



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

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

**BOBBY D. CAGLE**  
Director

**GINGER PRYOR**  
Chief Deputy Director

**Board of Supervisors**  
**HILDA L. SOLIS**  
First District  
**HOLLY J. MITCHELL**  
Second District  
**SHEILA KUEHL**  
Third District  
**JANICE HAHN**  
Fourth District  
**KATHRYN BARGER**  
Fifth District

November 30, 2021

To: Supervisor Hilda L. Solis, Chair  
Supervisor Holly J. Mitchell  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

From:  for  
Bobby D. Cagle  
Director

**NINOS LATINOS UNIDOS  
FOSTER FAMILY AGENCY  
CONTRACT COMPLIANCE REVIEW**

**REVIEW OF REPORT**

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a virtual Contract Compliance Review of the Ninos Latinos Unidos Foster Family Agency (the Contractor) in July 2021. The Contractor has two offices: one located in the Fourth Supervisorial District and one in the Fifth Supervisorial District. The offices provide services to the County of Los Angeles DCFS placed children, children placed by other counties, and Non-Minor Dependents.

**Key Outcomes**

<b>NUMBER OF PRIORITY FINDINGS</b>
<b>PRIORITY 1</b> 1
<b>PRIORITY 2</b> 1
<b>PRIORITY 3</b> 0

CAD conducted a virtual Contract Compliance Assessment review of the Contractor’s compliance within the following applicable areas: General Contract Requirements; Resource

*“To Enrich Lives Through Effective and Caring Service”*

Family Home Requirements (RFH); Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency; Education and Independent Living Program 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 CAD's Contract Compliance Review: General Contract Requirements; RFH Requirements; Engagement and Teamwork; Permanency; Education and Independent Living Program 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, 12 DCFS placed children were selected for the sample. CAD reviewed the files of the 12 children, 11 children were virtually interviewed to assess the level of care and services they received, and one child refused to be interviewed and was virtually observed to be clean, well-groomed and healthy. An additional four discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

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

CAD noted findings in the areas of:

#### Priority 1

- Facility and Environment
  - RFH did not have a functioning carbon monoxide detector.

#### Priority 2

- Needs and Services Plans (NSPs)
  - NSP was not completed accurately and on time, and did not include the Resource Foster Parent signature.

On June 19, 2021, the Children Services Administrator teams from DCFS CAD and the Out-of-Home Care Management Division Quality Assurance Specialist 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.

Each Supervisor  
November 30, 2021  
Page 3

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:th

#### Attachments

c: Fesia Davenport, Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Adolfo Gonzales, Chief Probation Officer  
Public Information Office  
Audit Committee  
Fahir Millian, Chief Executive Officer, Ninos Latinos Unidos  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division

# CORRECTION ACTION PLAN

## Facility And Environment

### 15. Common areas were safe and well-maintained

15f. A functioning smoke detector & carbon monoxide detector is installed in the hallways of all sleeping areas or an indoor sprinkler system is used

Facility	Comment
Site 559	During virtual safety inspection on 05/13/2021 of Site #559, it was determined that carbon monoxide detector was not in proper working order. This issue was repaired by contractor before the end of the day.

#### 1. Explain the Cause.

During the last visit of the assigned FFA social worker to Site 559, the carbon monoxide detector was working properly; it appears that by the following week, the batteries ran out of power causing the malfunctioning of the carbon monoxide detector. The batteries were replaced by the RPs on the same day of the site visit.

#### 2. Corrective Action Taken.

The Resource Parent replaced the batteries of the carbon monoxide detector before the end of the day of the site visit. FFA Social Workers were instructed to verify the proper functioning of carbon and smoke detectors during one of their monthly visits to the Resource Family Homes.

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

- NLU Lancaster Office Administrator will provide a training to Resource Parents of Site 559 regarding the Interim Licensing Standards, Version 5, § 88487.1(a)(2)(A) regarding their responsibility of having a properly functioning carbon monoxide detector.
- Mandatory training will be completed by no later than July 30th, 2021.
- NLU Lancaster Office Administrator will provide a copy of the certificate of completion of the training offered to Resource Parents by no later than July 30th, 2021
- NLU Office Administrators will provide a mandatory training for Foster Care Social Workers on the use of RFA 809 Resource Family Visit Record, RFA 809C Resource Family Visit - Corrective Action Plan, and on the NLU Spot Check A&B.
- Foster Care Social Work Staff is to notify their immediate supervisors should they find a deficiency at the time of their visit to the Resource Family Home (RFH).
- Mandatory training will be completed by no later than July 30th, 2021.
- Office Administrators will provide a sign in sheet as proof of Social Work Staff attendance to the Mandatory Training by no later than August 2nd, 2021.

#### Reviewer Comment

## Needs & Services

### 23. The NSPs were completed accurately and on time

## 23e. Signed by RFPs (and parents if applicable)

Facility	Comment
Site 557	NSP for Child #8 due 02/29/2020 not signed by RFP until 10/07/2020.

## 1. Explain the Cause.

Child #8 was admitted into placement on 08/13/2020 and his initial 30-day report was developed around 09/11/2020; however, during the limited face-to-face contacts due to the Governor's Stay-At-Home Order, obtaining the signatures of Child #8 and their RPs did not occur until 10/07/2020; The actual delay was approximately of one month.

## 2. Corrective Action Taken.

FFA Social Workers were instructed to visit face-to-face their assigned Resource Family Homes once a month and to obtain signatures on pertaining documents. FFA Social workers were instructed to encourage RPs to use digital signatures on documents during the COVID-19 pandemic.

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

- NLU Office Administrators will provide a Mandatory Training to its Supervisory Staff and Foster Care Social Workers regarding the timely request for signatures on the NSP.
- NLU will reintroduce the Signatures Tracking Data form to ensure timely accuracy on the NSP.
- The Mandatory Training will be completed by no later than July 30th, 2021.
- Office Administrators will provide a sign in sheet as proof of Social Work Staff attendance to the Mandatory Training by no later than August 2nd, 2021.

## Reviewer Comment

## Attach Documents



No file chosen