



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

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June 12, 2025

To: Supervisor Kathryn Barger, Chair
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From: Brandon T. Nichols
Director

**NUEVO AMANECER LATINO
INTENSIVE SERVICES FOSTER CARE FOSTER FAMILY AGENCY
FOR CHILDREN WITH SERIOUS EMOTIONAL BEHAVIORAL NEEDS
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 Nuevo Amanecer Latino Intensive Services Foster Care (ISFC) Foster Family Agency (FFA) for Children with Serious Emotional Behavioral Needs (SEBN) (the Contractor) in October 2024. 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 placed children, Probation foster youth and children placed by other counties.

Key Outcomes

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

“To Enrich Lives Through Effective and Caring Service”

Each Supervisor

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

The Contractor was in full compliance with 10 of 11 applicable areas of the CCD's Contract Compliance Review: RFH 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.

For the purpose of this review, four DCFS placed children were selected for the sample. The CCD reviewed the files of the four selected children and virtually interviewed three children to assess the level of care and services they received; one child (age 6) declined to be interviewed and was virtually observed to be clean and well-groomed. An additional three discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

The CCD reviewed four RFH files and three staff files for compliance with Title 22 Regulations and County contract 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.

CCD noted findings in the areas of:

Priority 1

- General Contract Requirements (1 Finding)
 - Three Special Incident Reports for one child were not properly cross reported or timely submitted in the iTrack system.

On January 21, 2025, the Children Services Administrator teams from DCFS' CCD, the ISFC-FFA Program 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.

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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:ar

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Norma A. Duque, President and Chief Executive Officer, Nuevo Amanecer
Latino Children's Services
Kellee Coleman, Assistant Program Administrator Southern Region (LA)
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing
Celeste M. Fitchett, MSW, Bureau Chief, Fiscal and Performance Audits



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February 19, 2025

[REDACTED]
Department of Children and Family Services
Contract Compliance Division
510 South Vermont Avenue
Los Angeles, CA 90020

RE: Corrective Action Plan -- ISFC-SEBN

Dear [REDACTED]

Per the Final Exit Summary dated 1/21/25, the following finding was noted:

I. General Contract Requirements - #8. The required parties were notified of a threat or serious incident (or sign of either) within 24 hours and in accordance with SIR guidelines: *C2 SIR #9333540 (10/15/23) and SIR #973157 (12/17/23) were not cross-reported to ISFC; and SIR #1054599 (6/25/24) was submitted 6 days late on 7/2/24.*

REGARDING SIR# 933540 (10/15/23)

- Explain the Cause:**
This SIR was inadvertently cross reported to OHC in place of ISFC. The Approving Supervisor is well-versed in the established reporting procedures and fully understands the cross-reporting requirements. This lapse was not due to a lack of knowledge or disregard for protocol, but rather an inadvertent human error.
- Corrective Action Plan:**
Approving Supervisors will verify the "Cross Reports" section of each SIR for accuracy prior to submission to ensure ISFC Unit is included. This Director of Operations reviewed with the ISFC Management Team/Supervisors at NALCS' All Staff Meeting held on 2/7/25 (verification attached).
- Explain what the Quality Assurance (QA) Plan is to maintain compliance:**
Approving Supervisors will verify each section of the SIR, including "Cross Reports" section, prior to submission to ensure SIRs are properly cross reported to the ISFC Unit. NALCS' Quality Assurance Team conducts SIR reviews at least quarterly, and will complete a specific focus on the cross-reporting section using the File Review Checklist to ensure all SIRs are properly cross-reported.



REGARDING SIR #973157 (12/17/23)

1. Explain the Cause:

The ISFC Unit was not included in the cross report due to the Approving Supervisor's oversight. The Supervisor is well-versed in the established reporting procedures and fully understands the cross-reporting requirements. This lapse was not due to a lack of knowledge or disregard for protocol, but rather an inadvertent human error.

2. Corrective Action Plan:

Supervisors will verify the "Cross Reports" section of each SIR prior to submission to ensure all pertinent parties are included. This Director of Operations reviewed with the FFA Management Team/Supervisors at NALCS' All Staff Meeting held on 2/7/25 (verification attached).

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

Supervisors will verify each section of the SIR, including "Cross Reports" section, prior to submission to ensure SIRs are cross reported to the ISFC Unit. NALCS' Quality Assurance Team conducts SIR reviews at least quarterly, and will complete a specific focus on the cross-reporting section using the File Review Checklist to ensure all SIRs are properly cross-reported.

REGARDING SIR #1054599 (6/25/24)

1. Explain the Cause:

This SIR was submitted beyond the required timeframe as the Approving Supervisor waited to obtain complete information regarding the incident rather than reporting subsequent information via addendum – this resulted in a late submission.

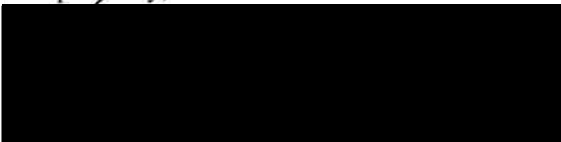
2. Corrective Action Plan:

This Director of Operations met with the Approving Supervisor to review Special Incident Reporting (SIR) Guidelines per SOW Exhibit A-5. Additionally, SIR Guide was reviewed with all ISFC Management and ISFC Social Worker Staff members by this Director of Operations at NALCS' All Staff Meeting held on 2/7/25 (verification attached). A copy of the SIR Reporting Guide was also provided to all staff as reference.

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

NALCS' Quality Assurance Team conducts SIR reviews at least quarterly, and will complete a specific focus using the File Review Checklist to ensure all SIRs are submitted timely.

Respectfully,



Director of Operations