money and clothing allowance logs maintained. 	<p>Full Compliance (All)</p>
<p>IV</p>	<p><u>Maintenance of Required Documentation and Service Delivery</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. FFA obtained or documented efforts to obtain DCFS Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs). 2. CFPs participated in development of the NSPs. 3. Children progressed towards meeting NSP goals. 4. FFA Social Workers developed timely, comprehensive Initial NSPs with the child's participation. 5. FFA Social Workers developed timely, comprehensive Updated NSPs with the child's participation. 6. Therapeutic services received. 7. Recommended assessment/evaluations implemented. 8. DCFS CSW's monthly contacts documented. 9. FFA Social Workers conducted required visits. 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance

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V	<u>Education and Workforce Readiness</u> (5 Elements) <ol style="list-style-type: none">1. Children enrolled in school within three school days.2. Children attended school as required and FFA facilitated in meeting the children's educational goals.3. Children's report cards/progress reports maintained.4. Children's academic performance and/or attendance increased.5. FFA facilitated the children's participation in Youth Development Services (YDS) or equivalent services and vocational programs.	Full Compliance (All)
VI	<u>Health and Medical Needs</u> (4 Elements) <ol style="list-style-type: none">1. Initial medical exams conducted timely.2. Required follow-up medical exams conducted timely.3. Initial dental exams conducted timely.4. Required follow-up dental exams conducted timely.	Full Compliance (All)
VII	<u>Psychotropic Medication</u> (2 Elements) <ol style="list-style-type: none">1. Current court authorization for administration of psychotropic medication.2. Current psychiatric evaluation.	Full Compliance (All)

VIII	<p><u>Personal Rights and Social/Emotional Well-Being</u> (10 Elements)</p> <ol style="list-style-type: none"> 1. Children informed of FFA's policies and procedures. 2. Children feel safe in the Certified Foster Home (CFH). 3. CFPs' efforts to provide nutritious meals and snacks. 4. CFPs treat children with respect. 5. Children allowed private visits, calls and to receive correspondence. 6. Children free to attend or not attend religious services/activities of their choice. 7. Children's chores are reasonable. 8. Children informed about their medication and right to refuse medication. 9. Children aware of right to refuse or receive voluntary medical, dental and psychiatric care. 10. Children given opportunities to participate in extracurricular, enrichment and social activities in the CFH, school and community. 	<p>Full Compliance (All)</p>
IX	<p><u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. Clothing allowance provided in accordance with FFA Program Statement. 2. Adequate quantity and quality of clothing inventory. 3. Children involved in the selection of their clothing. 4. Routine provision of all personal care items that meet ethnic needs including towels and toiletries. 5. Minimum monetary allowances. 6. Management of allowance/earnings. 7. Encouragement and assistance with a Life Book. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance
X	<p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Completed discharge summary. 2. Attempts to stabilize children's placement. 3. Child completed high school (if applicable) 	<p>Full Compliance (All)</p>

XI	<u>Personnel Records</u> (9 Elements) <ol style="list-style-type: none">1. Timely criminal clearances from the FBI, DOJ and CACI.2. Timely, completed and signed criminal background statement.3. FFA Social Workers met education/experience requirements.4. Timely employee health screening and 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.	Full Compliance (All)
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**ALLIANCE HUMAN SERVICES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2016-2017**

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the January 2017 review. The purpose of this review was to assess the FFA's compliance with its County contract. The review covered the following 11 areas:

- Licensure/Contract Requirements,
- Certified Foster Homes,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Education 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, six placed children were selected for the sample. CAD interviewed four children, as two children were too young to be interviewed. CAD reviewed the six children's files to assess the level of care and services they received. During the home visits, the children were observed to be comfortable and well cared for in the CFHs, and the CFPs were observed to be responsive to the children's needs. Additionally, four discharged children's files were reviewed to assess the FFA's compliance with permanency efforts. At the time of the review, two placed children were prescribed psychotropic medication. These children's files were reviewed to assess for timeliness of Psychotropic Medication Authorization and the required documentation of psychiatric monitoring.

CAD reviewed four CFP files and five staff files for compliance with Title 22 Regulations and County contract requirements. Site visits were conducted to the FFA and the CFHs to assess the quality of care and supervision provided to the placed children.

CONTRACTUAL COMPLIANCE

CAD found the following three areas out of compliance:

Licensure/Contract Requirements

- SIRs were not cross-reported.

Three of eight SIRs reviewed were not cross-reported appropriately to all parties in the ITrack system. An incident that occurred on April 18, 2016, was not cross-reported to CCLD. Another SIR for an incident on January 4, 2016, was not cross-reported to the OHCMD. The third SIR for an incident on January 29, 2016, was not cross-reported to CCLD and the OHCMD.

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- CCLD citations.

On April 1, 2016, CCLD cited the FFA as a result of a complaint received on February 26, 2016, for a Personal Rights violation due to a Certified Foster Parent (CFP) using inappropriate language toward a child, for placing clothes on top of the child while she was on her bed, and for refusing to provide the child with transportation. A Plan of Correction (POC) was requested that required that the agency retrain the CFP on Personal Rights, on the PRIDE (Parent Resources for Information, Development, and Education) Model of Practice, and on physical and emotional abuse awareness. CCLD cleared the required POC on April 11, 2016. The children were moved to another home. An investigation completed by an Emergency Response Children's Social Worker (ER `CSW) concluded the allegations of physical abuse to be unfounded and the allegations of emotional abuse by the foster parent as inconclusive. The DCFS Out-of-Home Care Investigations Section (OHCIS) placed the home on an Indefinite Hold and the FFA involuntarily decertified the home on August 31, 2016.

On April 15, 2016, CCLD cited the FFA during a case management visit on April 15, 2016. The FFA submitted a SIR to CCLD on January 29, 2016. The SIR stated that on January 25, 2016, the FFA Social Worker was informed by the Respite Care Provider (RCP) that a foster child had not been given required medication for eight days. CCLD issued the citation for a violation of Personal Rights. CCLD requested a POC, requiring proof of training in medication administration. CCLD cleared the POC on April 19, 2016. A search in the Child Welfare System/Case Management System (CWS/CMS) confirmed that no Emergency Response (ER) referral was generated, and no OHCIS investigation was conducted.

On May 6, 2016, CCLD cited the FFA due to information submitted by the FFA to CCLD on May 3, 2016. The FFA reported that the CFPs refused to give up their Foster Family Home license and were decertified by the FFA. The documentation shows that the CFPs were listed as dually-licensed providers prior to being decertified on May 3, 2016. Information obtained shows that the FFA staff was aware of the existence of the Foster Family Home license prior to certification and did initiate the necessary background checks prior to certification. However, the FFA was not able to produce any documentation to show that contact was made with CCLD as part of their background check follow up prior to the actual certification of the home. A POC was requested which required the FFA to decertify the home. CCLD cleared the required POC on May 6, 2016. OHCIS was not required to investigate this CCLD citation.

Recommendations:

The FFA's management shall ensure that:

1. SIRs are appropriately cross-reported in the ITrack system.
2. The FFA is in full compliance with Title 22 Regulations and free of CCLD citations.

Maintenance of Required Documentation and Service Delivery

- FFA did not obtain or document efforts to obtain the DCFS CSW's authorization to implement the NSPs.

Two of fifteen NSPs reviewed did not have the DCFS CSW's signature or documentation of the FFA's efforts to obtain the DCFS CSW's signature and authorization to implement the NSPs.

After the exit conference, the FFA conducted training for the FFA Social Workers on the documentation requirements.

- FFA Social Workers did not develop comprehensive Updated NSPs.

A child's NSP dated November 4, 2016, listed the child's name as his sibling's name in the treatment section and listed the child's age and grade in school incorrectly as well. Another child's NSP dated November 4, 2016, noted the child as enrolled in the incorrect grade in school. Another child's NSP dated April 27, 2016, listed the incorrect date of the next NSP.

Recommendations:

The FFA's management shall ensure that:

3. FFA obtains or documents efforts to obtain DCFS CSW's authorization to implement NSPs.
4. FFA Social Workers develop comprehensive Updated NSPs.

Personal Needs/Survival and Economic Well-Being

- Weekly allowances were not distributed on a regular basis.

During interviews, two of six children reported that they were not given their weekly allowance, although weekly allowance logs indicated that funds were dispensed. The children stated that the foster parent was holding their allowance.

During the exit conference, CAD notified the FFA of this discrepancy. The FFA representatives stated that foster parents and children complete and sign the allowance logs, and the FFA Social Worker also interviews the children as to their allowance. The FFA Social Workers reported that the children had not disclosed this issue during their interviews. The FFA representatives spoke with the CFPs and clarified that they should not be holding the children's weekly allowances.

Recommendation:

The FFA's management shall ensure that:

5. Children are provided weekly monetary allowances on a regular basis.

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

CAD's last compliance report dated March 31, 2016 (review conducted in August 2015), identified 13 recommendations.

Results:

Based on the results of the current review, the FFA fully implemented 7 of 13 recommendations for which the FFA was to ensure that:

- The CFPs complete all required training hours prior to being recertified.
- FFA Social Workers develop timely, comprehensive Initial NSPs.
- Children's report cards or progress reports are maintained.
- Follow-up dental examinations are conducted timely.
- Current psychiatric evaluation reviews are conducted.
- Attempts to stabilize children's placements are made and documented.
- All employees complete timely health screenings/TB clearances.

Based on the results of the current review, the FFA did not implement 6 of 13 recommendations for which the FFA was to ensure that:

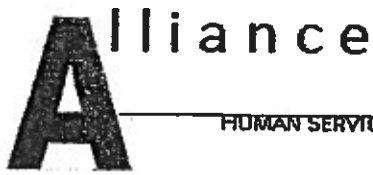
- All SIRs are submitted timely and appropriately cross-reported in accordance with the SIR reporting guidelines.
- The FFA is in full compliance with Title 22 Regulations and free of CCLD citations.
- Comprehensive allowance and clothing logs are maintained.
- The FFA documents efforts to obtain County CSWs' authorization to implement NSPs.
- The FFA Social Workers develop timely, comprehensive Updated NSPs.
- The FFA Social Workers develop timely, comprehensive quarterly reports.

Recommendation:

The FFA's management shall ensure that:

6. The outstanding recommendations from the prior report noted in this report as recommendation numbers 1, 2, 3, 4, and 5 are fully implemented.

At the exit conference, the FFA representatives expressed their desire to remain in compliance with Title 22 Regulations and contract requirements. The FFA will consult with the OHCMD for additional support and technical assistance, and CAD will assess contract compliance during the next review.



Original Submitted: March 14, 2017
Revision Submitted: March 24, 2017

Ms. Tamase
Contracts Administration Division
Department of Children and Family Services

Dear Ms. Tamase,

On February 21, 2017 Alliance, Human Services, Inc. received the revised Foster Family Agency Monitoring Review Field Exit Summary. The below is a list of the findings and the corrective action plan. Alliance Executive Director Luigi Grimaldi has met with Program Analyst to discuss technical support needed. Ms. Noll has agreed to provide trainings in the areas of SIR's, Complaint Allegations and Maintenance of Required Documentation. Alliance Human Services Inc. has valued the feedback given during the compliance audit. Alliance Human Services Inc. is committed to providing exceptional services to children and families and looks to always further improve on service delivery.

(1) Are Special Incident Reports (SIRs) appropriately documented and cross-reported? Listed under Monitoring Review Field Exit Summary Section 1 - # 2.

Findings

3 out of 8 special incidents were not appropriately crossed reported.

Reasons for Non-Compliance

Lack of Cross Reporting to Community Care Licensing: Lack of Protocol. For the Rancho Cucamonga Program, there was no drop-down menu in Itrack that identified the Riverside CCL office, therefore the staff were not aware how to record it so it cross reported to CCL.

Lack of Cross Reporting to OHCMD: Protocol Not Followed. AHS staff failed to utilize the drop down box provided to locate the OHCMD to cross report.

Correction to Obtain Compliance

Lack of Cross Reporting: Since these incidents, Alliance has obtained technical assistance from the DCFS OHCMD Analyst Gladys Hidayat in April 2016. At that time, Alliance was instructed to select "Other" from the drop down menu on the Itrack System and type in "Riverside CCL Office". This will

ensure that cross reporting happens timely. The Program Director will train all staff and ensure this method is followed for each SIR.

Quality Assurance Plan to Maintain Compliance

The importance of appropriate documentation and cross reporting of incidents will be reviewed ongoing through clinical supervision with staff, ongoing trainings and the discussion of incidents in staff meetings. In addition, Alliance Human Services Inc. will effectively use their internal childtrax system which keeps track of useful client and resource parent data. This system ensures that SIR's are tracked and in addition the Program Director and Executive Director get an email notification when an incident is entered. This notification will alert the Program Director to ensure the report is submitted and properly cross reported within 24 hours.

(2) Is the agency free of substantiated Community Care Licensing complaints' reports on safety and physical plant deficiencies since the last review? Listed under Monitoring Review Field Exit Summary Section 1- # 4.

Findings

Agency received 3 substantiated Community Care Licensing citations during the current compliance review period of 01/01/2016-12/31/2016.

Reasons for Non-Compliance

Failure To Follow Protocol. A home from the Torrance Office and a home from the Bakersfield Office both failed to follow Alliance policies and procedures, resulting in substantiated citations.

Correction To Obtain Compliance

The above-mentioned homes were decertified. Trainings and oversight will be provided to reduce/eliminate Community Care Licensing complaints. It is Alliance Human Services Inc's goal always to have no complaint allegations.

Licensing regulations will be discussed with resource parents during pre-approval training and annual, ongoing training. Specific topics such as supervision, client rights, and physical plant requirements will be discussed.

Furthermore, current staff will be re-trained on client rights and appropriate discipline by April 14, 2017. New staff will be trained on these issues upon hire. All staff will be trained annually on these topics.

Program Directors will review and learn from previous allegations to avoid similar situations from occurring again. Program Director will have discussions in regards to any complaint allegations in clinical supervision with staff and the topic of prevention of complaint allegations will be discussed in staff meetings.

Quality Assurance Plan to Maintain Compliance

Executive Director visits or conducts weekly check ins with Program Director to get updates on the status of quality issues in the programs. Program Director reviews and monitors the completion of any required corrective action plan. Executive Director and Director of Compliance and Risk Management will review complaint allegations as they arise.

3) 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.) Listed under Monitoring Review Field Exit Summary Section IV- #35.

Findings

2 out of the 6 Needs and Service Plans were not comprehensive. Needs and Services Plan C1 listed in the updated NSP as his sibling's name in the treatment section (page 7 of the NSP). C1 listed as 10 years old enrolled in 5th grade instead of 9 years old and enrolled in 4th grade. C2 is listed as enrolled in 4th grade instead of 5th grade. C3's 4th and 5th updated NSP's missing the DCFS CSW's signature. Limited reasonable efforts to request signatures from DCFS CSW's were made by FFA Social Worker. C3's 4th quarter NSP documented the date of next NSP as 04/27/2016 (current NSP date) instead of 7/26/16 (due date of the 5th quarter NSP).

Reasons for Non-Compliance

Missing or Incorrect Information on the NSPs - Protocol Not Followed: Alliance staff did not review/edit NSP for errors and accuracy before sending to DCFS.

Timeliness and/or Failure to Make Reasonable Efforts to Obtain Missing DCFS CSW's Signatures: Protocol Not Followed: AHS staff did not follow the proper procedure in obtaining or attempting to obtain the signatures of the DCFS CSW's on the NSPs.

Correction To Obtain Compliance

Alliance Social Work staff completing the NSP will ensure that all content of the NSP is accurate and up to date. Social Work staff will send a copy of the NSP to their supervisor at Alliance Human Services Inc. for review 10 days before the NSP due date. The Program Director will ensure that the information is accurate and comprehensive, before signing off of on the NSP's and approving them to be sent to the CSW for signatures. NSP deadlines and signature due dates are tracked in internal Child Trax system which keeps track of useful client and resource parent data. The staff will be re-trained on the procedures on submitting the NSP reports to the Program Director by April 14, 2017.

Once approved internally for accuracy, the AHS Social Work staff will contact the CSW for their signature, as outlined in the March 12, 2017 email, sent by Lisa Campbell-Motton, which is stated below.

At least three email attempts must be made to obtain the CSW or DPO's signature, must follow an escalation to supervisors and must be on three different days and times. All email attempts must be attached to the NSP as reasonable documented efforts.

Second and third attempts must follow a management escalation process, which must reference and include details of previous attempts as follows:

- 1.) Initial signature request is sent via email with the NSP attached to the CSW/DPO.
- 2.) Second signature request is sent via email with the NSP attached to the CSW/DPO with a CC to the SCSW or Supervisor and includes the details of the initial attempt.
- 3.) Third attempt is sent via email with the NSP attached to the CSW/DPO with a CC to the SCSW/Supervisor and ARA/Director and includes the details of the initial and 2nd attempt/requests

The AHS Social Work staff will document their efforts in the client's file as each attempt is made to obtain the CSW's signature. In addition, the Social Work staff will discuss the progress and challenges of obtaining this signature with the Alliance Program Director during clinical supervision. The AHS Social Work staff will be trained on the procedures in obtaining CSW signatures by April 14, 2017.

Quality Assurance Plan To Maintain Compliance

The Program Director will monitor progress by auditing files and reviewing the Child Trax system for compliance. The Child Trax system tracks the due dates and overdue items, by color code, so it is easy for the Program Director to quickly see what is past due and what is in the system to be reviewed. Because all of the documents are stored on the Child Trax system, the documents can be reviewed for accuracy and timeliness directly from one's computer. The Program Director is on the Child Trax system daily and uses it in the supervision of staff. The Program Director can communicate any corrections needed during supervision or directly through the Child Trax system. The Program Director can look in the system to ensure corrections have been completed.

In addition, the Executive Director and the Director of Compliance and Risk Management have access to review and monitor progress in the Child Trax system, and will periodically spot check NSPs for accuracy and appropriate signatures.

(4) Are children always provided with weekly monetary allowances? Listed under Monitoring Review Field Exit Summary Section IX-# 62.

Findings C1 and C2 report not being provided with weekly monetary allowances.

Reason for Non-Compliance- Failure to Follow Protocol. Resource parents were not following Alliance's Policies and Procedures concerning client funds. Foster Parents were saving the clients' allowance so it would not get lost if the client was not using it.

Correction To Obtain Compliance

On February 8, 2017, AHS staff spoke to the Resource Parents of C1 and C2 in regards to not holding/saving the client's allowance but rather to give the client their allowance on a weekly basis.

To prevent this from happening in other foster homes, the staff will be re-trained in the Resource Parent's procedures by April 14, 2017, to ensure all clients are receiving their allowance per protocol. The Resource Parents will complete the form "Record of Client's/Residents Safeguarded Case Resources (LIC 405)", to log the allowance transactions. On this form, both the Resource Parent and client sign off on the transaction.

During scheduled visits, the Social Work staff will ensure the log is complete and up to date. The staff will also independently verify with the client that what is on the log is an accurate reflection of what they are receiving. This log check and independent verification will be documented on the contact note in the file, which is signed by the worker and placed in the client's file. The Social Worker will collect the log form from the Resource Parent monthly and place it in the client file.

It is expected that on or before April 14, 2017, the contact note form will be updated to include an allowance section, which will reflect the log check and independent verification of the information. All staff will be completing this new allowance section on the contact note beginning April 14, 2017.

The topic of allowance and documentation will continue to be discussed at pre-service and in-service.

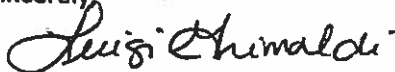
Quality Assurance Plan to Maintain Compliance

The Program Director will monitor progress by auditing files and reviewing the contact notes in the Child Trax system for compliance. In addition, Executive Director and Director of Compliance and Risk Management have access to periodically review and the contact notes for compliance in the Child Trax system.

Finally, Alliance Human Services, Inc understands and agrees to follow the regulations set forth by the Department of Children and Family Services. Each Program Director will train the social workers in their department on the above deficiencies listed on the Foster Family Agency Monitoring Review Field Exit Summary date by April 14, 2017.

Thank you for your consideration in reviewing this corrective action plan. If you have any questions, please contact me at 310 792-8920.

Sincerely



Luigi Grimaldi
Executive Director
Alliance Human Services Inc.
21311 Hawthorne Blvd
Torrance, CA 90503

RECORD OF CLIENT'S/RESIDENT'S SAFEGUARDED CASH RESOURCES

Client/resident: Your signature below indicates you have received the following amount of money from the facility on the date indicated.

Facilities that handle client's/resident's cash resources must maintain accurate records of all money received and disbursed.

INSTRUCTIONS:

- 1) The date of the transaction shall be noted under Date.
- 2) Use a separate line for each transaction.
- 3) Supporting receipts for purchases shall be filed in order of dates of purchases.
- 4) The client's/resident's (or client's/resident's representative) signature on this form may serve as a receipt for cash distribution to the client/resident. (Sec. 80026(h)(1)(A) and 87227(g)(1)(A)).
- 5) The facility representative's signature is necessary to be able to verify a cash transaction.

NAME OF CLIENT/RESIDENT:

FACILITY NUMBER:

YEAR:

DATE	DESCRIPTION	AMOUNT RECEIVED	AMOUNT SPENT OR WITHDRAWN	BALANCE	SIGNATURE FOR CASH TRANSACTIONS	
					FACILITY REPRESENTATIVE	CLIENT/RESIDENT OR REPRESENTATIVE