



County of Los Angeles

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 11, 2025

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

From:  for
Brandon T. Nichols
Director

RENAISSANCE UNLIMITED HOMES TRANSITIONAL HOUSING PLACEMENT PROGRAM FOR NON-MINOR DEPENDENTS 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 Renaissance Unlimited Homes, Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD), (the Contractor) in April 2025. The Contractor has fifteen licensed sites: one located in the First Supervisorial District, twelve located in the Second Supervisorial District and two in the Fifth Supervisorial District. The sites provide services to the County of Los Angeles DCFS and Probation NMDs between the ages of 18-21 and their children.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 3
PRIORITY 2 7
PRIORITY 3 3

The CCD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: Licensure and Certificate of Compliance; Personnel/Staffing/Training; Contractor/Agency Reports; Record

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Folder/Case File; THPP-NMD Participant Training; Education and Employment; Medical and Dental; and Program Exit/Aftercare Follow Up and Tracking. The Contractor was in full compliance with 3 of 8 applicable areas of the CCD's Contract Compliance Review: Licensure and Certificate of Compliance; Education and Employment; and Medical and Dental. For this review, seven DCFS NMDs were selected for the sample. The CCD reviewed the records and files of the seven selected NMDs to assess the level of care and services they received. An additional three discharged NMD files were reviewed to assess the Contractor's compliance with permanency efforts. The CCD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements.

The CCD noted findings in the areas of:

Priority 1

- Personnel/Staffing/Training (1 Finding)
 - One staff file did not have criminal clearances prior to staff's start date with agency.
- Record Folder/Case File (2 Findings)
 - The case file for one NMD did not have all required daily contact made with the NMD and was not documented in the case file; and
 - The case files for six NMDs did not have the required weekly face to face contacts documented in the case files.

Priority 2

- Contractor/Agency Reports (1 Finding)
 - The Contractor did not complete and maintain the Referral Logs as required.
- Record Folder/Case File (3 Findings)
 - The initial Needs and Services Plans (NSPs) in the files for three NMDs did not meet the documentation requirements and the 6-month review NSPs in four NMD files were not completed timely and did not have all required signatures;
 - The Contractor did not complete and maintain the Progress Reports in six NMD files as required; and
 - The Contractor did not maintain updated Transitional Independent Living Plans in four NMD files as required.
- Training (1 Finding)
 - One NMD did not receive the required 240 minutes of Life Skills training monthly.
- Record Folder/Case File (1 Finding)

- The Contractor did not complete and maintain the Progress Reports in six NMD files as required.
- Program Exit/Aftercare Follow-Up and Tracking (1 findings)
 - The Contractor did not provide 30-day follow-up services/attempts timely for one NMD.

Priority 3

- Record Folder/Case File (3 Findings)
 - NMD's 2-Way Authorization for Sharing Information form were not completed in the file for seven NMDs;
 - Initial Participant Unit/Furniture Inventory form did not document the condition of furniture in seven NMD files and there was no quarterly furniture inventory in five NMD files; and
 - Initial clothing inventory was not completed in six NMD files and quarterly clothing inventory was not completed in four NMD files.

On June 11, 2025, the Children Services Administrator team from DCFS' CCD and the Supportive Housing Division THPP-NMD County Program Manager held an exit conference with the Contractor's representative. The Contractor's representative agreed with the review findings and recommendations and was 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 deficiencies 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:LM:RT
AJ:DF:jo

Attachments

- c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Chris N. Onyegbaduo, Chief Executive Officer, Renaissance Unlimited Homes
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Kellee Coleman, Assist Program Administrator LA Region, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division
Celeste M. Fitchett, MSW, CDSS Bureau Chief Fiscal & Performance Audits

Renaissance Unlimited Homes, Inc.

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Los Angeles, California 90008

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Fax: 323-935-5411

Renaissance Pride: License #198209064



August 8, 2025

██████████, Children Services Administrator 1
Los Angeles County DCFS
Contract Compliance Division
510 S. Vermont Avenue, 14th Floor
Los Angeles, CA 90020

RE: **Renaissance Unlimited Homes, Inc.**
Corrective Action Plan for the Contract Compliance Review Report Dated
06/11/2025

Dear ██████████,

This is the Corrective Action Plan to address the findings of the Contract Compliance Review Report dated June 11th, 2025. Our agency is working diligently to ensure ongoing compliance with all contract requirements.

SECTION B

B) PERSONNEL/STAFFING/TRAINING

B-1

Finding: #1. Contractor has all required positions? (SOW 6.2.5 and 6.2.6)
Although contractor had all required positions, personnel (S#4) did not receive criminal clearances form CCLD prior to hire date (staff hire date 9/22/21, CCLD criminal clearance letter on file was dated 6/30/23)”

Cause: Agency did not receive criminal record clearance from DOJ for one staff on time.

Corrective Action Implemented-Effective 08/08/2025 and ongoing: All new staff shall have a criminal record clearance prior to official hire.

The Executive Director will approve all new hires and ensure that all new staff have criminal record clearance prior to official hire.

SECTION C:

C) CONTRACTOR/AGENCY REPORTS

Finding: 1. Contractor completed and maintained all reports in files as Required?
No

Cause: Reports were completed but not on specified time frames.

Corrective Action Implemented-Effective 08/08/2025 and ongoing: Agency reports will be completed based on the time frames stipulated on the SOW.

The Executive Director will monitor report submissions and ensure they are being submitted timely.

SECTION D

D) THPP-NMD PARTICIPANT RECORD FOLDER/CASE FILE

Finding D-1

1. All Plans/Assessments are completed and maintained in THPP NMD Participants Folders/case files as required? No

2. All completed forms are maintained in THPP-NMD Participants Folders/case files? No

Finding D-2

2. All required daily/weekly/monthly case management contacts/visits with the THPP-NMD Participants are documented in case files? No

Cause: Agency staff was inconsistent in preparing, completing, reporting, maintaining forms and case management notes.

Corrective Action Implemented-Effective 08/08/2025 and ongoing: Staff will maintain consistency and timely completion and reporting of forms, case notes, and other reports. Agency will document efforts made to obtain TILP's and follow-up attempts when CSW is not responding. All NSP's will include discharge plans and plans for providing services to meet the identified needs and have the signatures of CSW, Staff and youth.

The Executive Director will ensure that the agency maintains reporting requirements and NSP and TILP requirements.

SECTION E

E) THPP-NMD PARTICIPANT TRAINING

Finding: 1. THPP-NMDs received 240 minutes Life Skills training monthly? No

Cause: Agency staff did not properly document Life Skills training to include Individual Life Skills Training Sessions.

Corrective Action Implemented-Effective 08/08/2025 and ongoing: Staff will document all Life Skills training both group and individual and ensure it is properly reflected on progress reports
The Executive Director will ensure that all Life skill training sessions are properly document and correctly reflected on progress reports.

SECTION H

H) PROGRAM EXIT/AFTERCARE FOLLOW-UP AND TRACKING

Finding: 5. Contractor provided 30-day follow-up services/attempts timely? No
NMD D2 was not contacted at 30-day mark and no attempts were documented.

Cause: Agency staff did not record the 30-day Aftercare contact on youth's form.

Corrective Action Implemented-Effective 08/08/2025 and ongoing: Staff will document all Aftercare contacts timely and correctly.

The Executive Director will ensure that all Aftercare care contacts are correctly documented

Please feel free to contact us if you have any questions.

Respectfully Submitted.

Renaissance Unlimited Homes Inc.

[REDACTED]

[REDACTED]

Executive Director