



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

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May 13, 2025

To: Supervisor Kathryn Barger, Chair
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Supervisor Lindsey P. Horvath
Supervisor Janice Hahn

From: Brandon T. Nichols
Director

**BUILDING BRIDGES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted a virtual Contract Compliance Review of the Building Bridges Foster Family Agency (the Contractor) in November 2024. The Contractor has one office located in San Bernardino County. The office provides services to the County of Los Angeles DCFS placed children, youth and Non-Minor Dependents (NMDs), Probation foster youth and children placed by other counties.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 4
PRIORITY 2 1
PRIORITY 3 0

“To Enrich Lives Through Effective and Caring Service”

The CCD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Resource Family Home (RFH) Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Plan Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

The Contractor was in full compliance with 9 of 11 applicable areas of the CCD's Contract Compliance Review: RFH Requirements; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Plan Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, six DCFS placed children were selected for the sample. The CCD reviewed the files of the six selected children and interviewed four of the children to assess the level of care and services they received; two children (ages 7 months and 4 years old) were too young to be interviewed and were virtually observed to be clean and well-groomed. An additional four discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

The CCD reviewed three RFH files and five staff files for compliance with Title 22 Regulations and County contract requirements. The CCD also conducted virtual and telephonic interviews with staff and Resource Family Parents. To assess the quality of care and supervision provided to the placed children, the CCD also conducted virtual site visits of the Contractor's location and RFHs.

The CCD noted findings in the areas of:

Priority 1

- General Contract Requirements (3 Findings)
 - Special Incident Reports for three children were not properly cross reported in the iTrack system.
- Facility and Environment (1 Finding)
 - One RFH did not meet all required health and safety requirements; and the disinfectants and cleaning solutions under the kitchen sink were found to be accessible to children.

Priority 2

- Facility and Environment (1 Finding)
 - A non-infant child was sharing a bedroom with an adult.

On January 14, 2025, the Children Services Administrator teams from DCFS' CCD and the Out-of-Home Care Management Division held an exit conference with the Contractor's representatives.

The Contractor's representatives agreed with the review findings and recommendations, and were receptive to implementing systemic changes to improve the Contractor's compliance with regulatory standards.

The Contractor provided the attached approved Corrective Action Plan addressing the noted findings in this compliance report.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 371-6052.

BTN:CMM
RW:DF:nw

Attachments

- c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Aasher Malip, President Board of Directors and Chief Executive Officer, Building Bridges Foster Family Agency
Robert D. Mathias, Executive Director, Building Foster Family Agency
Kellee Coleman, Assistant Program Administrator Southern Region (LA)
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing
Celeste M. Fitchett, MSW, Bureau Chief, Fiscal & Performance Audits CDSS

LOS ANGELES COUNTY
 BUILDING BRIDGES FOSTER FAMILY AGENCY (FFA)
 Corrective Action Plan
 2024

GENERAL CONTRACT REQUIREMENTS

1. Special Incident Reports are properly documented.

1b. Properly cross-reported in the I-Track system [SOW, Part B, Section 10.4 and SOW Exhibit A-5, Special Incident Reporting Guide] [SOW, Part B, Section 10.4 and SOW Exhibit A-5, Special Incident Reporting Guide.](#)

Facility
Site 1624
Site 1623
Site 1625

1. Explain the Cause.

SIR#1018902 was not submitted timely by BBFFA staff. SIR# 1071998 was not reported timely by child’s Wraparound Facilitator while child was on an approved extended visit with maternal aunt. SIR #965139 was not reported timely by child’s Resource Parent.

2. Corrective Action Taken.

On 1/22/25 TAS Lorenzana-Florida offered additional training to BBFFA regarding SIRs. On 2/6/25 FFA Administrator and Supervising ASW held a training with Agency Social Workers (ASW’s) to review SIR Protocol and guidelines. Furthermore, ASW assigned to the case provided additional refresher training on SIR guidelines and procedures to Resource Parents. All Resource Families will participate in reoccurring SIR Training every 6 months or as frequently as necessary.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Supervisor and Administrator will continue to monitor SIR procedure and policy during weekly individual supervision with each ASW, monitoring for timely submission, thorough reporting of events, and any needed treatment planning for a child/youth. BBFFA’s Compliance Analyst and Quality Assurance (QA) department will continue to keep a monthly report that is sent to the Administrator and Supervisor to track issues with SIR reporting.

FACILITY AND ENVIRONMENT

15. Common areas were safe and well-maintained



15k. Disinfectants, cleaning solutions, poisons, firearms and other dangerous items are not accessible to children Title 22 80087(g), 84067 Title 22 80087(g), 84067

Facility



Site 1624

1. Explain the Cause.

On 12/23/24 CCD found laundry detergent container on the floor of the laundry room.

2. Corrective Action Taken.

Resource Parent (RP) was asked to secure it in a locked place, and immediately complied. On 1/10/25 Resource Parent was provided refresher training on keeping cleaning solutions locked and away from children's reach.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

BBFFA will continue to execute protocol to conduct a complete home inspection of all RFH every 3 months to ensure compliance. Any deficiencies will be immediately addressed. ASW Supervisor and FFA Administrator will continue to monitor home compliance during weekly supervision with ASWs.

17. Children's bedrooms were safe and well maintained ILS §88487.1(b)(2) and (c) (1) and (b)(3)

17m. Unless an infant, the child does not share a bedroom with adults (Title 22 84087(b)(6)) and [ILS §88487.1(c)(2)] (Title 22 84087(b)(6)) and [ILS §88487.1(c)(2)]

Facility



Site 1624

1. Explain the Cause.

One Los Angeles DCFS placed child was approved prior to placement to be in the "loft" of Resource Parent room by CSW. LA DCFS child's living quarters (bed & bathroom) is separated by a door away from Resource Parent's living quarters (bed).

2. Corrective Action Taken.

On 1/10/25 Resource Parent was instructed to move LA DCFS child to a separate bedroom. An in home inspection was conducted, in person on this same day by ASW Supervisor, and confirmed that LA DCFS child was moved to a separate bedroom.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

BBFFA will continue to execute protocol to conduct a complete home inspection of all RFH every 3 months to ensure compliance. Any deficiencies will be immediately addressed. ASW Supervisor and FFA Administrator will continue to monitor home compliance during weekly supervision with ASWs.