



County of Los Angeles

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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March 28, 2025

To: Supervisor Kathryn Barger, Chair
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Supervisor Lyndsey P. Horvath
Supervisor Janice Hahn

From: Brandon T. Nichols
Director

TRINITY YOUTH SERVICES 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 Trinity Youth Services Foster Family Agency (the Contractor) in November 2024. The Contractor has three offices: one located in the First Supervisorial District; and two located in San Bernardino County. The offices provide services to the County of Los Angeles DCFS placed children, Probation foster youth and children and youth placed by other counties.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 3
PRIORITY 2 3
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; 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 7 of 11 applicable areas of the CCD's Contract Compliance Review: RFH Requirements; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, six DCFS placed children were selected for the sample. The CCD reviewed the files of the six selected children. An additional four discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

The CCD reviewed three RFH files and three staff files for compliance with Title 22 Regulations and County contracting 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 (2 Findings)
 - Two children Special Incident Reports were not properly cross reported and documented in the iTrack system.
- Facility and Environment (1 Finding)
 - Medications were not properly stored and locked according to the prudent parent standard in Title 22.

Priority 2

- Facility and Environment (1 Finding)
 - Required notices were not readily available in one RFH.

- Education and Independent Living Plan Services (1 Finding)
 - One child was not timely enrolled in school and there was no documentation on the issues or for the delay.
- Health and Medical Needs (1 Finding)
 - The required initial dental examination for one child was not completed timely.

On January 15, 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:bm

Attachments

- c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Cher Ofstedahl, Chief Executive Officer, Trinity Youth Services
Kellee Coleman, Assist Program Administrator (LA Region) CCLD
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, CCLD
Celeste M. Fitchett, MSW, Bureau Chief, Fiscal & Performance Audits



LOS ANGELES COUNTY
TRINITY YOUTH 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 1601

Site 1602

1. Explain the Cause.

SIR 1061657 was not cross reported to OHCMD or to CCL because of an oversight of the Director when submitting the SIR. SIR 991679 was not cross reported to CCL due to an oversight of staff. SIR 1080617 was not cross reported to CCL because of an oversight of staff.

2. Corrective Action Taken.

SIR cross report requirements were reviewed with staff and supervisors. All SIRs submitted are now cross reported to OHCMD and CCL regardless of the CCL requirements.

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

Retraining will be conducted with staff and supervisors to ensure that all SIRs are cross reported to OHCMD and CCL. All SIRs to be reviewed by the Foster Care and Adoptions Director after submission to ensure that cross reports were completed, if not, an email will be sent to which ever entity was missed. Training for staff will be completed by 2/28/25.

FACILITY AND ENVIRONMENT

15. Common areas were safe and well-maintained

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 1601

1. Explain the Cause.

Resource parent stated that she forgot to return the medication to lock box after she used it. She stated that the youth don't use her bathroom as they have their own.

2. Corrective Action Taken.

Treatment Foster Care Social Worker (TFCSW) conducted an unannounced home inspection at the resource parent's home after we were informed of the findings. TFCSW reviewed the requirements regarding medication with the resource parent.

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

Training will be conducted with all resource parents and staff reminding them to keep medication locked appropriately at all times.

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

16f. Legal Rights of Teens in Out-of-Home Care (11+ years) Title 22 84087 (d); Title 2289387 (p) (s); HS 13762 (a); ILS 88233 (6) (b); ILS 88487.1 (a) Title 22 84087 (d); Title 2289387 (p) (s); HS 13762 (a); ILS 88233 (6) (b); ILS 88487.1 (a)

Facility

Site 1601

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 1601

1. Explain the Cause.

The resource parent stated that she was nervous about the home inspection conducted virtually by the compliance reviewer. She mentioned that she couldn't find the paperwork the first time asked. The resource parent also stated that she showed the items to the reviewer on her second virtual call made that day.

2. Corrective Action Taken.

TFCSW took extra copies of the forms to the resource parent to ensure that they were easily accessible.

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

All FFA staff and resource parents will be trained the Legal Rights of Teens and the Ombudsman form. The assigned TFCSW will ensure that the items are posted or easily accessible at the time of the training. Training for resources parents will be completed by 3/10/25. Training for staff will be completed by 2/28/25.

EDUCATION AND INDEPENDENT LIVING PLAN SERVICES

36. Children/youth were enrolled in school immediately (SOW Part C, Section 15.3.3) AND [SOW, Part C, 15.3.2; 15.3.3.2; 15.3.3.3; 15.3.4; EDC, Section 48853.5(f) (8) (B)]

Facility

Site 1601

1. Explain the Cause.

Resource parent was informed to hold off on enrollment due to the youth possibly being replaced to a relative. Resource parent waited to enroll.

2. Corrective Action Taken.

Resource parent was reminded that school enrollment needed to be conducted immediately.

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

All FFA staff and resource parents will be trained on school enrollment requirements. Staff will be trained by 2/28/25 and resource parents will be trained by 3/10/25.

HEALTH AND MEDICAL NEEDS

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

Facility

Site 1601

1. Explain the Cause.

TFCSW was informed by probation officer that had a dental appointment within six months of placement. TFCSW did not ever receive paperwork for that appointment.

2. Corrective Action Taken.

TFCSW and resource parent were reminded on the timelines for dental and medical treatment for new youth.

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

All FFA staff and resource parents will be trained regarding the timelines for dental and medical appointments for initial and on-going treatments. Staff will be trained by 2/28/25 and resource parents will be trained by 3/10/25.