



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

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October 1, 2025

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

**FAMILIES UNITING FAMILIES
FOSTER FAMILY AGENCY CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted an in-person Foster Family Agency Contract Compliance Review of Families Uniting Families (the Contractor) in July 2025. The Contractor has one office located in the Fourth 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 5
PRIORITY 2 3
PRIORITY 3 0

"To Enrich Lives Through Effective and Caring Service"

The CCD conducted a 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 7 of 11 applicable areas of the CCD's Contract Compliance Review: 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; 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 interviewed four children to assess the level of care and services received; two children (ages 1 and 2) were unable to be interviewed and were observed to be clean and well-groomed. An additional four discharged children's files were also reviewed to assess the Contractor's compliance with permanency efforts.

The CCD reviewed four RFH files and four staff files for compliance with Title 22 Regulations and County contracting requirements. The CCD also conducted telephonic interviews with staff and Resource Family Parents (RFP). 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

- General Contract Requirements (3 Findings)
 - Special Incident Reports for three children were not properly cross-reported in the I-Track System.
- Facility and Environment (2 Findings)
 - Two RFPs did not ensure that their disinfectants were locked and not accessible to children.

Priority 2

- Resource Family Home Requirements (1 Finding)
 - One RFP did not have a current opioid prevention training

on file.

- Facility and Environment (1 Finding)
 - One child under six years of age was sleeping on a top bunk bed.
- Personal Needs/Survival and Economic Well-Being (1 Finding)
 - One child reported not having a life-book.

On August 6, 2025, 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:LM:RT

AJ:DF:lb

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
James M. Schrage, Chief Executive Officer, Families Uniting Families
Kellee Coleman, Assist. Prgm. Admin, 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, Fiscal & Performance Audits, California
Dept. of Social Services



LOS ANGELES COUNTY
FAMILIES UNITING FAMILIES (FFA)

Corrective Action Plan

2025

GENERAL CONTRACT REQUIREMENTS

1. Special Incident Reports are properly documented.

1b. Properly cross-reported in the I-Track system [SOW, Part B, Section 10.4 and SOW Exhibit A-5, Special Incident Reporting Guide]SOW, Part B, Section 10.4 and SOW Exhibit A-5, Special Incident Reporting Guide.

Facility

Site 1730

Site 1730

Site 1732

1. Explain the Cause.

SIR 1221667 for Child #1 and #2, and SIR 1228358 for Child #4, were not submitted in a timely manner due to oversight. The Special Incident Reports (SIRs) were completed and saved by Foster Care Social Worker (FCSW) in a timely manner and reviewed and saved by Supervising Foster Care Social Worker (SFCSW) in a timely manner, but due to error, SFCSW did not submit.

2. Corrective Action Taken.

On 8/28/25, SFCSW reviewed SIR Guide For Foster Care Placement services Providers.

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

Beginning immediately, SFCSW or Administrator will confirm submission of all SIRs and print each SIR after every submission.

RESOURCE FAMILY HOME REQUIREMENTS

12b. FFA ensured caregivers administering naloxone receive opioid overdose prevention and treatment training, at a minimum, in accordance with PIN 23-11-CRP and Exhibit A-31.

Facility

Site 1731

1. Explain the Cause.

RP 2 did not receive the opioid overdose prevention and treatment training due to oversight.

2. Corrective Action Taken.

RP 2 completed the opioid overdose prevention and treatment training on 7/21/25 and certificate was recorded in RPs file.

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

Beginning immediately, SFCSW and Program Manager will review all Resource Parent files for proof of opioid overdose prevention and treatment training. All existing Resource Parents will have proof of opioid overdose prevention and treatment training and all new Resource Parents will complete the training within the first year of approval. Training completion will be logged and reviewed by the Program Manager in the Resource Parent Tracking Log.

FACILITY AND ENVIRONMENT

15. Common areas were safe and well-maintained

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 1732

Site 1731

1. Explain the Cause.

Site 1731 and site 1732 were found to have cleaning solutions in an unlocked cabinet. Both Resource parents stated that they had recently completed cleaning and had not yet locked up the items due to oversight.

2. Corrective Action Taken.

Both Resource Parents immediately moved the cleaning solutions to a locked cabinet according to agency standards. SFCSW and FCSW spoke with Resource Parents on 8/18/25 and 8/6/25 to review standards and confirm that cleaning solutions are locked after use.

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

Effective immediately, all disinfectants and cleaning solutions will remain locked when not in use. FCSWs or Program manager will complete the "Resource Family Home Health and Safety Assessment Checklist" on a quarterly basis to ensure that the homes are maintained according to agency standards and immediately address any safety concerns that are noted.

17. Children's bedrooms were safe and well maintained ILS §88487.1(b)(2) and (c) (1) and (b)(3)

17d. If bunk beds are used, only two tiers railings on both sides of the top bed (small children under the age of six not sleeping on the top bed) ILS §88487.1(b)(5) ILS §88487.1(b)(5)

Facility

Site 1731

1. Explain the Cause.

According to the Resource Family Home Health and Safety Assessment Checklist (LIC 03), “The upper tier of a bunk bed is not used for children under 6 years OR who are unable to climb into or out of the upper tier unassisted.” The agency interpreted this to allow permission for a 5 year old child with the ability to climb in the upper bed without assistance to sleep in an upper bunk.

2. Corrective Action Taken.

As of 7/25/25, child #3 was moved to the bottom bunk bed.

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

Effective immediately, no child under 6 years old will be permitted to sleep in the top bunk of any bunk bed arrangement. SFCSW, Program Manager, and FCSWs will review all existing Resource Home bed arrangements to ensure only children 6 and older with the ability to climb unassisted are sleeping in top bunk beds. All resource homes will be checked on a quarterly basis by Program Manager or FCSWs to ensure that the homes are maintained according to agency, county, and state standards.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

63. The FFA ensures that children are encouraged and supported by the RFPs in keeping a life-book (SOW, Part C, Section 17.12) and [Master Contract, Exhibit A, SOW, Part C, §17.12]

Facility

Site 1733

1. Explain the Cause.

Child #6 had been provided a photo album with photos but was not aware that this was to serve as his “life book.”

2. Corrective Action Taken.

On 8/5/25, FCSW reviewed and signed the “Life Book Contract” with youth and caregiver.

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

Beginning immediately, every child and youth will be provided with a Life Book, and the ongoing formation of the Life Book will be supported by the FCSW and Resource Parent to ensure social, emotional and historical wellbeing. SFCSW, FCSWs and Program Assistant will review child files and ensure that all children have signed the Life Book contract and have a Life Book.