



BRANDON T. NICHOLS  
Director

# County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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November 9, 2023

To: Supervisor Janice Hahn, Chair  
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Supervisor Kathryn Barger

From: Brandon T. Nichols  
Director

## NUEVO AMANECER LATINO CHILDREN'S SERVICES 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 Nuevo Amanecer Latino Children's Services Foster Family Agency (the Contractor) in October 2022. The Contractor has four offices: two located in the First Supervisorial District, one located in the Third Supervisorial District, and one located in San Bernardino County. The offices provide services to the County of Los Angeles DCFS and Probation placed children, children placed by other counties, and Non-Minor Dependents.

### Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 2
PRIORITY 2 12
PRIORITY 3 0

CAD 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

*"To Enrich Lives Through Effective and Caring Service"*

Teamwork; Needs and Services Plans; Permanency and Transition Services; 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 7 of 11 applicable areas of CAD's Contract Compliance Review: RFH Requirements; Engagement and Teamwork; Permanency and Transition 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 selected children and virtually interviewed eight of the children to assess the level of care and services they received; four children (ages 1 to 5 years) 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.

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

CAD noted findings in the areas of:

**Priority 1**

- General Contract Requirements (2 findings)
  - Two children had Special Incident Reports that were not properly cross reported in iTrack.

**Priority 2**

- Facility and Environment (1 finding)
  - One RFH did not have a current first aid kit available for use.
- Needs and Services Plans (NSPs) (10 findings)
  - Nine children NSPs did not include a concurrent case plan.
  - One child NSP did not include a concurrent case plan and was not signed timely by the Children's Social Worker/Deputy Probation Officer.

- Education and Independent Living Program Services (1 finding)
  - A child was not enrolled in school immediately.

On January 4, 2023, the Children Services Administrator teams from DCFS' CAD and the Out-of-Home Care Management Division held an exit conference with the Contractor representatives.

The Contractor 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  
LTI:sl

#### Attachments

- c: Fesia Davenport, Chief Executive Officer  
Oscar Valdez, Auditor-Controller  
Guillermo Viera Rosa, Chief Probation Officer  
Public Information Office  
Audit Committee  
Norma Duque, President and CEO, Nuevo Amanecer Latino Children's Services  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



LOS ANGELES COUNTY  
NUEVO AMANECER LATINO CHILDREN SERVICES (FFA)



Corrective Action Plan

2022

## GENERAL CONTRACT REQUIREMENTS

1. Special Incident Reports are properly documented.

1b. Properly cross-reported in the I-Track system Contract, Exhibit A-5, SOW, Part B, Section 10.4(Contract, Exhibit A-5, SOW, Part B, Section 10.4)

Facility

Site 1049

Site 1049

**1. Explain the Cause.**

Resource Parent (RP) for Child #5 and Child #6 failed to report the incident to FFA in a timely manner; FFA reported immediately upon learning of the incident. RP cited oversight as the reason for delayed reporting stating she was distracted by unforeseen demands that required her attention on this particular day.

**2. Corrective Action Taken.**

In addressing this incident, a refresher training was immediately provided to RP on proper SIR reporting guidelines which was noted in the SIR. In addition, a signed affidavit confirming that the training was held was placed in RPs file (a copy is attached).

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

As a general overview, Resource Family Social Workers (RFSWs) will review SIR reporting guidelines per SIR Guide for Foster Care Service Providers (Exhibit A-5) with their respective Resource Parents (RPs) at their next home visit and will document the review in the weekly case note; supervisors will ensure that such information was reviewed at the time of approving the case note. The above was reviewed with RFSWs at their respective office staff meetings held respectively on 1/20/23, 1/24/23, 1/25/23, and 1/31/23--please see attached sign-in sheet for verification. This information will also be reiterated at RPs next Post Approval Training scheduled for March, 2023.

## FACILITY AND ENVIRONMENT

15. Common areas were safe and well-maintained

15g. There is a current and complete first aid kit available for use Title 22 80075(g) **Title 22 80075(g)**

Facility

Site 1050

**1. Explain the Cause.**

The first aid kit's expiration date was overlooked by the FFA Worker at the last quarterly home inspection.

**2. Corrective Action Taken.**

The agency's Supplemental- Health and Safety Assessment Checklist form has been modified to include a field to document the date of expiration for each First Aid Kit located in the home.

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

The agency's "Supplemental - Health and Safety Assessment Checklist" was modified to include a field to document "Date of Expiration" for each first aid kit located in the home (updated form is attached). Supervisors will track for compliance on a quarterly basis as they review and approve the home inspection forms.

## NEEDS AND SERVICES PLANS

23. The NSPs were completed accurately and on time [ILS, §§88268.2(c) & 88278.1(a); Master Contract, Exhibit A, SOW, Part C, §§15.0 & 16.8.]

## 23c. Included Case Plans and Concurrent Case Plan

Facility
Site 1049
Site 1049
Site 1050
Site 1050
Site 1049
Site 1049
Site 1048
Site 1049
Site 1050
Site 1049

## 23g. Signed by CSW/DPO (or documented efforts to obtain signature))

Facility
Site 1049

## 1. Explain the Cause.

23c. The agency did not make efforts to secure a concurrent case plan. The agency was under the impression that DCFS-CSWs determine the concurrent case plan; therefore, RFSWs requested the concurrent case plan from CSW and documented the information as stated by CSW in the NSP (e.g. not yet determined; remains Family Reunification). 23g. Proper efforts to document and obtain NSP signature was not made by RFSW. The first attempt reflected timely, however, documentation did not identify the name of the CSW; and there was no record of a second attempt.

## 2. Corrective Action Taken.

23c. Technical assistance was provided to NALCS management on 1/24/23 by DCFS-OHCMD TA. The need to identify a Concurrent Case Plan was shared with all pertinent staff. Should CSW report that there is no Concurrent Case Plan after 30 days of a child's placement, a Concurrent Case Plan will be established collaboratively via CFTM. NALCS CFTM form has been updated to include discussion of the Concurrent Case Plan. The above was reviewed with RFSWs at their respective office staff meetings held respectively on 1/20/23, 1/24/23, 1/25/23, and 1/31/23--please see attached sign-in sheet for verification. 23g. Agency Supervisors/Administrators reviewed with RFSWs timeliness and proper efforts required to obtain and document signature request, as indicated in the amended Foster Family Agency (FFA) Contract, Statement of Work (SOW), subsection 19.1.3, Needs and Services Plan dated November 16 2021. The above was reviewed with RFSWs at their respective office staff meetings held respectively on 1/20/23, 1/24/23, 1/25/23, and 1/31/23--please see attached sign-in sheet for verification.

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

23c. Supervisors will monitor via review of Quarterly NSPs, CFTM notes, and a minimum of quarterly case reviews. In addition, NALCS' Quality Assurance Department conducts file reviews on a minimum of a quarterly basis and will monitor using the File Review Checklist to ensure that a Concurrent Case Plan is identified for each child. 23g. RFSWs will complete NSPs via PMIS in a timely manner, per SOW, and document the initial attempt. Supervisors will monitor for NSP due dates as indicated on PMIS and will ensure that such are completed timely. Further, Supervisors will monitor for proper efforts to obtain CSW signature using the auto-generated email confirmations generated by PMIS as a tool. NALCS' Quality Assurance Department will conduct file reviews on a minimum of a quarterly basis using NALCS File Review Checklist to ensure that timely and proper efforts are documented.

## EDUCATION AND INDEPENDENT LIVING PLAN SERVICES

36. Children/youth were enrolled in school immediately (SOW Part C, Section 15.3.3) AND [SOW, Part C, 15.3.2; 15.3.3.2; 15.3.3.3; 15.3.4; EDC, Section 48853.5(f) (8) (B)]

Facility

Site 1048

### 1. Explain the Cause.

The agency delayed school enrollment as the child's placement was considered respite care and, per CSW, school enrollment would not be required as the child's stay was intended to be temporary. The child was enrolled into school once a determination was made to have the child remain at the existing home.

### 2. Corrective Action Taken.

Technical assistance was provided to NALCS management on 1/24/23 by DCFS-OHCMD TA. NALCS will ensure that school-age children/youth receive educational services as stated in FFA Contract, SOW, Subsection 15.3.3-Immediate Enrollment of Children, Youth and NMDs in School despite expected length of placement. This information was shared with all pertinent staff to ensure educational needs are met timely and appropriately. The above was reviewed with RFSWs at their respective office staff meetings held respectively on 1/20/23, 1/24/23, 1/25/23, and 1/31/23--please see attached sign-in sheet for verification. This will also be shared at the upcoming Post Approval Training for RPs in March, 2023.

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

A school log is used at time of placement to document school enrollment status. RFSWs are to report school enrollment concerns to respective supervisor in order to proceed as directed in SOW. NALCS' Quality Assurance Department conducts file reviews on a quarterly basis and will monitor to ensure school enrollment is addressed appropriately.