



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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October 31, 2025

To: Supervisor Kathryn Barger, Chair
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 for

From: Brandon T. Nichols
Director

**ST. ANNE’S FAMILY SERVICES
SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM
CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted a Contract Compliance Review of St. Anne’s Family Services Short-Term Residential Therapeutic Program (the Contractor) in July 2025. The Contractor has one office located in the First Supervisorial District. The site provides services to the County of Los Angeles DCFS and Probation placed children, youth and Non-Minor Dependents (NMDs).

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 5
PRIORITY 3 0

“To Enrich Lives Through Effective and Caring Service”

The CCD conducted a Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Program 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 6 of 10 applicable areas of CCD's Contract Compliance Review: Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Program Services; Health and Medical Needs; and Personnel Files.

For the purpose of this review, four DCFS placed children were selected for the sample. The CCD reviewed the files of the four children and interviewed three children in person to assess the level of care and services they received. One child declined to be interviewed but was observed to be clean and well groomed. An additional four discharged children, youth and NMDs files were reviewed to assess the Contractor's compliance with permanency efforts.

The CCD reviewed four staff files for compliance with Title 22 Regulations and County contracting requirements. CCD also conducted interviews with staff to assess the quality of care and supervision provided to the placed children and foster youth, DCFS also conducted a site visit.

CCD noted findings in the areas of:

Priority 1

- Personal Rights and Social/Emotional Well-Being (1 Finding)
 - One child reported not feeling safe at all times living in the home.

Priority 2

- General Contract Requirements (2 Findings)
 - Special Incident Reports for two children were not properly cross-reported in the iTrack system.
- Facility and Environment (1 Finding)
 - The facility site had two vehicles that were not free of damage.

- Personal Rights and Social/Emotional Well-Being (1 Finding)
 - One child reported the consequences for not following the rules are not fair.
- Personal Needs/Survival and Economic Well-Being (1 Finding)
 - One child reported not being provided with their preferred personal hygiene items.

On September 9, 2025, the Children Services Administrator teams from the 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. The follow up is scheduled for January 2026.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 371-6052.

BTN:LM:RT
KR:DF:ar

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Lorna Little, President and Chief Executive Officer, St. Anne's Family Services
Kellee Coleman, Assist Program Administrator, LA Region CCLD
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division
Celeste M. Fitchett, MSW, Bureau Chief Fiscal and Performance Audits



LOS ANGELES COUNTY
ST. ANNE'S MATERNITY HOME (STRTP)

Corrective Action Plan

2025

GENERAL CONTRACT REQUIREMENTS

2. Special Incident Reports (SIRs) are properly documented.

2.2 SIRs are properly cross-reported in the I-Track System [ILS, §87061(i); Master Contract, Exhibit A-V; Master Contract, Exhibit A, SOW, Part B, §10.4][ILS, §87061(i); Master Contract, Exhibit A-V; Master Contract, Exhibit A, SOW, Part B, §10.4]

Facility

Site 1713

Site 1713

1. Explain the Cause.

SIRs were not submitted in a timely manner or correctly cross reported due to a lack of training.

2. Corrective Action Taken.

Staff who enter and submit SIRs on iTRACK will receive additional training by 11/12/25 that covers exhibit A5 while reviewing notification expectations for incident reports as well as shows the PMIS/iTRACK interface system for how to submit SIRs, which includes cross reporting.

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

Once a quarter, the Assistant Director of Residential will select a random date to final review and submit all SIR's for a shift. This will help ensure accurate completion and cross reporting of incidents.

FACILITY AND ENVIRONMENT

7. Vehicles are maintained in good repair.

7.18 Vehicle free of damage that compromises the safety of the vehicle [Title 22, §80074(c); ILS, §87074(d)][Title 22, §80074(c); ILS, §87074(d)]

Facility

Site 1713

Site 1713

1. Explain the Cause.

The notification to STRTP Leadership was lacking when the issues regarding the vehicles was first noticed, causing a delay in repairs being made.

2. Corrective Action Taken.

Maintenance team will complete weekly vehicle inspections. Any outstanding needs will be immediately communicated to the Director of Residential Services and the Administrative Assistant (AA) in STRTP for follow up and approval of fees associated with the repairs. AA will then submit ticket to maintenance to ensure completion.

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

Facility Projects Manager will review vehicle maintenance logs on the 15th of every month to ensure that all flagged items, if any, have been resolved or communicated to STRTP Leadership for follow up.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

34. Children report the consequences for not following the rules are fair [ILS, §87072.1(c-g); WIC, §16001.9(a)(1) & (a)(2); Title 22, §84072.1(b), (c), & (d)].

Facility

Site 1713

1. Explain the Cause.

Lack of client knowledge with regards to kitchen rules. To clarify, these were not new rules and have remained fairly consistent.

2. Corrective Action Taken.

Lead Residential Counselors will meet with all clients to review Kitchen Rules currently posted (attached), and attain their signatures by 10/24/25.

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

Assistant Director of Residential will ensure that kitchen rules remain posted up in the common areas of the living units as well as in the kitchen for all staff and clients to see, during regularly scheduled quarterly internal facility walkthroughs.

39. Children report feeling safe living in the home [WIC, §16001.9(a)(1); Title 22 §84072(d)(11); ILS §87072(c)(11); SOW, Part B §10.2 & Part D §21.0].

Facility

Site 1713

1. Explain the Cause.

Client did not feel safe after an incident that occurred with a staff which culminated in client slapping staff. Client had additionally shared since her date of placement that she did not want to be at the STRTP.

2. Corrective Action Taken.

Team addressed this particular incident at CFTM/Placement Preservation on 4/28/25 with client and DCFS team. St. Anne's team reviewed footage and shared observations with DCFS. Additionally, CCL investigation was opened due to client stating she no longer felt safe. St. Anne's provided footage and statements to CCL; CCL deemed incident unsubstantiated and was able to note that client assaulted staff and not the other way around. For any additional concerns with safety that may arise or if clients are sharing that they feel unsafe, clients will be encouraged to communicate needs with Case Managers, or any staff on their team, to bring up as a topic of discussion at their CFTM. Requests for change of placement from client will be discussed at CFTM and information documented in CFTM minutes. Team will discuss appropriate avenues which may include meeting with administration, or staff in question, to mediate concerns. Case Manager will provide an overview of the CFTM minutes to STRTP Leadership within 48 hours of the meeting via email, which will include any safety concerns noted or request of change of placement made by client. Team will continue to bring up change of placement request in future CFTMs until DCFS is able to provide a follow up or response to the request. Assistant Director of Clinical Services will review the foster youth bill of rights with the Case Managers by 10/24/25, to ensure that as the facilitators for the CFTMs, the case managers are well versed in foster youth rights.

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

Incidents leading to a feeling of lack of safety will continue to be addressed at CFTMs. Team will continue to ensure that safety is a topic at CFTMs and document in minutes accordingly. Agency will post flyers for their personal grievance hotline ran by the Quality department as an additional measure to allow for clients to share any concerns internally. Flyers will be posted in common areas for clients to view. Additionally, agency will have postings of youth's bill of right in common areas and provide accessibility for youth to connect with the Ombudsman, CSW/DPO, and/or attorney.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

62. Children report being provided with a sufficient supply of their own personal hygiene items that meet their needs [Master Contract, Exhibit A, SOW, Part C, §17.6.2; ILS, §§87072(c)(6)(B) & 87088(c)(3); Title 22, §§84072(d)(6)(B), 84088(c)(3)].

Facility

Site 1713

1. Explain the Cause.

Lack of knowledge with client regarding hygiene product request process and what staff members to ask support from with hygiene requests.

2. Corrective Action Taken.

Town hall was held on 10/1/25 and Administrative Assistant (AA) reviewed hygiene needs with clients. Additionally, AA will meet individually with all residents, by 10/24/25, to review the hygiene request form that gets completed on a monthly basis (see attached) and highlight the "other" section used for alternative items they may need. The "other" section will be clarified for clients to be aware of other brands or items that can be requested that are not already listed on the hygiene list. The "additional items requested" or "comments/concerns/follow up" sections can also be used to share any additional hygiene needs the clients may have.

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

AA or Program Assistant (PA) office staff will meet with all new clients, within their first 7 days of arrival, to review the hygiene request form on an individual basis and to answer any questions they may have as to how to complete the form.