

**COUNTY OF LOS ANGELES
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

REQUEST FOR INFORMATION

CHILD CARE MANAGEMENT



Issue Date: March 18, 2024

Response Due Date: April 1, 2024 at 12:00 pm PST

**Department of Children and Family Services
Contracts Administration Division
510 South Vermont Avenue, 14th Floor
Los Angeles, CA 90020**



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

510 S. Vermont, Los Angeles, California 90020
(213) 351-5602

BRANDON T. NICHOLS
Director

JENNIE FERIA
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March 18, 2024

To: All Interested Organizations

**REQUEST FOR INFORMATION RELATED TO CHILD CARE MANAGEMENT OF THE
CHILD CARE SERVICES TO FAMILIES IN THE STATE OF CALIFORNIA**

The County of Los Angeles (County), through its Los Angeles County Department of Children and Family Services (DCFS) is issuing this Request for Information (RFI) to gain familiarity with the current market, and gather general information related to child care management. Organizations with experience in child care management are encourage to submit a RFI Response (Response).

The purpose of this RFI is for planning purposes, and does not commit the County to contract for any services. Pending the results, the County reserves the right to collaborate with qualified organizations, either to negotiate contracts, release a solicitation, or to take no further action.

Interested organizations are highly encouraged to submit a Response, as specified below by **12:00 p.m. Pacific Standard Time (PST) on April 1, 2024.**

PURPOSE

DCFS is gathering information related to the operational management of child care services from non-profit and for-profit organizations (Organization). Organizations with experience in the management and operation of child care services are encouraged to submit their Response, including the attached questionnaire. Organizations shall have the opportunity to introduce the type of services they provide and how their services will assist families within the child welfare community in Los Angeles County and adjacent counties.

I. RESPONSES

Responses to this RFI may be used to draft a formal solicitation.

II. SERVICES AND REQUIREMENTS

Organizations interested in providing Responses to the RFI shall submit their Response by completing the attached questionnaire that includes details of the following:

- A. Demonstrate their years of experience providing operational management in all aspects of subsidized child care services.
- B. Demonstrate that their organization has provided the following:
 - 1. Review of child care service requests to ensure they are within the terms of the contract (if applicable), legislation Senate Bill (SB) 87 (2017), SB 187 (2022), State laws, and regulations including but not limited to: Community Care Licensing Division (CCLD), California Department of Social Services Child Care Bulletins (CCB), and All County Letters.
 - 2. Review voucher (child care services) payments to make certain that they are in accordance to the Regional Market Rate (RMR);
 - 3. Ensure payment and/or reimbursements adhere to all CCB guidelines;
 - 4. Supervise staff performance related to coordinating child care services including transitioning to subsidized child care;
 - 5. Manage Trauma Informed Care curriculum and training;
 - 6. Understand various childcare management systems used to track referrals, child care services, schedules, fees and payments;
 - 7. Possess technical expertise in child care licensing requirements;
 - 8. Experience working with CCLD; and
 - 9. Experience with Trustline.
- C. Not prohibited from doing business in the State of California or in the County of Los Angeles.

III. RESPONSE TO REQUEST FOR INFORMATION

Respondents to the RFI shall submit their response as described below. The Response shall include an Introduction Letter and a completed signed questionnaire.

The Responses shall be submitted via email to Elvia Malvido at: DCFS-ECC-BridgeRFI@dcfs.lacounty.gov by **12:00 p.m. Pacific Standard Time (PST) on April 1, 2024.**

1. **Introduction Letter** – The introduction letter must be on the organization's letterhead and include:
 - a. Organization's full legal name
 - b. Doing Business As name if applicable
 - c. Employer Identification Number (Federal Tax Identification Number)
 - d. WebVen Number (if not applicable, state "WebVen Number not applicable")
 - e. 501(c)(3) status - Number, Active/In-Active or Not Applicable
 - f. Name and title of the individual authorized to make representations of behalf of the organization
 - g. Organization's mailing address
 - h. Contact individual's name, title, telephone, and e-mail address
 - i. Brief background of the type of services your organization provides
 - j. List municipalities, counties, and companies where services were provided
2. **RFI Questionnaire** - Complete Attachment A, Child Care Management Questionnaire. If attachments are included, label each attachment with the corresponding question number.
3. The electronic Response shall be titled **CHILD CARE MANAGEMENT**, along with the name of the organization. The Response shall be compiled in the following order:
 - a. Introduction Letter
 - b. Child Care Management Questionnaire
 - c. Attachments

IV. QUESTIONS TO THE REQUEST FOR INFORMATION

All questions regarding this RFI must be in writing and e-mailed with subject line "Child Care Management" to: Elvia Malvido at: DCFS-ECC-BridgeRFI@dcfs.lacounty.gov. Each question shall include the references to the applicable section of this RFI or the questionnaire question number.

V. DEADLINE AND SUBMISSION INSTRUCTION FOR REQUEST OF INFORMATION

All Responses shall be submitted via e-mail to Elvia Malvido at: DCFS-ECC-BridgeRFI@dcfs.lacounty.gov by **12 p.m. PST on April 1, 2024.**

VI. RESPONSE REVIEW

1. DCFS reserves the sole right to review all responses. As a result of this RFI, the County may:
 - a. Request further information, documents, presentations, and/or conference call(s) substantiating Organization's qualifications, experience, and ability to provide the services described in the RFI;
 - b. Develop and release a formal solicitation; or
 - c. Take no further action.

VII. COUNTY RIGHTS AND RESPONSIBILITIES

The County has the right to amend, re-issue, or cancel this RFI by written addendum. The County is responsible only for that which is expressly stated in this RFI and any authorized written addenda thereto. Such addendum shall be made available on the Internal Services Department and DCFS websites.

VIII. COST OF RESPONSE PREPARATION

The cost of Response preparation shall be the responsibility of the Organization. In no event shall the County or DCFS be liable for any expenses incurred in the preparation and submission of the Response.

DISCLAIMER:

NOTHING IN THIS DOCUMENT SHALL BE CONSTRUED AS OBLIGATING THE COUNTY TO NEGOTIATE A CONTRACT WITH DCFS.

REQUEST FOR INFORMATION CHILD CARE MANAGEMENT

Questionnaire

Date: _____

Organization Name: _____ Phone Number: _____

Organization Address: _____

Contact Person's Name: _____ Phone Number: _____

Contact Person's E-mail Address: _____

Question Number	Question	Response
1a	Select the option that best defines your organization's business structure:	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Specify)
1b	Is your organization in good standing with the Internal Revenue Service and the California Franchise Tax Board?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Is your organization prohibited from doing business in the State of California, or in the County of Los Angeles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Is your organization suspended, debarred, ineligible, or excluded from contracting with Los Angeles County?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	How many years of <u>verifiable</u> experience does your organization have in providing child care management services? In an attachment, provide a description of past work with state and local governments, and private non-profit agencies. Include date of service (from and to) and all type of services provided to each entity.	<p>_____ years</p> <p>From _____ to _____</p>
Does your organization have past and/or current experience in ensuring:		
5a	All child care services requests meet the guidelines of applicable legislation requirements, Community Care Licensing Division (CCLD) and California Department of Social Services (CDSS) Child Care Bulletins (CCB) guidelines	Yes <input type="checkbox"/> No <input type="checkbox"/>
5b	Child care service payments are in accordance to the Regional Market Rate (RMR)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5c	Payments and/or reimbursement adhere to the CCB	Yes <input type="checkbox"/> No <input type="checkbox"/>

	requirements	
5d	Provide oversight of staff coordinating services	Yes <input type="checkbox"/> No <input type="checkbox"/>
5e	Manage Trauma-Informed Training curriculum and training: track and monitor deliverables and outcomes	Yes <input type="checkbox"/> No <input type="checkbox"/>
5f	Use an automated system to track child care services, create and maintain agreements and administrative documents, create invoices and issue payments to contractors and child care providers	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Current staff are knowledgeable in the areas of child care facility licensing and exempt status approval process through Trustline for relatives and non-relatives of children.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Have sufficient staff to manage the invoice process in accordance to the RMR guidelines for payment, vouchers and reimbursements	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Have a good understanding of Resource and Referral (R&R) agencies, Senate Bill (SB) 87 (2017) and SB 187 (2022)	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Currently has and/or had business relationship with a Resource and Referral (R&R) agency	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Has worked with a Trauma-Informed Care specialist	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Has worked with CDSS and/or California Department of Education (CDE)	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Has a good understanding of the California Alternative Payment Program (CAPP)	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Has conducted home environment assessments for child safety	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Has the ability to contract with R&R agencies, and Alternative Payment Program (APP) agencies	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	List other services than those mentioned above that your organization provides, in a separate attachment.	

Name of Executive Director or designee _____

Signature of Executive Director or designee _____

Date _____