



BRANDON T. NICHOLS  
Acting Director

County of Los Angeles  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

425 Shatto Place, Los Angeles, California 90020  
(213) 351-5602

Board of Supervisors

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November 9, 2017

To: Supervisor Mark Ridley-Thomas, Chairman  
Supervisor Hilda L. Solis  
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Supervisor Janice Hahn  
Supervisor Kathryn Barger

From: *for*   
Brandon T. Nichols  
Acting Director

**OPTIMIST BOYS' HOME AND RANCH 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 Optimist Boys' Home and Ranch Foster Family Agency (the FFA) in April 2017. The FFA has one office located in the Fifth Supervisorial District and provides services to the County of Los Angeles DCFS placed children and Probation foster youth. According to the FFA's Program Statement, its stated purpose is to "provide culturally sensitive comprehensive treatment, specialized education and support services to abused, neglected or at-risk children, youth, and their families, to establish stability within families and communities."

At the time of the review, the FFA supervised 58 DCFS placed children in 21 Certified Foster Homes (CFHs). The children's average length of placement was 11 months and their average age was 13.

**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 5 of 11 applicable areas of CAD's Contract Compliance Review: Education and Workforce Readiness; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) and Community Care Licensing Division (CCLD) citations; Certified Foster Homes (CFHs), related to untimely home study completion, CFPs not having valid auto insurance, and additional adults residing in the home without valid criminal clearances and health screenings; Facility and Environment, related to missing disaster drill logs; 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) authorizations to implement Needs and Services Plans (NSPs), children not progressing towards meeting NSP case goals, Initial and Updated NSPs not being comprehensive, contacts with CSWs not being documented, and the FFA Social Workers not conducting required visits with the placed children; Health and Medical Needs, related to initial medical exams and initial and follow-up dental exams not being completed timely; and Personnel Records, related to employees not receiving timely health screenings, not completing First-Aid and Cardiopulmonary Resuscitation (CPR) trainings and not having valid auto insurance.

### **REVIEW OF REPORT**

On May 9, 2017, Nicole Whaley, DCFS CAD, and Rosario Mercado, DCFS Out-of-Home Care Management Division (OHCMD) held an exit conference with the FFA representatives James Gibson, Chief Operating Officer, Crystal Brackin, Chief of Resource Families and Special Projects, and Danielle Lovelady-Ryan, Director of Foster Family and Adoption Agency. 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:nw

#### **Attachment**

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  
Silvio Orlando, Chief Executive Officer, Optimist Boys' Home and Ranch  
Lenora Scott, Regional Manager, Community Care Licensing Division

**OPTIMIST BOYS' HOME AND RANCH FOSTER FAMILY AGENCY  
CONTRACT COMPLIANCE REVIEW SUMMARY**

**License Number: 197601246**

	<b>Contract Compliance Review</b>	<b>Findings: April 2017</b>
<b>I</b>	<p><b><u>Licensure/Contract Requirements</u></b> (7 Elements)</p> <ol style="list-style-type: none"> <li>1. Timely notification for child's relocation.</li> <li>2. Timely, cross-reported Special Incident Reports (SIRs).</li> <li>3. Runaway procedures.</li> <li>4. Community Care Licensing Division (CCLD) citations/Out-of-Home Care Management Division (OHCMD) safety reports.</li> <li>5. FFA ensures complete required Whole Foster Family Home (WFFH) training.</li> <li>6. FFA pays Certified Foster Parents (CFPs) WFFH payments.</li> <li>7. FFA conducted an assessment of CFPs prior to placement of two or more children.</li> </ol>	<ol style="list-style-type: none"> <li>1. Not Applicable</li> <li>2. Improvement Needed</li> <li>3. Full Compliance</li> <li>4. Improvement Needed</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> </ol>
<b>II</b>	<p><b><u>Certified Foster Homes</u></b> (12 Elements)</p> <ol style="list-style-type: none"> <li>1. Home study and safety inspection conducted prior to certification.</li> <li>2. FFA's inquiry with OHCMD for historical information prior to certification.</li> <li>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.</li> <li>4. Timely, completed, and signed criminal background statement.</li> <li>5. Health screening &amp; tuberculosis (TB) test prior to certification.</li> <li>6. All required training prior to certification.</li> <li>7. Certificate of approval on file including capacity.</li> <li>8. Safety inspection completed at least every six months or per approved Program Statement.</li> <li>9. Completed annual training hours for Re-certification and current Cardiopulmonary Resuscitation (CPR)/First-Aid/Water safety certificates.</li> <li>10. Current California Driver's License (CDL), auto insurance and annual vehicle maintenance</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Needed</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> <li>9. Full Compliance</li> </ol>

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	<p>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>	<p>10. Improvement Needed          11. Improvement Needed          12. Full Compliance</p>
<p><b>III</b></p>	<p><b><u>Facility and Environment</u></b> (7 Elements)</p> <ol style="list-style-type: none"> <li>1. Exterior grounds well maintained.</li> <li>2. Common quarters well maintained.</li> <li>3. Children's bedrooms well maintained.</li> <li>4. Sufficient recreational equipment and educational resources (e.g. computer).</li> <li>5. Adequate perishable and non-perishable food.</li> <li>6. CFP conducted disaster drills and documentation maintained.</li> <li>7. Money and clothing allowance logs maintained.</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Improvement Needed</li> <li>7. Full Compliance</li> </ol>
<p><b>IV</b></p>	<p><b><u>Maintenance of Required Documentation and Service Delivery</u></b> (9 Elements)</p> <ol style="list-style-type: none"> <li>1. FFA obtained or documented efforts to obtain DCFS Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs).</li> <li>2. CFPs participated in development of the NSPs.</li> <li>3. Children progressed towards meeting NSP goals.</li> <li>4. FFA Social Workers developed timely, comprehensive Initial NSPs with the child's participation.</li> <li>5. FFA Social Workers developed timely, comprehensive Updated NSPs with the child's participation.</li> <li>6. Therapeutic services received.</li> <li>7. Recommended assessment/evaluations implemented.</li> <li>8. DCFS CSW's monthly contacts documented.</li> <li>9. FFA Social Workers conducted required visits.</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Needed</li> <li>2. Full Compliance</li> <li>3. Improvement Needed</li> <li>4. Improvement Needed</li> <li>5. Improvement Needed</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Improvement Needed</li> <li>9. Improvement Needed</li> </ol>

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

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

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<b>XI</b>	<b><u>Personnel Records</u></b> (9 Elements)  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.	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Not Applicable
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**OPTIMIST BOYS' HOME AND RANCH 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 April 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, 10 placed children were selected for the sample. CAD interviewed each child and reviewed their 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, five 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 three 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 six areas out of compliance:

**Licensure/Contract Requirements**

- SIRs were not submitted timely.



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Three SIRs were not reported timely into the ITrack system. An incident that occurred on August 29, 2016, was reported on August 31, 2016. An incident that occurred on November 20, 2016, was reported on November 22, 2016. Another SIR for an incident on March 25, 2017, was reported on March 31, 2017.

- CCLD citations.

CCLD cited the FFA on September 15, 2016, for a violation of Reporting Requirements when an incident that occurred on September 8, 2016, was reported on September 12, 2016. CCLD requested a Plan of Correction (POC) which required the FFA to provide their plan to avoid future violations, and CCLD cleared the POC on September 30, 2016. There was no DCFS Emergency Response (ER) or Out-of-Home Care Investigations Section (OHCIS) investigation.

**Recommendations:**

The FFA's management shall ensure that:

1. SIRs are submitted timely via the ITrack system.
2. The FFA is in full compliance with Title 22 Regulations and free of CCLD citations.

**Certified Foster Homes**

- Home studies were not conducted prior to certification.

The FFA certified one CFP prior to completion of the home study.

- Current auto insurance for CFPs was not maintained.

In 2016, one CFP had a three month lapse in coverage and another CFP had a one month lapse.

- Criminal clearances, health screenings, and TB tests for some adults in the home were not maintained.

One CFP had an additional adult living in the home who had no health screening or a TB test. Another CFP had two additional adults living in the home; one had no criminal clearance, no health screening, or a TB test, and another had no health screening or a TB test.

During the exit conference the FFA representatives stated that the additional adults in the home were renters. The FFA will work with the CFPs to immediately obtain clearances, and CAD will follow-up to confirm that they were obtained.

**Recommendations:**

The FFA's management shall ensure that:

3. Home studies and safety inspections are conducted prior to certification.
4. Current auto insurance is maintained by CFPs.
5. Criminal clearances, health screenings, and TB tests for all adults in CFHs are maintained.

**Facility and Environment**

- CFP did not conduct disaster drills every six months.

One CFP did not complete disaster drills in 2016.

**Recommendation:**

The FFA's management shall ensure that:

6. CFPs conduct disaster drills every six months.

**Maintenance of Required Documentation and Service Delivery**

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

Seven NSPs did not have the DCFS CSW's signatures or sufficient documentation of the FFA's efforts to obtain the signatures prior to implementation.

- No documentation of the children's progress toward meeting NSP goals.

One child's NSP was incomplete and missing documentation of the child's progress towards meeting NSP goals.

- FFA Social Workers did not develop timely Initial NSPs.

One Initial NSP had late signatures for the child and FFA Social Worker, and also an undated signature for the CFP. One Initial NSP had undated signatures for the child and CFP, and a late signature from the FFA Social Worker. One NSP had late signatures for the child, FFA Social Worker, and CFP.

- FFA Social Workers did not develop timely Updated NSPs.

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One Updated NSP had an undated child's signature. One Updated NSP had an undated FFA Social Worker's signature. Two Updated NSPs were not signed by the child. Three Updated NSPs had late signatures for the child, FFA Social Worker, and CFP.

- DCFS CSWs' monthly contacts were not documented.

Five months of CSWs' contacts were not documented in the agency files for three children.

- FFA Social Workers did not conduct required visits.

One child's file had no DCFS CSW contact documented for one month.

**Recommendations:**

The FFA's management shall ensure that:

7. The FFA obtains or documents efforts to obtain the DCFS CSW's authorization to implement NSPs.
8. Children's progress toward meeting NSP goals is documented.
9. FFA Social Workers develop timely, comprehensive Initial NSPs with the children's participation.
10. FFA Social Workers develop timely, comprehensive Updated NSPs with the children's participation.
11. DCFS CSW's monthly contacts are documented.
12. FFA Social Workers conduct required visits.

**Health and Medical Needs**

- Required follow-up medical exams were not conducted timely.

A follow-up medical exam for one child, which was due on February 5, 2017, was conducted on May 6, 2017.

- Initial dental exams were not conducted.

One child's initial dental exam was not conducted. The FFA did not have the required documentation showing that the child's dental exam was not due since the last exam.

- Required follow-up dental exams were not conducted timely.

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One child's follow-up dental exam, which was due in September 2016, was conducted in October 2016. Another child's follow-up dental exam was not documented in the file. The FFA indicated that the exam was conducted on January 30, 2017, and they later obtained the documentation for the file.

**Recommendations:**

The FFA's management shall ensure that:

13. Required follow-up medical exams are conducted timely.
14. Initial dental exams are conducted timely.
15. Required follow-up dental exams are conducted timely.

**Personnel Records**

- Employees did not receive timely health screenings and TB clearances.

One employee's documented hire date predated the FFA's receipt date of the health screening and the TB test.

- Employees did not have valid auto insurance.

One employee's auto insurance lapsed for two months.

- FFA employees did not complete all required training.

One employee did not complete first aid training and another employee did not complete first aid or CPR training.

**Recommendation:**

The FFA's management shall ensure that:

16. Employees receive timely health screenings and TB clearances.
17. Employees have a valid Driver's License and auto insurance.
18. FFA employees complete all required training.

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

CAD's last compliance report dated May 23, 2017 (review conducted in May 2016), identified 11 recommendations.

**Results:**

Based on the results of the current review, the FFA fully implemented 9 of 11 recommendations for which the FFA was to ensure that:

- CFPs maintain valid vehicle registration.
- Common areas are well maintained.
- Adequate perishable and non-perishable food is maintained.
- Money and clothing allowance logs are maintained.
- Clothing allowance amount is provided in accordance with the agency's program statement.
- Children's ongoing clothing inventories are of adequate quantity and quality.
- Children are involved in the selection of their clothing.
- Children are provided with a sufficient supply of clean towels.
- Children are always provided with weekly monetary allowances.

Based on the results of the current review, the FFA did not implement 2 of 11 recommendations for which the FFA was to ensure that:

- The FFA is in full compliance with Title 22 Regulations and free of CCLD citations.
- FFA developed comprehensive Initial NSPs.

**Recommendation:**

The FFA's management shall ensure that:

19. The outstanding recommendations from the prior report, noted in this report as recommendation number 2 and 9 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 OHCMMD for additional support and technical assistance, and CAD will assess contract compliance during the next review.



# OPTIMIST

Youth Homes & Family Services

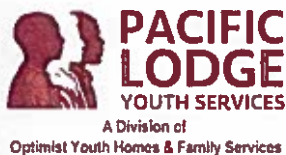
**Silvio John Orlando, ACSW**  
Chief Executive Officer

**Doug Buttrick**  
Chief Financial Officer

**James Gibson III, LCSW**  
Chief Operating Officer

June 19, 2017

Michele Brienze/Nicole Whaley  
DCFS Management, Contract Compliance Section  
3530 Wilshire Blvd, 4<sup>th</sup> Floor  
Los Angeles, Ca 90010



Accreditations & Affiliations

### Annual DCFS Contract Compliance Audit 2016-2017 - Revised

Dear Nicole Whaley,

Thank you for coming out for the site review. It is always a pleasure working with your department in the best interest of the clients we serve.

Please find below the corrective action plan which has been completed in response to the areas of need pointed out in the Field Exit Summary:

**We had the following deficiencies:**

**Deficiency: Licensure/Contract Requirements**

- Agency had one deficiency in this area: Special Incident Reports (SIR) appropriately documented and cross-reported; 3 SIRs were not ittracked in a timely manner – next business day.
- Agency free of substantiated CCL complaint reports on safety and physical plant deficiencies since last review.

**Plan of Correction:**

- SIR written 3/25/17 and ittracked 3/31/17 – staff were counseled and trained on timeframes for reporting SIRs, training occurred on or about 3/30/17 and included what is and isn't reportable and timeframes.



- SIR occurred on 11/20/16, written 11/21/16 and tracked on 11/22/16 – FFA submitted timely; due to the holiday schedule, another staff took on the duty and was not clear on the timeframes; this has been corrected and all staff that cover QI are trained on requirements.
- SIR written on 8/30/16 (incident occurred on 8/29/16) – FFA social worker responded to the home on 8/29/16 in the evening to see the family and minor, completed all her contacts the following day and wrote the report which was submitted at 4:15pm by supervisor; QI department missed the late submission and submitted the SIR the following business day which was 8/31/16. POC – for staff submitting an SIR after 4pm to follow up by calling QI to ensure timely submission.
- CCL deficiency cleared on 9/30/2016 for failure to report within regulatory timeframes for SIR; POC - agency wide trainings were provided to all CFH in September 2016.
- SIR training continues to be an ongoing training incorporated in the CFH's annual trainings and in the Pre-Approval Training for incoming Resource Parents.

**Deficiency: Certified Foster Homes**

- Home study and safety inspections completed prior to the initial certification – one home was certified prior to the home study completion (certification date 3/18/2011, home study date was 4/20/2011)
- Anyone living on the property must have cleared DOJ, FBI, CACI, Megan's Law, Health Screen and TB tests.
- Anyone caring and/or driving for the children must have, in addition to the above, valid insurance, driver's license and CPR/1<sup>st</sup> Aid.
- Foster parent's files contain clearances for all additional adults who reside in the home and babysitters who care for the children on a regular basis for periods exceeding 24 hours.

**Plan of Correction:**

- Since this date, all home studies and safety inspections have been completed prior to initial certification. This policy remains in effect.
- To ensure all resource families and staff have up-to-date CPR & 1<sup>st</sup> Aid certification, Optimist has a certified CPR/1<sup>st</sup> Aid trainer on site that runs classes on a monthly basis. Administration follows up with the trainer to ensure attendance. Water safety certificates do not expire.

- Two of the resource parents had gaps in their insurance coverage and did not provide proof of coverage to the agency. Optimist to track and ensure that vehicle registration, insurance and maintenance are all up to date during all periods of time that a resource parent is certified. Optimist has recently implemented a new computer system called Exym which can track expiration dates and provide alerts. Clerical support will run monthly reports to ensure families and staff are signed up early to keep up with the certifications.
- During this audit, it was determined that all adults on the property of a certified resource home must be live scan, Megan's Law clearances, have a current health screening with TB test. Optimist is addressing this deficiency with the certified resource parent who has tenants/renters on the property. This deficiency is in process of being corrected as the family has been provided with details of what is needed and a timeframe for completion. Social worker and clerical are tracking progress.
- During this audit, it was also determined that all individuals caring for and/or driving children must have a valid driver's license, car insurance and CPR/1<sup>st</sup> aid. This deficiency is in process of being corrected as the families have been provided with details of what is needed and the timeframes in which the items are needed. Social worker and clerical are tracking progress.

**Deficiency: Facility & Environment**

- Have certified foster parents conducted disaster drills at least every 6 months and maintained completed disaster drill logs

**Plan of Correction:**

- One certified resource family was behind on their disaster drills. Optimist is working with all resource families and assigned social workers to ensure that disaster drills are completed at minimum every 6 months and additionally whenever there is a new placement. Peer reviews held quarterly are tracking all requirements, including disaster drills now.

**Deficiency: Maintenance of required Documentation and Service Delivery**

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



- Are the children progressing toward meeting the NSP case goals (both initial and updated)?
- Did the FFA social worker develop timely, comprehensive, initial (NSP) with the participation of the developmentally age-appropriate child?
- Are the county social workers contacted monthly and are the contacts appropriate documented in the files?
- FFA social worker completes timely, comprehensive, quarterly reports?
- Did the social workers conduct required visits with placed children in accordance with the contract?

**Plan of Correction:**

- During the audit, it was found that some of the requests for signature was not completed in the required timeframes. This has been addressed with all FFA staff and training on exact time frames to request signatures has been completed and is ongoing in every weekly/bi-weekly staff meetings.
- Item #30, Children are assessed during the first 30 days of placement to determine any needs and services, goals are created in the initial NSP to address any deficient found during the first 30 days and are assess every quarter thereafter. Goals are updated according to progress. If a goal is not met, goals are either continued with an explanation as to how to assist the child at meeting the goals and/or modified to assist the child in meeting goals. This is completed quarterly for every minor ongoing until placement is terminated and documented in the NSPs.
- Item #31, Social workers are to meet with the child and foster parents on a weekly basis for the first 12 weeks of placement to assess developmental, educational, physical and mental health needs. Child participates as age appropriate in developing their goals. Social worker visits become bi-weekly (every other week) from the 13<sup>th</sup> week on during placement. Goals are continuously being assessed and modified when needed.
- During the audit, it was determined that some of the contacts with the CSWs were not documents every month. This has been addressed with the FCSW workers that were not documenting properly and addressed as a staff meeting training on 5/9/2017 and in previous meetings.
- NSPs are a constant training in all weekly/bi-weekly meetings; the review is the timeframes for signatures of minor, CFP and CSW; the goals and their outcomes. Director to continue to work with and train all staff on

the importance of timely signatures and documentation. These trainings will be documented in the weekly meeting notes and all additional one-on-one trainings.

- Item #29, child #2 was placed on 01/24/17 and therefore his NSP would not show outcomes during this review period as the next NSP would be due 4/24/17, outside of this review period.
- Item #30, child #10 all pages to the NSP dated 3/29/17 are accounted for and in the chart.
- Item #36, staff trainings are ongoing as to meeting all contractual requirements to include ensuring social workers are seeing every child once a week for the first 12 weeks, they every other week thereafter. Should there be an attempted contact and minor was not available, social workers are instructed to return to the home within two days of the attempted contact to ensure all children are seen. Attempted contacts are to be documented in detail and efforts to see the minor are to be documented. Clerical and supervisory staff track contacts on a monthly basis.

**Deficiency: Health and Medical Needs**

- Are required follow-up medical examinations conducted timely?
- Are required initial dental examinations conducted timely?
- Are required follow-up dental examinations conducted timely?

**Plan of Correction:**

- Item #43, child #9 had ongoing medical appointments with labs, dates include 2/5/16, 03/01/16, 6/21/16, 6/30/16, 8/16/16, 10/6/16, 10/20/16, 11/5/16 & annual medical was completed on 5/6/17.
- Item #44, child #2 was a replacement and did not require an initial dental per CSW placing minor; request was made for documentation at placement and again via email on 1/28/17; documentation was required, H&EP was received approximately 2/2/2017 and is in the file; no further documentation was provided.
- Item #45, Child #9, Follow up on dental exam, child #9 was seen for his follow up dental on 1/30/17; documentation was missing from the file and has been obtained and filed.

**Deficiency: Personnel Records**

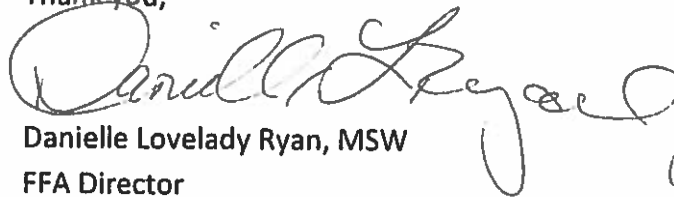
- Have employees received timely health screenings/TB clearances:
- Do required employees who transport children have a valid CA driver's license and auto insurance?
- Have appropriate employees received all the required trainings including CPR & 1<sup>st</sup> Aid?

**Plan of Correction:**

- One staff was late on the health screening which was completed after hire; this was addressed with Human Resource
- Two staff did not have appropriate CPR/1<sup>st</sup> Aid after hire. These two staff completed both CPR & 1<sup>st</sup> Aid during this review period (on 5/13/17 & 5/18/17); all staff will be monitored by Human Resource to ensure all trainings occur prior to expiration dates.

Please let me know if you have any further questions or concerns. You can email me at [dloveladyryan@oyhfs.org](mailto:dloveladyryan@oyhfs.org) or call me at 661-272-4733.

Thank you,

  
Danielle Lovelady Ryan, MSW  
FFA Director

6/19/17