

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

REQUEST FOR INFORMATION

**CHILD ABUSE PREVENTION AND EARLY INTERVENTION
PROGRAM FOR DEVELOPMENTALLY DISABLED
CHILDREN**



Issue Date: March 19, 2025

**Responses Are Due: April 3, 2025 at 12:00 pm PST
No Exceptions**

**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

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BRANDON T. NICHOLS
Director

JENNIE FERIA
Chief Deputy Director

March 19, 2025

To: All Interested Organizations

Board of Supervisors

HILDA L. SOLIS
First District

HOLLY J. MITCHELL
Second District

LINDSEY HORVATH
Third District

JANICE HAHN
Fourth District

KATHRYN BARGER
Fifth District

REQUEST FOR INFORMATION RELATED TO CHILD ABUSE PREVENTION AND EARLY INTERVENTION PROGRAM FOR DEVELOPMENTALLY DISABLED CHILDREN

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 the provision of a child abuse prevention and early intervention program for developmentally disabled children. Organizations with experience in providing services on child abuse prevention and early intervention for developmentally disabled children are encouraged to submit a RFI Response (Response).

The release 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 3, 2025.**

PURPOSE

DCFS is gathering information related to the operational management of a child abuse prevention and early intervention program for developmentally disabled children from non-profit organizations (Organizations). Organizations with experience in the management and operation of child abuse prevention and early intervention services for developmentally disabled children are encouraged to submit their Response, including the attached questionnaire. Through this RFI, organizations 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.

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 a minimum of five (5) years of verifiable business experience during the last ten (10) years, providing operational management in child abuse prevention and early intervention program for developmentally disabled children in Los Angeles County, serving clients residing in Supervisorial District One.
- B. Demonstrate how your organization has provided or has the ability to provide the following services:
 1. Provide appropriate, specialized, and bi-lingual (English and Spanish) case management support and services for DCFS involved families or families in the community who have children with developmental disabilities regarding the following: parent training and support groups, and education for DCFS involved families on child abuse and how to prevent future abuse and neglect. The parent training and support groups are to include, in person and virtual, 10 week modules, throughout the year, specifically designed for 300 parents and caregivers, annually, of children who have a developmental disability.
 2. Provide direct one on one, in home, child abuse education, and assessments for 200 children, annually, who are suspected of having or are diagnosed with a developmental disability.
 3. Describe how children and families are linked to service providers who specialize or are familiar with developmental disabilities, mental health, and special education services.
 4. Provide child abuse prevention and early intervention specialized case management services to prevent re-victimization of developmentally disabled children that are DCFS clients who have been abused or neglected.

5. Provide child abuse prevention and early intervention specialized case management services to prevent the entry of developmentally disabled children into the child welfare system.
6. Provide Regional Center staff and other community service providers ongoing training and education on prevention and reporting child abuse and neglect, including the developmentally disabled population.
7. Collect data on the major activities of this program or a program similar to this.

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 Tanya Gharibian at: gharit@dcfs.lacounty.gov by **12:00 p.m. Pacific Standard Time (PST) on April 3, 2025.**

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 Abuse Prevention and Early Intervention Program for Developmentally Disabled Children. If attachments are included, label each attachment with the corresponding question number.
3. The electronic Response shall be titled **RFI - Child Abuse Prevention and Early Intervention Program for Developmentally Disabled Children**, along with the name of the organization. The Response shall be compiled in the following order:
 - a. Introduction Letter
 - b. Child Abuse Prevention and Early Intervention Program for Developmentally Disabled Children Questionnaire (Attachment A)
 - c. Attachments

IV. QUESTIONS TO THE REQUEST FOR INFORMATION

All questions regarding this RFI must be in writing and e-mailed with subject line "RFI - Child Abuse Prevention and Early Intervention Program for Developmentally Disabled Children" to: Tanya Gharibian at: gharit@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 Tanya Gharibian at: gharit@dcfs.lacounty.gov by **12 p.m. PST on April 3, 2025.**

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 THE RESPONDING ORGANIZATIONS.

ATTACHMENT A: REQUEST FOR INFORMATION (RFI)

Child Abuse Prevention and Early Intervention Program for Developmentally Disabled Children

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	<p>Does your organization demonstrate a minimum of five (5) years of verifiable business experience during the last ten (10) years, providing operational management in child abuse prevention and early intervention program for developmentally disabled children in Los Angeles County, serving clients residing in Supervisorial District One.</p> <p>In an attachment, provide a description of past work with state and local governments, and other community agencies. Include date of service (from and to) and all types of services provided to each entity.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____ years</p> <p>From _____ to _____</p>

Can your Organization demonstrate that it has provided or has the ability to provide the following services:		
5a	Provide appropriate, specialized, and bi-lingual (English and Spanish) case management support and services for DCFS involved families or families in the community who have children with developmental disabilities regarding the following: parent training and support groups, and education for DCFS involved families on child abuse and how to prevent future abuse and neglect. The parent training and support groups are to include, in person and virtual, 10 week modules, throughout the year, specifically designed for 300 parents and caregivers, annually, of children who have a developmental disability.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5b	Provide direct one on one, in home, Child Abuse Education, and assessments for 200 children, annually, who are suspected of having or are diagnosed with a developmental disability.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5c	Link these children and families to service providers who specialize or are familiar with developmental disabilities, mental health, and special education services.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5d	Provide child abuse prevention and early intervention specialized case management services to prevent re-victimization of developmentally disabled children that are DCFS clients who have been abused or neglected.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5e	Provide child abuse prevention and early intervention specialized case management services to prevent the entry of developmentally disabled children into the child welfare system.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5f	Provide Regional Center staff and other community service providers ongoing training and education on prevention and reporting child abuse and neglect, including the developmentally disabled population.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5g	Collect data on the major activities of this Program or a program similar to this.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	In an attachment, 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 _____