



# County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 17, 2025

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

From:  for  
Brandon T. Nichols  
Director

## CHILDHHELP 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 the Childhelp Foster Family Agency (the Contractor) in June 2025. The Contractor has one office located in the First Supervisorial District. The office provides services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties and Non-Minor Dependents.

### Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 2
PRIORITY 2 17
PRIORITY 3 0

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.

*"To Enrich Lives Through Effective and Caring Service"*

The Contractor was in full compliance with 6 of 11 applicable areas of the CCD's Contract Compliance Review: Resource Family Home (RFH) Requirements; 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, six DCFS placed children were selected for the sample. The CCD reviewed the files of the six selected children and virtually interviewed three children to assess the level of care and services they received; four children (6 months to 2 years) were too young to be interviewed and were virtually observed to be clean and well-groomed. An additional four discharged children's 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 virtual and 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**

- Facility and Environment (2 Findings)
  - One RFH did not properly store medications.
  - One RFH did not properly store medications, disinfectants, and cleaning solutions.

**Priority 2**

- General Contract Requirements (2 Findings)
  - Special Incident Reports for two children were not properly documented in the Needs and Services Plans (NSPs).
- Facility and Environment (2 Findings)
  - One RFH did not ensure adequate bedroom space was provided in the shared bedroom of the RFH and two infant children.
  - One RFH did not have the required Foster Youth Bill of Rights, and the Foster Care Ombudsman notices posted or readily accessible.
- Engagement and Teamwork (3 Findings)

- Three children's NSPs were not aligned with services identified in the Child and Family Team Meeting notes.
- Needs and Services Plans (9 Findings)
  - Seven children's NSPs were not comprehensive or accurate.
  - Two children's NSPs did not include supportive services.
- Permanency and Transition Services (1 Finding)
  - One child's case plan goal was not documented in the NSP Permanency section.

On July 10, 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:LM:RT  
AJ:DF:yw

#### Attachments

c: Fesia Davenport, Chief Executive Officer  
Oscar Valdez, Auditor-Controller  
Guillermo Viera Rosa, Chief Probation Officer  
Public Information Office  
Audit Committee  
Michael Medoro, Chief Operating Officer, and Chief of Staff, Childhelp  
Kellee Coleman, Assistant Program Administrator Southern Region (LA)  
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing  
Celeste M. Fitchett, MSW, Bureau Chief, Fiscal & Performance Audits CDSS



LOS ANGELES COUNTY  
CHILDHELP, INC. (FFA)  
Corrective Action Plan  
2025



## GENERAL CONTRACT REQUIREMENTS

1. Special Incident Reports are properly documented.

1a. In the Needs and Services Plans (NSPs) [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 1694

Site 1694

1. [Explain the Cause.](#)

Agency Foster Care Coordinator failed to follow protocol by not documenting the Special Incident Report in the Needs and Services Plan. Supervisor failed to review the Needs and Services Plans to make sure SIR's were reported.

2. [Corrective Action Taken.](#)

All agency staff were re-trained on proper NSP documentation requirements on August 21, 2025. Agency created a new NSP Checklist to ensure compliance and accuracy. (See attached sign-in sheet, training agenda PowerPoint and NSP Checklist)

3. [Explain what the Quality Assurance \(QA\) Plan is to maintain Compliance.](#)

Agency Foster Care Coordinators and Supervisor will review Needs and Services Plans NSP Checklist during weekly supervision (prior to NSP due date) to ensure Special Incident Reports are documented on the NSP's before approval. This item will be added to our Chart Audit Review Form; these audits occur quarterly. FFA Supervisor will be responsible for making sure that the checklist is completed for each NSP submitted.

## 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)  
 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 1696

1. Explain the Cause.

Resource Parents failed to follow licensing standards by ensuring that medications, disinfectants, cleaning solutions and any other dangerous items were secured from children. Foster Care Coordinators failed to follow agency protocol regarding home inspections, initial, quarterly and weekly in-home visits.

2. Corrective Action Taken.

Resource Parents were provided with a medication lock box on June 30, 2025. And were re-trained on June 30, 2025, on licensing standards regarding locking medications up. (See photo of locked box in the home, training agenda, sign in sheet and PowerPoint) Resource Parent was directed to put a lock on the closet door where disinfectants and cleaning solutions are stored. And re-trained on June 27, 2025, on making sure that all cleaning solutions must be always secured and out of reach of all children. The closet door lock was attached and completed on June 30, 2025. (See photo of lock on closet door in the home, training agenda, sign in sheet and PowerPoint) All agency staff were re-trained on home inspections specific to medications, disinfectants, cleaning solutions and any other dangerous items. (See attached sign-in sheet, training agenda and PowerPoint)

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

Resource Parents will continue to make sure all medications, disinfectants, cleaning solutions, poisons, firearms and other dangerous items are not accessible to children daily. During in person visits, Foster Care Coordinators will inspect the home to ensure all disinfectants, cleaning solutions, poisons, firearms and other dangerous items are not accessible and properly stored away. Documentation of the inspection will be noted on the progress notes. Supervisor will review weekly upon approval of progress notes.

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

16b. Foster Youth Bill of Rights (6 or more placed children that are 11 years and older) (Title 22 84072(a) & 87072(a)) (Title 22 84072(a) & 87072(a))

**Facility**

Site 1694

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 1694

1. Explain the Cause.

Resource Parent failed to follow protocol by not ensuring that the Foster Youth Bill of Rights and Foster Care Ombudsman information were accessible. Agency failed to provide tangible documentation to Resource Parents.

2. Corrective Action Taken.

Agency Foster Care Coordinators reminded all current Resource Parents where they can find the Foster Youth Bill of Rights and the Foster Care Ombudsman form on their electronic portal. Agency created a "Home Approval Documents," tangible binder that all currently approved resource parents will receive by September 5, 2025. This binder will include several important documents including Foster Youth Bill of Rights and Foster Care Ombudsman form. Resource Parents will be instructed that their binder must be in a central location of the home and accessible to all children placed in the home. All agency staff were re-trained on notice posting requirements on August 21, 2025. (See attached sign-in sheet, training agenda Home Approval Documents Cover Sheet of items in binders.)

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

Agency Family Developers will provide each currently approved and newly approved Resource Home with a "Home Approval Documents," binder. Agency Family Developer/Recruiter will make sure that upon approval of new homes that a binder is made and given out, this will be followed up on during weekly supervisions. During home visits, the Foster Care Coordinator will verify that Home Approval Documents binders are accessible. Foster Care Coordinators will document this in their progress notes and supervisor will review and approve progress notes.

17. Children's bedrooms were safe and well maintained ILS 88487.1(b)(2) and (c) (1) and (b)(3)

17e. Adequate bedroom space is provided (Title 22 80072(a)(2), & 84087(b)(2)) and [ILS §88487.1(b)(4) & ILS §88487.1(b)(7)](Title 22 80072(a)(2), & 84087(b)(2)) and [ILS §88487.1(b)(4) & ILS §88487.1(b)(7)]

#### Facility

Site 1696

#### 1. Explain the Cause.

Agency staff failed to follow protocol and licensing standards by making sure that initial and quarterly home inspections were completed and bedroom area was checked for adequate space. Resource Parent failed to follow protocol by not maintaining adequate bedroom space for children as required by licensing standards.

#### 2. Corrective Action Taken.

All agency staff were re-trained on bedroom space requirements on August 21, 2025 (Training agenda, sign in sheet and PowerPoint) Furniture in the bedroom was moved and sorted, correcting the spacing issue and bringing the room into compliance on June 30, 2025. Resource Parent was re-trained on home inspections pertaining to bedroom space on June 27, 2025. (See photo of bedroom in the home, Training agenda, sign in sheet and PowerPoint)

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

Foster Care Coordinator will verify bedroom space during weekly home inspections and document in their progress notes. Family Developers and Foster Care Coordinators will make sure that they follow the home inspection tool on initial and quarterly inspections. Supervisor will review progress notes and quarterly home inspections forms. Assistant Director will review and approve initial home inspection documentation to ensure compliance is ongoing.

## ENGAGEMENT AND TEAMWORK

22. The child's NSPs are in alignment with services as identified in the CFT notes. [SOW, Part C, Sections 14.0, 19.1.2 and Master Contract, Exhibit A, Title 22, 80068.2; 80069.8(k), 88068.2; FFA ILS Chapter 8.8 Section 88289.1; SOW Part C, 14.0 (1-5), 15.1; 19.1.2; & 19.2; Foster Youth Rights Handbook pg.38]

#### Facility

Site 1694

Site 1694

Site 1696

#### 1. Explain the Cause.

Agency Foster Care Coordinator and Supervisor failed to follow protocol by not updating the Needs and Service Plan to reflect all the domains covered in the Child and Family Team meeting.

#### 2. Corrective Action Taken.

3. All agency staff were re-trained on proper NSP documentation requirements on August 21, 2025. Agency created a new NSP Checklist to ensure compliance and accuracy. (See attached sign-in sheet, training agenda PowerPoint and NSP Checklist)

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

5. Agency Foster Care Coordinators and Supervisor will review NSP Checklist during weekly supervision (prior to NSP due date) to ensure NSP is in alignment with CFT minute notes and are documented on NSP's before supervisor approval. NSP Checklist items will be added to our Agency Chart Audit Review Form; our audit reviews occur quarterly. FFA Supervisor will be responsible for making sure that the checklist is completed for each NSP submitted.

## NEEDS AND SERVICES PLANS

23. The NSPs were completed accurately and on time [ILS, §§88268.2(c) & 88278.1(a); Master Contract, Exhibit A, SOW, Part C, §§15.0 & 16.8.]

## 23b. Are comprehensive and accurate

**Facility**

Site 1696

Site 1694

Site 1694

Site 1694

Site 1694

Site 1695

Site 1695

## 23c. Included Case Plans and Concurrent Case Plan

**Facility**

Site 1694

Site 1694

## 1. Explain the Cause.

Agency Foster Care Coordinator and Supervisor failed to follow protocol by not documenting and following up on ensuring NSP's are comprehensive and accurate and include case plans and concurrent case plans are in the Needs and Services Plan.

## 2. Corrective Action Taken.

All agency staff were re-trained on proper NSP documentation requirements that include ensuring that NSPs are Comprehensive & Accurate and that Case Plans and Concurrent Case Plans are documented on August 21, 2025. Agency created a new NSP Checklist to ensure compliance and accuracy. (See attached sign-in sheet, training agenda PowerPoint and NSP Checklist)

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

Agency Foster Care Coordinators and Supervisor will review NSP Checklist during weekly supervision (prior to NSP due date) to ensure that all NSP's are comprehensive, accurate and include case plans and concurrent case plan before supervisor approval. NSP Checklist items will be added to our Agency Chart Audit Review Form; our audit reviews occur quarterly. FFA Supervisor will be responsible for making sure that the checklist is completed for each NSP submitted.

24. Support services (mentors, Tutoring, IEPs, Regional Center, etc.) are in place to meet each child's overall well-being OR efforts to obtain support services are documented (SOW, Part C, Sections 15.3) AND [ILS, §§88278.1(c) & 88330(e); Master Contract, Exhibit A, SOW, Part C, §15.6.]

**Facility**

Site 1695

Site 1695

## 1. Explain the Cause.

Agency Foster Care Coordinator and Supervisor failed to follow protocol by not documenting and following up on supportive services in the Needs and Services Plan.

## 2. Corrective Action Taken.

All agency staff were re-trained on proper NSP documentation requirements pertaining to documenting and updating supportive services on August 21, 2025. Agency created a new NSP Checklist to ensure compliance and accuracy. (See attached sign-in sheet, training agenda PowerPoint and NSP Checklist)

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

Agency Foster Care Coordinators and Supervisor will review NSP Checklist during weekly supervision (prior to NSP due date) to ensure support services are documented on NSP's before supervisor approval. NSP Checklist items will be added to our Agency Chart Audit Review Form; our audit reviews occur quarterly. FFA Supervisor will be responsible for making sure that the checklist is completed for each NSP submitted.

## PERMANENCY AND TRANSITION SERVICES

30. The NSPs Permanency section documented the children's case plan goals (i.e. concurrent case plan goals, progress made, barriers) (SOW, Part C, Sections 19.1.2.3, ILS Section 88268.2)

**Facility**

Site 1696

**1. Explain the Cause.**

Agency Foster Care Coordinator and Supervisor failed to follow protocol by not documenting the children's permanency plan in the Needs and Service Plan.

**2. Corrective Action Taken.**

All agency staff were re-trained on proper NSP documentation requirements on August 21, 2025. Agency created a new NSP Checklist to ensure compliance and accuracy. (See attached sign-in sheet, training agenda PowerPoint and NSP Checklist)

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

Agency Foster Care Coordinators and Supervisor will review NSP Checklist during weekly supervision (prior to NSP due date) to ensure permanency plan is developed and documented on NSP's before supervisor approval. NSP Checklist items will be added to our Agency Chart Audit Review Form; our audit reviews occur quarterly. FFA Supervisor will be responsible for making sure that the checklist is completed for each NSP submitted.