



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

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April 10, 2026

To: Supervisor Hilda L. Solis, Chair  
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From:  for  
Brandon T. Nichols  
Director

**DAVID AND MARGARET HOME  
TRANSITIONAL HOUSING PLACEMENT PROGRAM  
FOR NON-MINOR DEPENDENTS  
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 David and Margaret Home Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD) in October 2025. The Contractor has one licensed site located in First Supervisorial District. The site provides services to the County of Los Angeles DCFS and Probation NMDs between the ages of 18-21 and their children.

**Key Outcomes**

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 16
PRIORITY 2 6
PRIORITY 3 2

The CCD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: Licensure and Certificate of Compliance; Personnel/Staffing; Contractor/Agency Reports; THPP-NMD Participants Record Folder/Case

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

File; THPP-NMD Participant Training; Education and Employment; Medical and Dental; and Program Exit/Aftercare Follow Up and Tracking.

The Contractor was in full compliance with 5 of 8 applicable areas of the CCD's Contract Compliance Review: Licensure and Certificate of Compliance; Contractor/Agency Reports; Education and Employment; Medical and Dental; and Program Exit/Aftercare Follow Up and Tracking.

For the purpose of this review, six DCFS NMD were selected for the sample. The CCD reviewed the records and files of six selected NMD to assess the level of care and services they received. An additional four discharged NMD file was reviewed to assess the Contractor's compliance with permanency efforts. The CCD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements.

The CCD noted findings in the following areas:

**Priority 1**

- Personnel/Staffing (16 Findings)
  - One Staff did not complete the Characteristics of person 16-21 years of age placed in long-term foster care training.
  - One Staff did not complete the Assembly Bill 12/Extended Foster Care training.
  - One Staff did not complete the Trauma-Informed Care training.
  - Two Staff did not complete the Commercial Sexual Exploitation of Children training.
  - Two Staff did not complete the Lesbian, Gay, Bi-Sexual, Transgender, Questioning Youth training.
  - Two Staff did not complete the Medical Marijuana training.
  - Three Staff did not complete the Objectivity in case notes and Special Incident Report training.
  - The Contractor did not provide documentation providing the County Program Manager (CPM) with a signed statement on agency letterhead certifying all staff completed the required training as outlined in the Statement of Work, within one year of commencing employment.
  - The Contractor did not provide the CPM a signed statement confirming each staff/volunteer met the qualifications and completed the criminal clearance background checks.
  - The Contractor did not provide documentation to the CPM certifying all employees completed the Child Abuse Index clearance and training prior to working with the NMDs.
  
- THPP-NMD Participants Record Folder/Case File (1 Finding)
  - The Initial Needs and Services Plan for one NMD was not completed timely within 30 days.

**Priority 2**

- THPP-NMD Participant Training (6 Findings)
  - Six NMDs did not receive 240 minutes of monthly Life Skills training.

**Priority 3**

- THPP-NMD Participants Record Folder/Case File (2 Findings)
  - The Contractor did not sign one NMDs' Needs and Service Plans.
  - The Children's Social Worker/Deputy Probation Officer did not sign one NMDs' Needs and Service Plans.

On December 4, 2025, DCFS' CCD Children Services Administrator team and Supportive Housing Division THPP-NMD County Program Manager held an exit conference with the Contractor's representative.

The Contractor's representative agreed with the review findings and recommendations and was 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 deficiencies 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  
KR:DF:lb

Attachments

c: Joseph Nicchitta, Acting, Chief Executive Officer  
Oscar Valdez, Auditor-Controller  
Guillermo Viera Rosa, Chief Probation Officer  
Public Information Office  
Audit Committee  
Daniel S. Maydeck, Chief Executive Officer, David and Margaret Home  
Kellee Coleman, Assist Program Administrator LA Region, CCLD  
Bernice Karnsrithong, Regional Manager, Community Care Licensing  
Monique Marshall-Turner, Regional Manager, Community Care Licensing  
Dianna Mendoza, Acting, CDSS Bureau Chief Fiscal & Performance Audits



██████████ Children Services Administrator I  
LA County DCFS  
Contract Compliance Division  
510 South Vermont Ave, 14<sup>th</sup> floor  
Los Angeles, CA 90020

December 29, 2025

Dear ██████████

Guided by our mission, we are unwavering in our commitment to delivering safe, supportive, and high-quality care for all participants. We are also committed to upholding the highest standards of quality review and supervision of statement of work. Because of this, we have developed a corrective action plan to address the deficiencies cited during the THPP-NMD Contract Compliance Review dated December 4, 2025.

**Finding Section B-2 #21, 22, 26, 27, 28, 29, 30**

Staff missing Characteristics of Persons 16-21 Years of Age Placed in Long-Term Foster Care training; AB 12/Extended Foster Care Staff training; Staff missing Trauma Informed Care training; Staff missing CSEC training; Staff missing LGBTQ training; Staff missing Medical Marijuana training; Objectivity in Case Notes and SIR Documentation training

**Root Cause**

An absence of a standardized and documented supervisory review process to monitor staff training compliance throughout the year.

**Corrective Action Plan**

1. Training Tracking System Enhancement

- The Contractor has updated the 90-Day New Employee Training Form and the COMPASS Annual Staff Training Supervisor Quality Assurance (QA) Tool to clearly identify all statement of work (SOW)–required and contract-specific trainings.
- These tools now serve as the primary method for documenting, monitoring, and verifying staff training compliance.

2. Human Resources Coordination

- The Human Resources Department has been contacted and has confirmed that all contract-required, contract-specific, and RELIAS training courses are incorporated into training plans for all direct care and contract-funded staff.
- The Human Resources Department will continue to update training requirements as County contract standards change.

### 3. Supervisory Oversight and Verification

- The Transitional Social Worker Supervisor (TSWS) is responsible for ensuring that each assigned staff member completes all required annual training in accordance with NMD Transitional Housing contract requirements.
- TSWS will conduct quarterly reviews of each staff member's training progress using the updated Supervisor QA Tool.
- TSWS will document completion status, identify deficiencies, and develop corrective training plans as needed.
- Each quarterly review will be signed and dated by the supervisor.

### 4. Quarterly Review Schedule

- Training compliance reviews will occur in March, June, September, and December of each calendar year to ensure timely completion and proactive monitoring.

### 5. Director-Level Oversight

- The Program Director will review all supervisory QA tools semiannually (June and December) to verify compliance with the Transitional Housing contract training requirements.
- Any outstanding or delinquent training will be addressed immediately through corrective follow-up and documentation.

## **Finding Section B-2 #32-34**

The Contractor did not provide the [REDACTED] (CPM) with a signed statement on agency letterhead certifying that staff completed the required training, met position qualifications (including education and experience), and obtained all required background clearances—including fingerprinting clearance and Child Abuse Index clearance—prior to commencing work with the Transitional Housing Placement Program (THPP).

## **Root Cause**

The Contractor did not have a standardized internal process to ensure the CPM was emailed a signed certification letter verifying that all staff had completed required training, met education and experience qualifications for hire, and obtained all required background and fingerprint clearances prior to beginning work at David & Margaret Family Services.

## **Corrective Action Plan**

### 1. Immediate Compliance

On December 26, 2025, the Contractor provided the CPM with a signed letter on agency letterhead certifying that all current staff have:

- Completed all required training.
- Met required education and experience qualifications.
- Obtained required background clearances, including fingerprinting and Child Abuse Index clearance; and
- Completed all requirements prior to employment in the David & Margaret Family Services Transitional Housing Program.

### 2. Ongoing New-Hire Certification

The Agency Director will ensure that the CPM is provided with a signed letter on agency letterhead for each new hire certifying that the employee:

- Meets all education and experience qualifications.
- Has cleared all required background checks, including fingerprinting and Child Abuse Index clearance; and
- Has completed all required pre-employment training prior to the staff member commencing work with the THPP.

### 3. Post-Hire Training Verification

- Following the first 90 days of employment, the Agency will provide the CPM with a signed letter on agency letterhead certifying that each new hire has completed all required new-hire and ongoing training.

### 4. Documentation and Record Retention

- The Contractor has created a designated folder within the Agency's shared drive to securely store all signed certification letters submitted to the CPM. This folder will be maintained for monitoring, audit, and compliance purposes.

## **Finding Section D-1. #43**

Exhibit A-20: The Initial Needs and Services Plan (NSP) completed timely within 30 [REDACTED] days of placement and in the participant's file.

## **Root Cause**

Although the Needs and Services Plan (NSP) was in the file, the contractor failed to ensure that all required signatures and dates were properly completed, resulting in noncompliance with documentation standards.

### 1. Staff Retraining

- All program staff will be retrained the proper completion of the Needs and Services forms, which include signature and requirements by January 27, 2026.

### 2. Chart Audit

- Monthly peer chart audits conducted by Transitional Social Workers on the fourth Tuesday of each month to ensure compliance with NSP documentation requirements, including completeness of signatures and dates. Audit tools will be maintained by the Agency Supervisor and reviewed monthly with Transitional Social Workers to identify trends, provide corrective feedback, and implement continuous quality improvement.

**Finding Section E. #78**

Agency provides and encourages the NMD Participants to attend a minimum of 240 minutes of life skills training monthly

**Root Cause**

Contractor failed to sufficiently document Life Skills Training and encourage the NMD participants to attend a minimum of 240 minutes of Life Skills Training monthly

**Corrective Action Plan**

**1. Staff Retraining**

- Retrain all program staff on Life Skills Training policy, procedures, and fines protocol by January 27, 2026.

**2. Life Skills Documentation**

- Document all Life Skills Training activities, including group and individual sessions, in EXYM.

**3. Progress Report Accuracy**

- Ensure Life Skills participation and completion are reflected in initial, quarterly, and transition progress reports.

**4. Participant Engagement Efforts**

- Document all efforts to encourage NMD participation when the required 240 minutes of monthly Life Skills Training are not completed.

**5. Supervisory Oversight**

- Review Life Skills Training documentation during weekly supervision between the Transitional Social Worker Supervisor and Transitional Social Workers.

**6. Fine Log Maintenance and Submission**

- Maintain fine logs for each NMD, as applicable, and submit copies to the CPM monthly via email.

[Redacted]

[Redacted]

[Redacted]

Director of COMPASS Programs