



# County of Los Angeles

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

510 S. Vermont Avenue, Los Angeles, California 90020

(213) 351-5602

BRANDON T. NICHOLS  
Director

JENNIE FERIA  
Chief Deputy Director

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March 18, 2025

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

From: Brandon T. Nichols  
Director

### LATINO FAMILY INSTITUTE 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 Latino Family Institute Foster Family Agency (the Contractor) in September 2024. The Contractor has one office located in the First Supervisorial District. The office provides services to the County of Los Angeles DCFS and Probation placed children, youth and Non-Minor Dependents (NMDs) and children, youth and NMDs placed by other counties.

#### Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 4
PRIORITY 2 2
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 8 of 11 applicable areas of the CCD's Contract Compliance Review: General Contract Requirements; Engagement and Teamwork; 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 virtually interviewed four children to assess the level of care and services they received; two children (ages 5 and 7 years) with developmental limitations were unable 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 five RFH files and three staff files for compliance with Title 22 Regulations and County contracting requirements. The CCD also conducted 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***

- Resource Family Home Requirements (1 Finding)
  - One RFH with a swimming pool did not have a water safety certificate or training on file.
- Facility and Environment (3 Findings)
  - One RFH did not ensure the above-ground pool on the premises was properly secured.
  - One RFH did not have a current and operable all-purpose fire extinguisher readily accessible.
  - One RFH did not ensure knives, sharp objects, disinfectants and cleaning solutions were safely stored and locked.

## **Priority 2**

- Needs and Services Plans (NSPs) (2 Findings)
  - Two children NSPs were prepared and approved by the same FFA staff.

On December 11, 2024, 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:yw

## Attachments

c: Fesia Davenport, Chief Executive Officer  
Oscar Valdez, Auditor-Controller  
Guillermo Viera Rosa, Chief Probation Officer  
Public Information Office  
Audit Committee  
Maria L. Quintanilla, Founder and Chief Executive Officer, Latino Family Institute  
Kellee Coleman, Assistant Program Administrator, LA Region, Community Care Licensing Division  
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division  
Celeste M. Fitchett, MSW, Bureau Chief, CDSS Fiscal and Performance Audits



LOS ANGELES COUNTY  
LATINO FAMILY INSTITUTE INC. (FFA)



Corrective Action Plan

2024

RESOURCE FAMILY HOME REQUIREMENTS

10. RFPs have current training

10c. When applicable, Water Safety certificate/training [Training Matrix][Training Matrix]

Facility

Site 1566

1. Explain the Cause.

LFI FFA Social Worker was not aware that Resource Parent had temporarily placed an above the ground pool in her backyard.

2. Corrective Action Taken.

Resource Parent completed the required water safety training. Resource parent took down the above ground pool. Resource parent was also informed that any changes in home after initial home inspection needs to be reported to LFI Social Worker in a timely manner. LFI FFA SW visited the home on 12/13/24 to confirm that pool had been removed. LFI staff will review compliance findings with all approved families at next quarterly training in March 2025 to reinforce family home requirements. requirements.

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

Effective 12/12/24 LFI FFA Social Workers will conduct at a minimum a quarterly home inspection to ensure that all required resource family home requirements are met. This information will be documented in the home visit progress note quarterly.

FACILITY AND ENVIRONMENT

14. Exterior and grounds of the RFH were safe and well maintained

14e. Swimming pools, or other bodies of water are properly protected (fences, exit alarms, or manual/electrical safety pool covers are used) Title 22 89387 (2) (A) (c); HS 115921 (c); HS 115923 (a); Title 22 80087 (e ); ILS 88487.2 (d) Title 22 89387 (2) (A) (c); HS 115921 (c); HS 115923 (a); Title 22 80087 (e ); ILS 88487.2 (d)

Facility

Site 1566

1. Explain the Cause.

LFI FFA was not aware that Resource Parent had temporarily placed an above the ground pool in her backyard. RP was under the impression that only pools installed in the backyard needed to be reported since this pool had been placed seasonally.

2. Corrective Action Taken.

Resource parent took down the above ground pool on 12/12/24. Resource parent was also informed that any changes in their home after their initial home inspection needs to be reported to the LFI Social Worker in a timely manner. LFI Social worker visited the home on 12/13/24 to confirm that pool had been removed. Resource parent was also informed that any changes in their home after the initial home inspection needs to be reported to the LFI Social Worker in a timely manner. LFI staff will review compliance findings with all approved families at next quarterly training in March 2025 to reinforce family home requirements.

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

Effective 12/12/24 LFI Social Workers will conduct at a minimum a quarterly home inspection to ensure that all required resource family home requirements are met. This information will be documented in the home visit progress note quarterly.

15. Common areas were safe and well-maintained

15e. A current and operable all-purpose fire extinguisher is readily accessible Title 22 80020; Title 19 596(b)(1), 557.9 & 567(b), (h), (i) Title 22 80020; Title 19 596(b)(1), 557.9 & 567(b), (h), (i)

Facility

Site 1563

15i. If appropriate, knives and sharp objects are safely stored and locked Title 22 80087(g) Title 22 80087(g)

Facility

Site 1566

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 1566

1. Explain the Cause.

Resource Parent assumed that since she had a fire extinguisher readily available, in her apartment complex, she did not have to actually have it in her home. Resource Parent assumed that since the children in placement are older, she did not have to install special locks on her cabinets as means to safety store them.

2. Corrective Action Taken.

Resource Parent purchased a fire extinguisher and safely stored her knives and sharp objects as requested by regulations and her LFI Social Worker. It was confirmed by FFA Staff on 1/7/25 home visit the fire extinguisher was in the home and the knives and sharp objects were safely stored in the home. LFI will review compliance findings with all approved families at next quarterly training in March 2025 to reinforce family home requirements.

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

Effective 12/12/24 LFI workers will conduct at a minimum a quarterly home inspection to ensure that all required fire extinguishers are readily available in the approved homes and that all knives and sharp objects are safely stored in the approved homes. This information will be documented in the home visit progress note quarterly.

## 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.]

23f. Signed by FFA staff

Facility

Site 1563

Site 1563

1. Explain the Cause.

LFI FFA Founder & CEO carried out social work duties when census is low.

2. Corrective Action Taken.

When census is low LFI Founder & CEO will collaborate with LFI Social Worker to provide input into NSPs. NSPs will be completed collaboratively and approved by LFI FFA Founder & CEO.

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

LFI FFA Founder & CEO will continue to ensure that each case has an assigned LFI Social Worker.