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October 17, 2023

Dear Prospective Proposers and Interested Parties:

**ADDENDUM NUMBER ONE TO EMERGENCY SHELTER CARE (ESC) SERVICES
REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ) #21-0072**

Addendum Number One is issued by the County of Los Angeles Department of Children and Family Services (DCFS) to all holders of the Emergency Shelter Care (ESC) Services RFSQ released on August 1, 2023. Addendum Number One amends sections of the RFSQ and provides answers to questions submitted in writing to DCFS (Attachment I). Changes only apply to referenced sections and/or subsections that are amended or deleted; all other sections remain in full effect.

Failure to address the requirements of this Addendum Number One by a Prospective Proposer may result in the proposal being deemed non-responsive and not being considered, as determined in the sole discretion of the County.

Changes to wording in RFSQ sections in this Addendum Number One include deletions and additions. Deletions are indicated as strikeouts (~~strikeouts~~) and additions are underlined (underlined).

RFSQ section revisions are listed in sequential order as they appear in the document.

- I. RFSQ, Section 7.0, **Statement of Qualification Requirements**, Subsection 7.5.3, is amended to read as follows:

7.5.3 Proof of Licenses

Review the proof of licenses provided in Section C of the SOQ:

- a) Resource Family Home License issued by the California Department of Social Services (CDSS), CCLD; and,
- ~~b) Resource Family Approval issued by the County; and,~~
- e) b) California Driver's License.

"To Enrich Lives Through Effective and Caring Service"

- II. RFSQ, Section 8.1, **Review Process**, Subsection 8.1.4., is amended to read as follows:

8.1.4 Proof of Licenses

Review the proof of licenses provided in Section C of the SOQ:

- a) Resource Family Home License issued by the California Department of Social Services (CDSS), CCLD; ~~and or,~~
- ~~b) Resource Family Approval issued by the County; and,~~
- ~~or b)~~ California Driver's License.

- III. RFSQ, Appendix A, Statement of Work, Section **3.0, DEFINITIONS**, Subsection 3.14, is added as follows:

3.14 **Alternative Caregiver** – a person who is at least 18 years of age and provides alternative care for a foster child in either their home or the home of the caregiver as defined in Welfare and Institutions Code section 16501.02 (a) (2).

- IV. Appendix B, Required Forms, Exhibit 3 "**Emergency Shelter Care (ESC) - Prospective Proposer Information and Questionnaire**" has been replaced in its entirety. Please refer to Attachment II of this Addendum One.

County of Los Angeles - Department of Children and Family Services

RESPONSES TO PROPOSERS' QUESTIONS

EMERGENCY SHELTER CARE

REQUEST FOR STATEMENTS OF QUALIFICATIONS

(RFSQ# 21-0072)



EMERGENCY SHELTER CARE (RFSQ # 21-0072)
QUESTIONS AND ANSWERS

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QUESTIONS AND ANSWERS

PROGRAM SERVICE QUESTIONS

1. **QUESTION:** Will a plan of operation and program statement need to be provided for this open solicitation?

RESPONSE:	No, a plan of operation and program statement are not required for this open solicitation, Emergency Shelter Care (ESC) Request for Statements of Qualifications (RFSQ) #21-0072.
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2. **QUESTION:** Also, if I am an approved RFA in Orange County, am I eligible to apply for the open solicitation in Los Angeles County?

RESPONSE:	<p>No, an approved resource family home outside of the County of Los Angeles is not eligible to apply for this open solicitation. ESC RFSQ #21-0072 requires Prospective Proposers to possess a valid certification for a resource family home approved by the Los Angeles County.</p> <p>Each county administers its own Resource Family Approval (RFA) Program. Therefore, any placement a county wants to do in another county's RFA home must have the permission of the other county's RFA. Most counties want to save their RFA homes for their own county's children. If a community Resource Parent wants to have placement of an LA County child, they would have to secure the permission of their RFA worker/RFA Out-of-County (OOC) for each OOC placement.</p>
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3. **QUESTION:** Can ESC beds be used for respite care, and if ESC Providers are entitled to the funding outlined in the new Respite Care FYI: <https://policy.dcfs.lacounty.gov/Policy?id=5920?>

RESPONSE:	ESC beds provide short-term, emergency shelter to children who are in need of a safe and temporary shelter. Placement can be for up to 14-days. Per the ESC Contract, "When an ESC Child is placed in the ESC Contractor's available bed, the Bed Availability
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	<p>Rate will continue, and the ESC Contractor will receive additional compensation at the Aid to Families with Dependent Children-Foster Care (AFDC-FC) Specialized Care Rate (SCR) category for foster children, depending on the ESC Child's category, for the number of days the ESC Child remains in the ESC Contractor's home.</p> <p>ESC and respite care are independent of each other, and Resource Parents wishing to provide respite care should consult with the Primary Children's Social Worker (CSW).</p>
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4. **QUESTION:** If they are contracted with ESC, and receive respite request for placements, why wouldn't they be entitled to receive the pay as outlined in the Respite Care FYI?

RESPONSE:	<p>ESC beds provide short-term, emergency shelter to children who are in need of a safe and temporary shelter. Placement can be for up to 14-days.</p> <p>The respite care program provides children with prearranged child care and temporary out-of-home care when caregivers are in crisis or when a caregiver is absent or incapacitated. It provides caregivers with substitute care and temporary relief from the responsibilities of foster parenting.</p> <p>ESC and respite care are independent of each other, and Resource Parents wishing to provide respite care should consult with the Primary CSW.</p>
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DEPARTMENT OF CHILDREN AND FAMILY SERVICES



EMERGENCY SHELTER CARE (ESC) PROSPECTIVE PROPOSER INFORMATION AND QUESTIONNAIRE

I. PROSPECTIVE PROPOSER'S PERSONAL INFORMATION:

(Please use same name indicated on Resource Family Approval Certificate)


NAME (First, Middle, Last):	DATE OF BIRTH (mm/dd/yyyy):	SOCIAL SECURITY NUMBER:
HOME ADDRESS (Number, Apt/Unit #, Street Name, City, State, Zip Code):		
MAILING ADDRESS, if different from above (Number, Street Name, City, State, Zip Code):		
IS THE MAILING ADDRESS A P.O. BOX?		
YES NO		
JUSTIFICATION FOR MAILING ADDRESS:		
CA DRIVER'S LICENSE (CDL) NUMBER:	CDL EXPIRATION DATE:	
PRIMARY TELEPHONE NUMBER:	ALTERNATE PHONE NUMBER:	EMAIL ADDRESS:

II. PROSPECTIVE CO-PROPOSER'S PERSONAL INFORMATION:

(If applicable, otherwise state "N/A")

NAME (First, Middle, Last):	DATE OF BIRTH (mm/dd/yyyy):	SOCIAL SECURITY NUMBER:
HOME ADDRESS (Number, Apt/Unit #, Street Name, City, State, Zip Code):		
MAILING ADDRESS, if different from above (Number, Street Name, City, State, Zip Code):		
CA DRIVER'S LICENSE (CDL) NUMBER:	CDL EXPIRATION DATE:	
PRIMARY TELEPHONE NUMBER:	ALTERNATE PHONE NUMBER:	EMAIL ADDRESS:
RELATIONSHIP TO PROSPECTIVE PROPOSER:		

EXHIBIT 3

III. ALTERNATIVE CAREGIVER PERSONAL INFORMATION: (If applicable, otherwise state "N/A")			
NAME (First, Middle, Last):		DATE OF BIRTH (mm/dd/yyyy):	SOCIAL SECURITY NUMBER:
DOES THE ALTERNATIVE CAREGIVER RESIDE WITH THE PROSPECTIVE PROPOSER? <div style="text-align: center;">YES NO</div>			
HOME ADDRESS (Number, Apt/Unit #, Street Name, City, State, Zip Code):			
MAILING ADDRESS, if different from above (Number, Street Name, City, State, Zip Code):			
CA DRIVER'S LICENSE (CDL) NUMBER:		CDL EXPIRATION DATE:	
PRIMARY TELEPHONE NUMBER:	ALTERNATE PHONE NUMBER:	EMAIL ADDRESS:	
RELATIONSHIP TO PROSPECTIVE PROPOSER:			
	DOES THE ALTERNATIVE CAREGIVER HAVE A WRITTEN CLEARANCE FROM THE STATE OF CALIFORNIA COMMUNITY CARE LICENSING? (NOTE: A copy of the written clearance from the State of California Community Care Licensing must be attached) <div style="text-align: center;">YES NO</div>		

IV. HOUSEHOLD MEMBERS: Please list all persons who live in your home on a full or part time basis, including the Prospective Proposer, Prospective Co-Proposer (if applicable) and Alternative Caregiver (if applicable)							
NAME (FIRST, MIDDLE, LAST):	DATE OF BIRTH (MM/DD/YYYY):	AGE:	RELATIONSHIP TO PROSPECTIVE PROPOSER:	MALE/ FEMALE	LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING	DISABLED VETERAN	RACE/ETHNIC COMPOSITION OF HOUSEHOLD (CHECK ALL THAT APPLY FOR EACH PERSON)
1. PROSPECTIVE PROPOSER			SELF	MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below) <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>
2.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below) <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>
3.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below) <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>

EXHIBIT 3

IV. HOUSEHOLD MEMBERS:

Continued

NAME (FIRST, MIDDLE, LAST):	DATE OF BIRTH (MM/DD/YYYY):	AGE:	RELATIONSHIP TO PROSPECTIVE PROPOSER:	MALE/ FEMALE	LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING	DISABLED VETERAN	RACE/ETHNIC COMPOSITION OF HOUSEHOLD (CHECK ALL THAT APPLY FOR EACH PERSON)
4.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below) <input type="text"/>
5.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below) <input type="text"/>
6.				MALE FEMALE	YES NO	YES NO	AFRICAN AMERICAN/BLACK ASIAN/PACIFIC ISLANDER HISPANIC/LATINO NATIVE AMERICAN SUBCONTINENT ASIAN WHITE OTHER (Please explain below) <input type="text"/>

V. EMPLOYMENT (or SELF EMPLOYED):

Do you currently have outside employment? YES NO	Please state any other income source you have (i.e., Retirement Pension, Social Security, etc.):	
NAME OF EMPLOYER (NOTE: If you are not currently employed, please indicate "N/A"):		
EMPLOYER'S ADDRESS (Number, Suite #, Street Name, City, State, Zip Code):		
EMPLOYER'S TELEPHONE NUMBER:	EMPLOYER'S EMAIL ADDRESS:	CONTACT NAME:
NUMBER OF WORK HOURS PER WEEK:		

VI. WORK SCHEDULE:

DAYS OF THE WEEK	START TIME (Please indicate)	Check One		END TIME (Please indicate)	Check One	
Sunday		a.m.	p.m.		a.m.	p.m.
Monday		a.m.	p.m.		a.m.	p.m.
Tuesday		a.m.	p.m.		a.m.	p.m.
Wednesday		a.m.	p.m.		a.m.	p.m.
Thursday		a.m.	p.m.		a.m.	p.m.
Friday		a.m.	p.m.		a.m.	p.m.
Saturday		a.m.	p.m.		a.m.	p.m.

VII. CHILD CARE PLAN:

1. Please describe what childcare plan you have for ESC Services children or youth placed in your home when you are working:

2. Name of Day Care Provider:

VIII. COUNTY CONTRACT HISTORY:

1. Do you have a current or previous ESC Services contract with Los Angeles County?

YES NO

2. If **YES**, please identify the commencement and termination dates of ESC Services contracts you've entered into with Los Angeles County:

Start Date	End Date
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
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EXHIBIT 3

<p>3. Has a Corrective Action Plan (CAP) ever been initiated in your home due to substantiated allegation brought against you by Community Care Licensing and/or by DCFS?</p> <p>YES NO</p>	<p>4. If YES, please indicate the DATE of the CAP (mm/dd/yyyy):</p> <p>_____</p>
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5. Please explain the incident:

IX. LICENSES AND CERTIFICATIONS:

1. What is your California State Foster Care License/Resource Family Approval Certificate Number: _____



2. PLEASE ATTACH A COPY OF YOUR CALIFORNIA STATE FOSTER CARE LICENSE/RESOURCE FAMILY APPROVAL CERTIFICATE.

3. How long have you been a Licensed Foster Parent/Approved Resource Parent under your current license/approval?

YEARS:

MONTHS:

4. Do you have six (6) months active experience as a licensed foster parent/approved resource parent with a valid license/approval issued by CDSS/CCL/County?

YES

NO

5. If **YES**, please provide name of the agency you are/were working under and their contact information:

AGENCY NAME:

AGENCY ADDRESS (Number, Suite #, Street Name, City, State, Zip Code):

TELEPHONE NUMBER:

EMAIL ADDRESS:

CONTACT PERSON:

6. Have you have ever been a Licensed Foster Parent/Approved Resource Parent in another County or State in the past?

YES

NO

7. If **YES**, please complete the following:

Previous License/Certificate Number:

County/State:

Number of Years with previous License:

EXHIBIT 3

X. HOMEOWNER'S/RENTER'S LIABILITY INSURANCE:

1. Do you own your home? **YES** **NO**



2. PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF HOMEOWNERS' LIABILITY INSURANCE.

OR

3. Do you rent the home you live in? **YES** **NO**



4. PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF RENTER'S LIABILITY INSURANCE.

XI. TRANSPORTATION:

1. Are you willing to provide roundtrip transportation to medical and/or dental appointments for all children or youth placed in your home? This includes appointments scheduled prior to the placement at your home and those scheduled after placement has occurred.

YES **NO**

2. If you stated "**NO**" to Question 1, please state the reason why:

3. If you stated "**YES**" to Question 1, who will be driving?

Only myself:	Myself and Prospective Co-Proposer:	Only Prospective Co-Proposer:
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4. If you stated "**YES**" to Question 1, will you drive your own vehicle or someone else's vehicle?

Only my vehicle:	Mine and Prospective Co-Proposer's vehicle:	Only someone else's vehicle:
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EXHIBIT 3

5. Please provide the following information:

CAR INFORMATION	VEHICLE 1	VEHICLE 2	VEHICLE 3
Legal Owner(s) (First, Middle, Last Name)			
Car Make			
Car Model			
License Plate Number			
Year of Vehicle			
Color of Vehicle			



6. PLEASE ATTACH COPY/COPIES OF YOUR CURRENT CAR REGISTRATION(S).



7. PLEASE ATTACH A COPY OF YOUR PROOF OF AUTOMOBILE INSURANCE.

(NOTE: Please attach copies of proof of automobile insurance policies for licensed drivers residing in your home or whom you may depend on to provide transportation to ESC children).

8. **If someone else will be driving**, please provide that person's information and attach a copy of the following:
((If applicable, otherwise state "N/A")

NAME (First, Middle, Last):		DATE OF BIRTH (mm/dd/yyyy):	SOCIAL SECURITY NUMBER:
HOME ADDRESS (Number, Apt/Unit #, Street Name, City, State, Zip Code):			
MAILING ADDRESS, if different from above (Number, Street Name, City, State, Zip Code):			
CA DRIVER'S LICENSE (CDL) NUMBER:		CDL EXPIRATION DATE:	
PRIMARY TELEPHONE NUMBER:	ALTERNATE PHONE NUMBER:	EMAIL ADDRESS:	
RELATIONSHIP TO PROSPECTIVE PROPOSER:			



9. PLEASE ATTACH A COPY OF PROOF OF AUTOMOBILE INSURANCE (for person listed on Number 7).

DECLARATION:

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Prospective Proposer's Name (Print)

Prospective Co-Proposer's Name (Print)

Prospective Proposer's Signature

Prospective Co-Proposer's Signature

Date

Date

For County Use Only:

1. Number of beds approved by the DCFS Child Welfare Services Case Management System (CWS/CMS):

I certify that the following are true and correct:

2. Prospective Proposer does not have any substantiated or open non-compliance findings or investigations with any County, State, Federal, or out-of-state government agency that remain unresolved:

☐

YES

☐

NO

3. Prospective Proposer is not on "Do Not Use" or a "Hold" with an adverse status with Los Angeles County or any other county:

☐

YES

☐

NO

ESC Program Staff Name and Title (Print)

Signature

Date