



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

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September 30, 2025

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

**NUEVO AMANECER LATINO
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 Nuevo Amanecer Latino Foster Family Agency (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 2
PRIORITY 2 0
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 (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 9 of 11 applicable areas of the CCD's Contract Compliance Review: RFH Requirements; Engagement and Teamwork; 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.

For the purpose of this review, five DCFS placed children were selected for the sample. The CCD reviewed the files of the five selected children and virtually interviewed two children to assess the level of care and services they received; one child (age 5 years old) was too young to be interviewed and was virtually observed to be clean and well-groomed; and two children (ages 10 and 13 years old) declined to be interviewed and were virtually observed to be clean and well-groomed. An additional five 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 Report was not properly cross reported in the iTrack system.
- Facility and Environment (1 Finding)
 - One RFH did not meet all required health and safety requirements; and the disinfectants and cleaning solutions under the kitchen sink were found to be accessible to children.

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On January 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.

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:ar

Attachments

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



LOS ANGELES COUNTY

NUEVO AMANECER LATINO CHILDREN SERVICES (FFA)



Corrective Action Plan

2024

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 1574

1. Explain the Cause.

Due to the Approving Supervisor's oversight, the SIR was not cross-reported to OHCMD and CCLD as outlined in the SOW and Exhibit A-5 SIR Reporting Guide. 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 Taken.

Supervisors will verify the "Cross Reports" section of each SIR for accuracy and completion prior to submission to ensure all required 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). SIR Guidelines per SOW Exhibit A-5 were also provided to all staff as reference.

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

Supervisors will verify each section of the SIR, including "Cross Reports" section to ensure SIRs are properly cross reported. 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 Tool to ensure all reports are properly submitted to the relevant parties.

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 1574

1. Explain the Cause.

The resource parent did not promptly repair the safety lock and failed to relocate the cleaning solutions and disinfectants to an alternate inaccessible location while the lock was being repaired. Additionally, the resource parent failed to inform NALCS staff for guidance.

2. Corrective Action Taken.

Resource parents replaced the child safety lock with a functioning lock on the same day of the discovery. Additionally, ILS 88487.3 Storage Area Requirements was thoroughly reviewed with the resource parents by NALCS staff same day (training affidavit attached). This information was also reviewed with all pertinent staff, including the FFA Social Workers and Supervisors, during NALCS' All Staff Meeting held on 2/7/25 for their reference and to review with their respective resource families as precaution (documentation attached). This information will also be shared at the next Post Approval Training on 3/15/25 where all NALCS resource parents participate.

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

Assigned FFA social workers will conduct home inspections quarterly, in addition to monthly visual checks of the building and grounds in general. Additionally, NALCS' Quality Assurance Team will perform quarterly inspections on a sample of homes to ensure further oversight.