



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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March 23, 2021

To: Supervisor Hilda L. Solis, Chair
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From: 
Bobby D. Cagle
Director

ALLIANCE HUMAN SERVICES INTENSIVE SERVICES FOSTER CARE FOSTER FAMILY AGENCY FOR CHILDREN WITH SERIOUS EMOTIONAL AND BEHAVIORAL NEEDS CONTRACT COMPLIANCE REVIEW

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Alliance Human Services Intensive Services Foster Care (ISFC) Foster Family Agency (FFA) for Children with Serious Emotional and Behavioral Needs (SEBN) (the Contractor) in August 2020. The Contractor has two offices: one in the Fourth Supervisorial District; and one in Riverside County. Both offices provide services to the County of Los Angeles DCFS placed children, Probation foster youth, and Non-Minor Dependents (NMDs).

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 3
PRIORITY 2 5
PRIORITY 3 0

CAD conducted a virtual Contract Compliance review of the Contractor’s compliance within the following applicable areas of their ISFC-FFA SEBN contract: General Contract Requirements; Resource Family Home Requirements; Facility and Environment; Engagement and Teamwork;

Needs and Services Plans; Safety; Permanency; Support Services; Personal Rights and Social/Emotional Well-being; Discharge Planning; and Personnel Files.

The Contractor was in full compliance with 5 of 11 applicable areas of CAD's Contract Compliance Review: Resource Family Home Requirements; Facility & Environment; Permanency; Support Services; and Personal Rights and Social/Emotional Well-Being. There were no children discharged from the ISFC program; therefore, the section "Discharge Planning" was not applicable.

For the purpose of this review, one DCFS placed youth's file was selected for the sample. CAD reviewed the file and virtually interviewed the Probation placed NMD to assess the level of care and services this youth received.

CAD reviewed one Resource Family Home (RFH) file and four staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted virtual interviews with staff and the Resource Family Parents (RFP). To assess the quality of care and supervision provided to the placed children, DCFS also conducted virtual site visits at the Contractor's location and the RFHs.

CAD noted findings in the areas of:

Priority 1

- General Contract Requirements
 - Contractor did not maintain the required records or training plans as required.
- Safety
 - Contractor did not hold a Child and Family Team (CFT) meeting within 24-hours of hospitalized child's discharge back to placement.
- Personnel Files
 - Contractor did not have a current driver's license for all of the staff selected for the sample.

Priority 2

- General Contract Requirements
 - Contractor did not maintain a minimum of two ISFC homes.
- Engagement and Teamwork
 - Contractor did not ensure monthly CFT meetings were held; quarterly CFTs were not held to assess and determine the best level of care; and the ISFC team did not document attempts to engage informal supports in the CFTs.
 - Contractor did not ensure ISFC members held weekly meetings as required; and the ISFC RFP did not participate with the ISFC team in meetings once a month.

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- Needs and Services Plans (NSP)
 - Individualized NSPs were not comprehensive, complete and were not in compliance with all requirements.
 - Contractor did not establish, maintain, and document in the NSP or case file, a support plan for the ISFC RFP and respite caregiver.

On October 28, 2020, the DCFS CAD Children Services Administrators I and II and the Out-of-Home Care Management Division Quality Assurance Manager with the Bureau of Clinical Resources and Services, 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) 351-5530.

BDC:KDR
LTI:ra

Attachments

c: Fesia Davenport, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Adolfo Gonzales, Chief Probation Officer
Brandon Nichols, Chief Deputy Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Luigi Grimaldi-Evangelista, Executive Director, Alliance Human Services
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



Original Submitted: December 1,2020
Cap Addendum December 11,2020

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

Dear Ms. Arrington,

On November 10, 2020 Alliance Human Services, Inc. (AHS) received the Foster Family Agency ISFC-SEBN Monitoring Review Field Exit Summary. The below is a list of the findings and a corrective action plan to remedy the findings and to prevent future findings. Alliance Human Services Inc. has valued the feedback given during the compliance review. Alliance Human Services Inc. is committed to providing exceptional services to children and families and looks to always further improve on service delivery.

I. General Contract Requirements

1.*The agency maintained continuous dedicated efforts recruiting ISFC RFPs and a minimum of two ISFC homes.

1b. The agency maintained a minimum of two ISFC homes. (SOW, PART B, Section, 2.4)

Findings #1b - Site 1) NO: The agency did not maintain a minimum of 2 ISFC homes.

Reasons for Non-Compliance The program made consistent efforts throughout the year to have the minimum of 2 homes for the ISFC SEBN program. However, the program fell short by only having 1 home. Reason for challenges appear to be families are more comfortable/willing to work with less severe behaviors and or younger individuals which are not a part of the ISFC SEBN program as the minimum age is 6. Finally, the Covid-19 pandemic this past year has made it more challenging in terms of recruitment of new Resource Families in general.

Correction to Obtain Compliance The program will continue to stress to potential Resource families the dire need of homes for ISFC youth which consists of older youth and youth with more severe behavioral needs and emotional trauma. The program will also continue to encourage current approved Resource Families to train up to be an ISFC Resource family with the hopes over time they will feel more confident to support an ISFC youth after receiving the training. The program is also taking full advantage of the trainings that DCFS and DMH have provided called Healing Oriented

Parental Engagement (HOPE). This training is for families that work with ISFC youth or would like more training and exposure to the ISFC program.

Quality Assurance Plan to Maintain Compliance Program leadership (Program Director, Executive Director) will have weekly meetings with the ISFC recruiter to discuss plans and Resource Families that are in the pipeline. Leadership will work with the ISFC Recruiter on marketing and community outreach to individuals who may want to help a teen or a child with intensive needs. Finally, program leadership and ISFC Recruiter will continue to bring up the needs of the ISFC program to all Resource Families during in-service meetings to encourage and get the word out about the program.

6. The agency maintained detailed recordkeeping, including training plans, as required. (2 sub elements)

6a. The agency-maintained records as required, including but not limited to, social worker progress notes and notes on services delivered by professional and paraprofessional staff in sufficient detail to permit an evaluation of services provided. (UT&C Part 1, 19.1; SOW Part C, 2.3.4)

Findings #6a - Site 1) NO: The ASW & DSE progress notes were provided; however, the agency did not provide detail notes on services delivered by professional & paraprofessional staff to permit an evaluation of services provided.

Reasons for Non-Compliance The program had notes that were documented in the case file. However, the notes were not specific to the goals that the client was working on in a consistent manner throughout the documentation.

Correction to Obtain Compliance Program Leadership will conduct a refresher training on the importance of documentation and how to incorporate goals from the Needs and Service Plan into the ongoing documentation. The training is scheduled for December 14,2020.

Quality Assurance Plan to Maintain Compliance Program Leadership will review all notes and to provide instruction/correction and guidance when notes are not comprehensive, and goal driven.

6b. The agency developed, maintained and made available an individualized recordkeeping system that identified all required training dates, hours and topics for ISFC RFPs, IHSCs and ISFC staff and training plans as required. [SOW Part C, 2.3.5; SOW, Part D, 6.1 and 2.3.1] provided. (UT&C Part 1, 19.1; SOW Part C, 2.3.4)

Findings #6b - Site 1) NO: Although the agency provided "On-Going Skills Development Tracking Forms" for the ISFC RFP, DSE (IHSC) and the ASW, the training plans were not provided as required.

Reason for Non-Compliance Program provided a list of trainings to reviewer however the training that was submitted was not organized in a fashion to correlate to the topics required for ISFC SEBN program.

Correction to Obtain Compliance Program Leadership will create a list of required training topics for the ISFC program and to ensure a training plan with the hours and topics are clearly outlined.

Quality Assurance Plan to Maintain Compliance Program Leadership will ensure that all individuals involved in the ISFC Program have the required training and that the training log is kept in the employee file. Program Leadership will continue to look at training needs for the ISFC program to ensure compliance is adhered to and that any client specific topics that may be relevant be added to the training calendar.

IV. Engagement and Teamwork

22.*The Child and Family team meetings took place as required. (5 sub elements)

22b. CFT meetings were held at least once a month or more frequently if needed (SOW, Part B, 3.2.1)

Findings #22b - Child 1) NO: The agency did not provide proof/documentation that CFTs were being held monthly or more frequently if needed. The agency provided emails or progress notes stating that CFT meetings were requested and/or held on 1/15, 1/29 (warm hand off (ASW wasn't present and who else wasn't present; was this a CFT meeting?), 4/22 & 6/24 (via phone), 7/29/20 ("NMD reported he had a session w/ therapist - was this a CFT meeting?); the ASW requested CFT meetings on 3/10 & 4/14. CAD recommends that the agency utilize the CFT meeting form and/or clearly document CFT meetings, detailed notes, level of care, services provided, goals, plans, recommendations, attendees, signatures and etc.

Reasons for Non-Compliance Alliance Social Worker conducted monthly CFT meetings and many other impromptu meetings. However, the program did not ensure that someone in the meeting was assigned to taking notes and creating an agenda and sign-in sheet.

Correction to Obtain Compliance Program will ensure that CFT meetings are held monthly and that a sign in sheet with an agenda is circulated and that someone is responsible to take notes. That designated person will be responsible to getting the notes back out to the participants after the meeting. Alliance Social Worker will ensure to collect all the above-mentioned documents and to place in the client file.

Quality Assurance Plan to Maintain Compliance Program leadership will work with Alliance Social Worker to ensure meetings are being held monthly and that the appropriate documentation is occurring. Program Leadership will audit files on-going to ensure compliance.

22c. Quarterly CFT meetings were held to assess and determine the best level of care, and when necessary, establish a transition plan. [SOW, Part B 2.2.5.4 and 3.3.5)

Findings- #22c - Child 1) NO: The agency provided contact logs and progress notes which stated that quarterly CFT meetings were held in March, June and August; however, the agency did not provide

documentation/CFT meeting minutes or notes detailing what level of care/services that the team agreed to provide to the NMD nor who was in attendance (CFT meetings signature pages).

Reasons for Non-Compliance As mentioned prior, the Alliance Social Worker had monthly meetings but did not ensure proper notes, sign in sheet and agenda were obtained from the meetings. Discussions were had around next steps/transition plans for client and needs for ongoing intensive services. However, there was no formal documentation in terms of meeting minutes that clearly spelled that out.

Correction To Obtain Compliance Program Leadership will ensure that the need for ongoing services/updates be clearly outlined in meeting notes.

Quality Assurance Plan To Maintain Compliance Program leadership will work with Alliance Social Worker to ensure meetings are being held monthly and that the appropriate documentation is occurring. Program Leadership will audit files on-going to ensure compliance.

22e. Agency ensured ISFC team made attempts to engage informal supports in CFT meetings when appropriate. [SOW Part D, 3.3]

Findings- #22e - Child 1) NO: The agency did not provide proof/documentation to verify that the ISFC team made attempts to engage informal supports in CFT meetings.

Reasons for Non-Compliance Alliance Social Worker informed client of upcoming meetings and informed the client the ability to invite whomever the client felt would be beneficial. Alliance Social Worker did not have a sign in sheet for the meetings and did not document conversations in regard to encouraging client to invite informal supports to the CFT meeting.

Correction to Obtain Compliance Sign in sheets will be done along with invites to the CFT. In addition documentation that the client took part in the invitation of attendees for the meeting will be outlined.

Quality Assurance Plan to Maintain Compliance Program leadership will work with Alliance Social Worker to ensure meetings are being held monthly and that the appropriate documentation is occurring. Program Leadership will stress to Social Work staff the importance of informal supports for clients in care. Program Leadership will audit files on-going to ensure compliance.

23. *The ISFC team meetings took place as required. (2 sub elements)

Findings #23a - Child 1) NO: No proof/documentation to verify that ISFC team members held face-to-face meetings once a week to review, track and adapt as necessary the plans for the ISFC NMD.

Reasons for Non-Compliance The ISFC team met informally weekly. However, formal documentation of time and attendees of the meeting were not documented.

Correction To Obtain Compliance Weekly meetings will be held with the ISFC team and attendees to the meeting will be documented by having a formal sign in sheet.

Quality Assurance Plan To Maintain Compliance Program Leadership will ensure that the meetings are happening weekly and that documentation from the meeting is completed and in the file.

23b. ISFC RFP participated with the ISFC team (Social Worker, Case Manager, IHSC, Mental Health Clinician and other relevant professionals) in meetings at least once per month (SOW, Part D, 3.2)

Findings-#23b - Child 1) NO: No proof/documentation to verify that the RFP participated w/ the ISFC team in meetings at least once per month.

Reason for Non-Compliance Alliance Social Worker failed to ensure that invites to the CFT went out to the Resource Parent on a consistent basis.

Correction To Obtain Compliance RP will be invited to all CFT meetings.

Quality Assurance Plan To Maintain Compliance- Program Leadership will remind staff the importance of everyone on the Child Family Team be invited to the monthly meetings. Program Leadership will review documents from the CFT meeting to ensure the Resource Parent was invited and present.

V Needs and Service Plans

24*Individualized NSPs were comprehensive, complete and in compliance with all requirements including being timely, trauma informed, culturally relevant and age and developmentally appropriate. (19 sub elements)

24a. Individualized NSPs were comprehensive, complete and in compliance with all requirements including, timeliness, being trauma informed, culturally relevant and age and developmentally appropriate. [ILS 88268.2]

Finding- #24 - Child 1) NO: NSPs are not comprehensive and/or accurate - NSPs dated 1/2/20, 3/25/20 & 6/2/20, the date of admission is not correct (DOP is 12/2/19 not 10/5/18) and goal 3 projected completion dates are not accurate and the "Period from:...To" dates on pg. 2 are not correct, NSP dated 3/25/20 was developed late (the due date was 3/2/20) and the "Initial Plan" is checked on the quarterly NSP dated 3/25/20, MH section - Starview clinical visit (dates) are not documented, goal 3 changed in NSP dated 6/2/20 and the old goal was not moved to Achieved Outcome Goal" section, goals are not specific and doesn't address the NMDs specific needs and/or problems (AWOL, hygiene, doesn't clean up, stays in room, not eating, not doing chores, depression etc. per ASW progress notes).

Reasons for Non-Compliance Alliance Social Worker did not follow NSP guidelines/format.

Correction To Obtain Compliance Alliance Social Worker received training by the Program Director on November 16, 2020 on how to write a comprehensive NSP.

Quality Assurance Plan To Maintain Compliance Program leadership will work with staff on how to develop SMART goals when working on NSP's. Program leadership will not sign off on any NSP's that do not contain SMART goals. The importance of SMART goals will be discussed on-going during supervision between the program leadership and social work staff. Furthermore, AHS 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 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 were re-trained on the procedures on submitting the NSP reports to the Program Director on November 16, 2020.

24b. The child's clinical treatment plan, services, progress and underlying needs were documented. [SOW Part C 2.2.3.2, 2.3.8; SOW Part D, 5.1.4 (5)]

Findings-#24b - Child 1) NO: The NMDs clinical treatment plan, services, progress and underlying needs were not documented in the NSPs.

Reasons for Non-Compliance Alliance Social Worker did not follow NSP guidelines/format by not clearly spelling out the progress and underlying needs.

Correction To Obtain Compliance Program Leadership will ensure that staff are trained ongoing on the importance of documenting all services, progress and underlying needs in the Needs and Service Plans.

Quality Assurance Plan To Maintain Compliance Program Leadership will ensure all Needs and Service Plans clearly outline that the treatment plan, services, progress and underlying needs were documented in the NSP by reviewing and providing corrections when expectations are not met.

24c. The agency ensured that the Social Worker and IHSC clearly documented in the NSP the ISFC Rate/Service level, the need for continuing services or modification in level of services. [SOW Part D 5.1.2, 5.1.3, 5.1.4 (2) & (3)]

Findings- #24c - Child 1) NO: The agency did not ensure that the ASW and IHSC (DSE) clearly documented the ISFC rate/service level, the need for continuing services or modification in level of services in the NSP.

Reasons for Non-Compliance Alliance Social Worker did not write in the NSP the continued need for ISFC rate/service level.

Correction To Obtain Compliance Moving forward all NSP's will have the need for the continued ISFC rate/service level documented in the NSP.

Quality Assurance Plan To Maintain Compliance Program Leadership will not approve an NSP unless it clearly states the need for continued ISFC rate/service level.

24d. Child's adjustment to placement and ISFC team, recommendations, suggestions, and different opinions during CFT meetings were documented in the NSP. [ILS 88268.2(c)(2); SOW Part D, 5.1.4 (1), (7), (8)]

Findings- #24d - Child 1) NO: The agency did not provide CFT meeting notes to verify that these requirements were documented in the NSPs.

Reasons for Non- Compliance Alliance Social Worker failed to collect CFT meeting notes where client's adjustment to placement, recommendations and opinions were discussed.

Correction To Obtain-Compliance Program Leadership will ensure that Social Work staff clearly state the CFT involvement in the NSP in which outlines discussions and preferences.

Quality Assurance Plan To Maintain Compliance Program Leadership will continue to support Social Work staff during supervision and to provide ongoing training around documentation and teaming. Program Leadership will do audits of client files to ensure compliance.

24r. Required signatures were received as required.

Findings-#24r - Child 1) NO: NSP due on 3/2/20 was signed late on 3/25/20 & 3/27/20 by agency, child, RP and DPO (w/ one attempt); NSP dated 6/2/20 was signed late by RFP on 8/5/20 and the DPO didn't sign and no attempts by agency to contact DPO.

Reasons for Non-Compliance Failure to Follow Protocol. Alliance Social Worker had called and emailed the County Social Worker but failed to take it up the chain of command within the 5 days of the report being due.

Correction to Obtain- Compliance AHS Social Worker will ensure they properly document signature requests and follow chain of command in getting signatures on time. First attempt to CSW/ copy SCSW, second attempt to SCSW and third attempt to ARA. AHS Social Worker will also send the NSP to the NPS inbox.

Quality Assurance Plan to Maintain Compliance Program Leadership will monitor compliance Childtrax system and tracking grid. In addition, Program Leadership meets weekly and will discuss NSP coming up within the upcoming weeks. A discussion will be had around progress of Child Family Teaming Meetings and obtaining signatures within 5 days of the report. AHS understand the NSP is an area that needs improvement. AHS Program Leadership will continue to train staff initially and annually. Program Leadership will have staff present cases to discuss goals, teaming and collaboration in staff meetings and during supervision. Finally, AHS Social Worker and Program

Leadership will ensure that they are utilizing Childtrax database system for being aware of upcoming NSP's and also staff and Program Leadership will have reminders of upcoming NSP's on their outlook calendars.

27. *The FFA ensured that, when applicable, appropriate respite care was provided. (4 sub elements)

27a. The agency established, maintained, and documented in the NSP or case file, a RFP Support Plan for the ISFC RFP and respite caregiver (including continuous opportunities for self-care and personal breaks individual and group support activities, training, ISFC RFP warm-line, phone or face-to-face communication systems to collect feedback at least 3 to times a week). [SOW Part B, 3.5 & 3.5.1; SOW, Part C, 2.3.8, 2.3.9 (b) , 5.4]

Findings- #27a - Child 1) NO: The Alliance Social Worker Social Worker did not provide proof/documentation in NSP or case file to verify this requirement.

Reason for Non-Compliance Alliance Social Worker did not document the respite plan in the NSP or case file. Discussions were had about respite, but the Alliance Social Worker failed to document.

Correction to Obtain-Compliance Program Leadership will ensure the respite plan is discussed and documented in the initial NSP and or case file within 30 days of placement.

Quality Assurance Plan to Maintain Compliance Program Leadership will continue to train staff on the requirement and audit files for compliance.

27c. Respite plan was documented within the first 30 days of placement in the Initial NSP or case file. [SOW Part D 3.4]

Findings-27c - Child 1) NO: The respite plan was not documented in the initial NSP or case file w/in 30 days of placement.

Reasons for Non-Compliance Alliance Social Worker did not document the respite plan in the initial NSP or case file. Discussions were had about respite, but the Alliance Social Worker failed to document.

Correction to Obtain-Compliance Program Leadership will ensure the respite plan is discussed and documented in the initial NSP and or case file within 30 days of placement.

Quality Assurance Plan to Maintain Compliance Program Leadership will continue to train staff on the requirement and audit files for compliance.

27d. Respite plan was reviewed quarterly by the child's ISFC team and CFT and documented in the NSP or case file. [SOW, Part D, 3.4 and 5.1.4 (4)]

Findings- #27d - No proof/documentation in the NSP or case file to verify that the respite plan was reviewed quarterly by the ISFC team and CFT.

Reasons for Non-Compliance Alliance Social Worker did not document the respite plan in the NSP or case file on a quarterly basis. Discussions were had about respite, but the Alliance Social Worker failed to document.

Correction to Obtain-Compliance Alliance Social Worker will ensure that the respite plan is reviewed quarterly by the child's ISFC team and CFT and included in the NSP and documented in the case file.

Quality Assurance Plan to Maintain Compliance Program Leadership trained staff on November 16, 2020 on the requirement and program leadership will audit files ongoing for compliance.

VI. Safety

31*The agency ensured required protocols for a psychiatric hospitalization were followed. (4 sub elements)

31d. The agency held a CFT meeting within 24 hours of a hospitalized child's discharge back to placement. (SOW Part D, 2.8.1)

Findings- #31d - Child 1) NO: No proof/documentation of a CFT meeting being held w/in 24 hours of hospitalized child's discharge back to placement.

Reason for Non- Compliance The Alliance Social Worker had conversations with members of the Child Family Team. However, a formal CFT did not take place. A meeting however did take place with the CFT members a week after the client's return from the hospital. A formal safety plan however was done with the client's mental health team before client returned to the home.

Correction to Obtain-Compliance A mandatory CFT will happen within 24 hours if a hospitalized child's discharge back to placement.

Quality Assurance Plan to Maintain Compliance Program Leadership will work with Alliance Social Worker to ensure that that a meeting is being held within 24 hours. Program Leadership will ask to be copied on all emails while the client is in the hospital and any and all planning leading up to discharge back to the Resource Home.

XI Personnel Files

55. California driver's license was on file.

Findings- #55 - Staff 2) NO: The staff DL expired on 6/9/19.

Reason for Non-Compliance Staff stated that they had attempted to renew her license but did not have the necessary supporting documents. The DMV had given (3) 90 days extensions and then Covid-19 caused further delays. See enclosed letter from staff.

Correction to Obtain Compliance Please note staff did/does not transport clients as the staff person is responsible for recruiting families and not working with clients directly. California Driver's License is now current. Please see attached current driver's license.

Quality Assurance Plan to Maintain Compliance Program Leadership has audited all employee files to ensure all Drivers License are current. Program Leadership will utilize childtrax database system to track upcoming California Drivers License expirations and audit files periodically. All staff have been informed that they are to also keep track of when their items are expiring and to communicate with their direct supervisor when issues arise.

Finally, Alliance Human Services, Inc understands and agrees to follow the expectations outlines in the statement of work set forth by the Department of Children and Family Services. Alliance Human Services would like to thank you Ms. Arrington for your time and feedback. It is greatly appreciated.

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-Evangelista
Executive Director
Alliance Human Services Inc.
21311 Hawthorne Blvd
Torrance, CA 90503