



County of Los Angeles

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 15, 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

HERMANITOS UNIDOS – SIBLINGS UNITED 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 Hermanitos Unidos – Siblings United Foster Family Agency (the Contractor) in March 2025. The Contractor has one office located in the Fifth Supervisorial District. The office provides services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 4
PRIORITY 2 24
PRIORITY 3 1

The CCD conducted a virtual Contract Compliance review of the Contractor’s compliance within the following applicable areas: General Contract Requirements; Resource Family

“To Enrich Lives Through Effective and Caring Service”

Home (RFH) Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans (NSPs); 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 4 of 11 applicable areas of the CCD's Contract Compliance Review: RFH Requirements; Permanency and Transition Services; Personal Rights and Social/Emotional Well-Being; and Personnel Files.

For the purpose of this review, 10 DCFS placed children were selected for the sample. The CCD reviewed the files of the 10 selected children and virtually interviewed eight children to assess the level of care and services they received; one child (two years old) was too young to be interviewed and was virtually observed to be clean and well-groomed; and one child was reunified with their parent. An additional four discharged children 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 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.

The CCD noted findings in the areas of:

Priority 1

- General Contract Requirements (1 Finding)
 - One child's Special Incident Reports were not cross reported in the iTrack system.
- Facility and Environment (3 Findings)
 - One RFH had security bars on a child's bedroom windows that were not equipped with operable safety release devices.
 - One RFH was not equipped with a carbon monoxide detector and medications were found to be improperly stored in an unlocked plastic container in a child's empty bedroom.
 - One RFH kept knives and other sharp objects, disinfectants and other cleaning solutions stored in an unlocked cabinet accessible to children.

Priority 2

- Facility and Environment (3 Findings)

- One RFH did not have the required Sexual Health and Reproductive Rights, and the Foster Care Ombudsman notices posted or readily accessible.
- One RFH did not have the required Foster Care Ombudsman notice posted or readily accessible.
- One RFH vehicle used to transport children was not in good repair; the windshield wipers were torn, and the rear tail signal light of the same vehicle was not functioning.
- Engagement and Teamwork (1 Finding)
 - One child was not provided Child and Family Team meetings as needed.
- NSPs (5 Findings)
 - NSPs were not developed and/or submitted timely for five placed children.
- Education and Independent Living Plan Services (1 Finding)
 - One child was not provided with a Transitional Independent Living Program Services Plan.
- Health and Medical Needs (10 Findings)
 - Four children did not have the required initial medical examinations conducted timely.
 - Six children did not have the required initial dental examinations conducted timely.
- Personal Needs/Survival and Economic Well-Being (4 Findings)
 - Four children stated that they were not given the opportunity to choose their own clothing.

Priority 3

- Facility and Environment (1 Finding)
 - One RFH did not have the required approved facility license posted or readily accessible.

On May 21, 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.

Each Supervisor
September 15, 2025
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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:JF:CMM
RW:DF:bm

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Joseph Steinberg, Chief Executive Officer, Hermanitos Unidos – Siblings United
Kellee Coleman, Assistant Program Administrator (LA Region) CCLD
Bernice Karnsrithong, Regional Manager, CCLD
Monique Marshall-Turner, Regional Manager, CCLD
Celeste M. Fitchett, MSW, Bureau Chief, Fiscal and Performance Audits



LOS ANGELES COUNTY
HERMANITOS UNIDOS - SIBLINGS UNITED FFA (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 1668

1. Explain the Cause.

We failed to oversee the cross report section in the SIR.

2. Corrective Action Taken.

We created an SIR CHECKLIST to remind staff to properly cross report all SIR's.

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

We created an SIR CHECKLIST that will be reviewed weekly.

FACILITY AND ENVIRONMENT

13. Vehicles used to transport children were well maintained and in good repair

13h. Turn Signals(Title 22 80074(c) & 87074(d))

Facility

Site 1675

13k. Windshield/Wipers/Windows(Title 22 80074(c) & 87074(d))

Facility

Site 1675

1. Explain the Cause.

We failed to inspect the vehicle.

2. Corrective Action Taken.

On May 29, 2025, the vehicle was taken in for repairs.

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

We will ensure that vehicles used to transport children are in good repair.

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

14b. Security bars used on windows are equipped with operable, safety release devices (Title 22 80020(a); H&S Code 1531.1)(Title 22 80020(a); H&S Code 1531.1)

Facility

Site 1669

1. Explain the Cause.

We failed to do a thorough inspection of home.

2. Corrective Action Taken.

We instructed resource mother to remove the bars from the windows.

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

We will retrain resource parents and staff to ensure common areas are well maintained in the homes by August 15, 2025 and will continue annually.

15. Common areas were safe and well-maintained

15f. A functioning smoke detector & carbon monoxide detector is installed in the hallways of all sleeping areas or an indoor sprinkler system is used Title 22 80020; Title 19 754, Title 19, c. 5, Art. 4 Title 22 80020; Title 19 754, Title 19, c. 5, Art. 4

Facility

Site 1668

15h. If appropriate, medicines are properly stored and locked according to the prudent parent standard Title 22 80075(k)(1) Title 22 80075(k)(1)

Facility

Site 1668

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

Facility

Site 1675

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 1675

1. Explain the Cause.

We failed to follow-up with the resource parent to ensure that homes are well maintained.

2. Corrective Action Taken.

We went out to the specific homes and corrected these issues thus far.

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

We will ensure the homes are well maintained. By August 15, 2025, staff and resource parents will be trained on safety and well maintenance of the homes to ensure common areas are maintained.

16. RFH's made available in the home all required notices

16a. RFP's Approval Document ILS Section 88209 [ILS Section 88209](#)

Facility

Site 1668

16c. Sexual Health and Reproductive Rights (SB89 and Title 22 80088 c; Title 22 89387 (L); LS 88487 (a) (5) [SB89 and Title 22 80088 c; Title 22 89387 \(L\); LS 88487 \(a\) \(5\)](#))

Facility

Site 1672

16g. Foster Care Ombudsman PUB 379; Title 22 80075 (g); Title 22 89475 (b); ILS 88487.1 (h) [PUB 379; Title 22 80075 \(g\); Title 22 89475 \(b\); ILS 88487.1 \(h\)](#))

Facility

Site 1669

Site 1672

1. Explain the Cause.

We failed to ensure that the resource home had a copy of the RFH's approved facility license, Sexual Health and Reproductive Rights, and The Foster Care Ombudsman PUB 379 for Site's: #1668, #1672, and #1669.

2. Corrective Action Taken.

On 5/29/2025, all documents were posted, mounted on the walls in order to be readily accessible and were reviewed with each child age appropriate.

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

We will ensure the resource homes have all required documents posted readily accessible. In order to prevent future deficiencies in this area, We have done the following: We will provide additional efforts during monthly one on one with social workers ensuring resource family's have the required documents posted. This expectation will be added to the supervision log reviews, which shall occur monthly.

ENGAGEMENT AND TEAMWORK

21. The FFA documented efforts to collaborate and participate in the child's CFT meetings OR the FFA obtained copies of the CFT meeting notes SOW, Part C, Sections 14.0

Facility

Site 1675

1. Explain the Cause.

We failed to follow agency policies to document efforts of CFT meeting.

2. Corrective Action Taken.

By August 15, 2025; We will retrain Agency Social Workers on documentation and efforts to collaborate and participate in the child's CFT meetings.

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

We will ensure that all CFT's are requested via email within a timely manner. This expectation will be added to the quality assurance file reviews, which shall occur monthly.

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.]

23a. Developed timely

Facility

Site 1668

Site 1668

Site 1668

Site 1668

Site 1675

1. Explain the Cause.

We failed to complete the NSP's in a timely manner.

2. Corrective Action Taken.

By August 15, 2025; All Agency Social Workers will be trained on submission of NSP'.

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

We will ensure the agency social workers submit all NSP reports on a timely manner. The Supervisor will ensure NSP's are submitted in a timely manner during weekly one on one supervision. This expectation will be added to the supervision log.

EDUCATION AND INDEPENDENT LIVING PLAN SERVICES

40. The FFA documented its efforts to provide eligible children with Youth Development Services (YDS)/Independent Living Program Services (ILP)/or vocational training programs, if appropriate, or documented barriers to acquiring services [SOW, Part C, Sections 15.5.2, 15.5.3, 15.5.4, 15.5.4.1, 15.5.5.1, 15.5.5.2, 15.5.5.3, 15.5.5.4,15.5.5.5, 15.5.5.6; ILS Section 88487.7(b)(4); WIC Section 16001.9 (29); Foster Care Rights Youth Handbook pg. 30]

Facility

Site 1672

1. Explain the Cause.

We failed to provide documentation indicating efforts to obtain Transitional Independent Living Program Services Plan from CSW.

2. Corrective Action Taken.

By August 15, 2025; We will train all Agency Social Workers to ensure documentation requesting Transitional Independent Living Program Services Plan from CSW.

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

We will ensure the agency social workers are aware of the importance of requesting Transitional Independent Living Program Services Plan. We will ensure that the Quality Assurance department will review all files on a monthly basis.

HEALTH AND MEDICAL NEEDS

41. Initial medical examinations were conducted on time [Title 22, §80075; §83075; Master Contract, Part I, 19.0; SOW, Part C, 15.3.9, 15.3.10; & ILS 88565.1(c)] and (Contract, Section 19.0, SOW Part C, Sections 15.3.9, 15.3.11)

Facility

Site 1672

Site 1668

Site 1668

Site 1675

1. Explain the Cause.

We failed to obtaining timely initial medical examination by an approved Medi-cal provider.

2. Corrective Action Taken.

We are working on a refresher course training for staff and resource parents. (no later than August 15th, 2025).

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

We will contact CSW's to obtain initial medical HUB Clinic appointment and documents regarding foster child placed.

42. Initial dental examinations were conducted on time (Contract, Section 19.0, SOW Part C, Sections 15.3.9)

Facility

Site 1668

Site 1672

Site 1668

Site 1668

Site 1668

Site 1675

1. Explain the Cause.

We failed to obtain within a timely manner the initial dental examination by an approved Medi-cal provider.

2. Corrective Action Taken.

We are working on a refresher course training for staff and resource parents. (no later than August 15th, 2025).

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

We will contact CSW's to obtain initial dental HUB Clinic appointment and documentation regarding the foster child placed.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

69. Children reported receiving all allowances

69d. Children are free to choose their own appropriate clothing

Facility

Site 1668

Site 1668

Site 1668

Site 1668

1. Explain the Cause.

We failed to emphasize children's participation.

2. Corrective Action Taken.

We will make sure that all children age appropriate are included in shopping and selection of clothes.

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

We will send out a memo to all resource parents indicating that all children age appropriate should be involved in the selection of their clothing.