



County of Los Angeles

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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April 30, 2026

To: Supervisor Hilda L. Solis, Chair
Supervisor Holly J. Mitchell
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Supervisor Janice Hahn
Supervisor Kathryn Barger

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From: Brandon T. Nichols
Director

EGGLESTON YOUTH CENTERS
INTENSIVE SERVICES FOSTER CARE FOSTER FAMILY AGENCY
FOR CHILDREN WITH SERIOUS EMOTIONAL AND BEHAVIORAL NEEDS
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 Eggleston Youth Centers Intensive Services Foster Care (ISFC) Foster Family Agency for Children with Serious Emotional Needs in August 2025. This Contractor has two offices located in Los Angeles County, with one located in the First Supervisorial District and one located in the Second Supervisorial District. The offices provide services to the County of Los Angeles DCFS placed children; Probation foster youth and children placed by other counties.

Key Outcomes

Table with 4 rows: NUMBER OF PRIORITY FINDINGS, PRIORITY 1 (2), PRIORITY 2 (3), PRIORITY 3 (0)

"To Enrich Lives Through Effective and Caring Service"

The CCD conducted a virtual Contract Compliance 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; Safety; Permanency; Support Services; Personal Rights and Social/Emotional Well-Being; Discharge Planning; and Personnel Files.

The Contractor was in full compliance with 8 of 11 applicable areas of CCD's Contract Compliance Review: General Contract Requirements; RFH Requirements; Facility and Environment; Safety; Permanency; Personal Rights and Social/Emotional Well-Being; Discharge Planning; and Personnel Files.

For the purpose of this review, three DCFS placed children were selected for the sample. The CCD reviewed the files of the three selected children and interviewed the children to assess the level of care and services they received. An additional two discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

The CCD reviewed two RFH files and two staff files for compliance with Title 22 Regulations and County contracting requirements. The CCD also conducted telephonic interviews with staff and the 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 following areas:

Priority 1

- Support Services (2 Findings)
 - Children health related documentation was not submitted timely to the Children Social Worker for the Health and Education Passport to remain updated.
 - Children up-to-date Health and Education Passport was not maintained in the children's files and efforts to obtain the documents were not documented.

Priority 2

- Support Services (1 Finding)
 - Children education related documentation was not submitted timely to the Children Social Worker for the Health and Education Passport to remain updated.
- Engagement and Teamwork (1 Finding)
 - One Resource Foster Parent did not participate in the ISFC team meetings for two children.

Each Supervisor

April 30, 2026

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- Needs and Services Plans (1 Finding)
 - The agency did not ensure that the need for continuing services or modification in level of services for three children was clearly documented.

On December 4, 2025, the DCFS' CCD Children Services Administrator teams 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.

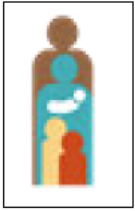
If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 371-6052.

BTN:LM:RT

KR:DF:sl

Attachments

c: Joseph M. Nicchitta, Interim, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Clarence Brown, Chief Executive Officer Eggleston Youth Centers
Kellee Coleman, Assistant Program Administrator, LA Region, CCLD
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division
Jacqueline Juarez, Acting CDSS Bureau Chief Fiscal and Performance Audits



Eggleston Family Services
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1/02/2026

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Los Angeles County Department of Children and Family Services
Contract Compliance Division
510 S. Vermont Avenue
Los Angeles, CA 90020

**RE: FFA Monitoring Review 2025
Corrective Action Plan**

Dear Ms. Leon,

Los Angeles County Department of Children and Family Services (DCFS) Contract Compliance Division conducted an ISFC Monitoring Review for Eggleston Family Services **ISFC Program** for the **2025 review year**. The FFA was found to have findings under sections **Engagement & Teamwork, Needs & Services Plan**, and **Support Services**.

Eggleston Family Services respectfully submits this Corrective Action Plan. The enclosed CAP addresses all audit findings and outlines corrective actions, staff training measures, and ongoing monitoring strategies to ensure sustained compliance.

The CAP has been implemented during a staff training held on 12/17/25; the sign-in sheet and Compliance Implementation Guide are included. Supervisory and QA oversight mechanisms have been strengthened to prevent recurrence of identified deficiencies. We recognize that the Corrective Action Plan will help to improve the overall safety and well-being of the children placed with Eggleston Family Services, thus are fully committed to its implementation.

On behalf of Eggleston Family Services, I would like to thank Los Angeles County DCFS Contract Compliance Division, specifically Sonia Leon, CSA I, for the thorough review and feedback provided.

Should you have any questions or need further clarification, please do not hesitate to contact me at (323) 954-1464 or via email at dvega@egglestonfamilyservices.org.

800.230.8883

[REDACTED]
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Foster Family Agency and Adoptions Director

Cc: Clarence Brown, Executive Director
Cassandra Gibson-Judkins, Assistant Executive Director
Sheena Martin, ISFC CSA I
Jennifer Lau-Jimenez, ISFC CSA I



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Intensive Services Foster Care (ISFC) Corrective Action Plan (CAP)

Below please find Eggleston Family Services' formal Corrective Action Plan (CAP) in response to the Los Angeles County **DCFS ISFC 2025 audit** to address the audit findings related to **Engagement & Teamwork, Needs & Services Plan, and Support Services.**

I. Engagement & Teamwork

Finding 23b: ISFC RFP participated with the ISFC team (Social Worker, Case Manager, IHSC, Mental Health Clinician and other relevant professionals) in meetings at least once per month (SOW, Part D, 3.2)

1. Explain the Cause

During the audit review, it was noted that:

[RFP #2 did not participate in Child #2 and Child #3's ISFC team meeting in August 2024.](#)

Eggleston Family Services utilizes monthly Child and Family Team (CFT) meetings and additional ISFC team meetings, as needed, to meet this monthly ISFC teaming requirement. An ISFC team meeting was held on **8/8/24** with both children, Resource Parent (RP), FFA Social Worker, and Mental Health Therapist; however, the In-Home Support Counselor (IHSC)/Mental Health Rehabilitation Specialist (MHRS) was not present. On **8/27/24**, DCFS convened a Child and Family Team Meeting (CFTM) with the DCFS CSW and the biological mother only, and the Eggleston ISFC team (FFA staff, RP, and mental health providers) were intentionally not included to support BM's request. A subsequent CFT was held on **8/29/24** to ensure teaming with the Resource Parent and Eggleston ISFC team; participants included the RP, CSW, FFA Social Worker, and youth; however, the mental health team was not present. As not all required ISFC team members participated together in any of the meetings referenced above, the monthly ISFC teaming requirement for August 2024 was not met and was therefore determined to be out of compliance.

The contributing factor to this finding was a **gap in staff training regarding ISFC teaming requirements**, specifically related to required participants and acceptable designees. At the time, it was believed that the presence of the Mental Health Therapist at the **8/8/24** team meeting satisfied mental health teaming requirements with Resource

Parent. The agency now understands that **all required ISFC team members or their designated representatives must be present** to meet ISFC teaming requirements. This clarification has been incorporated into revised protocols to ensure full compliance moving forward.

2. Corrective Action Taken

In response, Eggleston Family Services completed targeted **training on 12/17/25** for FFA staff outlining **ISFC teaming requirements**, required participants, documentation standards, and corrective protocols were implemented as follows:

- ISFC team meetings will be **collaboratively scheduled** to ensure the availability of **all required team members**.
- If a required ISFC team member (excluding the Resource Parent) is unable to attend and advance notice is provided, a **designated backup staff member or Supervisor** will attend on their behalf.
- The FFA Social Worker will **document the reason for the absence** and the **participation of** the backup staff or Supervisor on the CFT matrix.
- In emergency situations where insufficient notice is provided to arrange coverage, the circumstances and absence will be clearly documented on the CFT matrix.
- If the Resource Parent is unable to attend the scheduled CFT meeting, a **separate ISFC team meeting** including all required ISFC team members will be scheduled **within the same calendar month** to meet ISFC teaming requirements.

3. Explain what the Quality Assurance Plan is to maintain compliance

To maintain compliance and prevent recurrence of the identified documentation deficiencies, Eggleston Family Services has implemented the following comprehensive Quality Assurance (QA) Plan with clearly defined monitoring, escalation, and corrective processes.

- FFA Social Workers will submit CFT matrices and ISFC team meeting notes to QA Division for review within 14 days of the meetings to ensure required participants, documentation, and compliance standards are met.
- QA Specialist will track and verify that monthly CFTs and/or ISFC team meetings include all required participants, or that appropriate documentation of absences and coverage is maintained when a required participant is unable to attend.
- QA Specialist will promptly notify the assigned FFA Social Worker and Supervisor of any identified issues or deficiencies found for corrective follow-up (i.e. Scheduling of an ISFC team meeting by end of the month ensuring all required participants are included.)
- Supervisors will conduct routine supervisory file reviews to ensure staff adherence to established ISFC protocols and documentation standards.
- QA Specialist will complete and email QA audits to the assigned FFA Social Worker and Supervisor on a weekly basis.
- Any identified deficiencies will be addressed promptly by the Assigned Supervisor through corrective coaching, additional training, or formal corrective action, as appropriate.

II. Needs and Services Plans

Finding 24c: The agency ensured that the Social Worker and ISFC clearly documented in the NSP the ISFC Rate/Service level, the need for continuing services or modification in level of services. [SOW Part D 5.1.2, 5.1.3, 5.1.4 (2) & (3)]

1. Explain the Cause

During the audit review, it was noted that:

NSPs did not include the need for continuing services or modification in level of services.

At the time of the audit, NSPs included a **detailed and integrated narrative approach** describing the youth's status within the ISFC program, the level of care provided, and the ongoing need for services. The NSPs extensively documented continued needs and ISFC services and supports throughout multiple sections of the NSP. While the NSPs met the intent of requirement 24c by thoroughly describing the need for continued services and any necessary modifications across multiple NSP sections, the NSPs did not include a **single, explicit statement** clearly identifying the ISFC rate/service level and the need for continuing or modified services in a designated section of the NSP.

The contributing factor to this finding was **gap in staff training regarding ISFC NSP requirements**. This clarification has been incorporated into revised protocols to ensure full compliance moving forward.

2. Corrective Action Taken

In response, Eggleston Family Services completed targeted **training on 12/17/25** for FFA staff outlining **ISFC NSP requirements**. Eggleston Family Services has implemented **required documentation language** to ensure that all NSPs clearly and consistently document each youth's ISFC rate/service level and the need for continuing services or modifications in the level of services. This required language must be **individualized for each youth** and placed in the appropriate NSP sections to clearly document ISFC eligibility and ongoing service needs.

The following narrative language is required in all ISFC NSPs:

NSP Section: Reason for Placement

On [DATE], [NAME OF YOUTH] was placed into the ISFC program after meeting ISFC eligibility criteria due to [SPECIFIC CRITERIA]. Based on continued criteria-based behaviors as documented in the NSP, the youth continues to meet the need for ISFC supports and services.

NSP Section: Placement Feasibility Recommendation

Due to continued [SPECIFIC CRITERIA] behaviors, it is recommended that [NAME OF YOUTH] remain in the current ISFC placement until eligible for ISFC graduation and/or permanency is achieved.

3. Explain what the Quality Assurance Plan is to maintain compliance

To maintain compliance and prevent recurrence of the identified documentation deficiencies, Eggleston Family Services has implemented the following comprehensive Quality Assurance (QA) Plan with clearly defined monitoring, escalation, and corrective processes.

- Supervisors will review NSPs for NSP narrative language specific to ISFC rate/service level. Incomplete documentation will be returned to the FFA Social Worker for correction.
- QA Specialist will track and verify required NSP documentation upon NSP submissions to QA Division.
- QA Specialist will promptly notify the assigned Social Worker and Supervisor of any identified issues or deficiencies found for corrective follow-up.
- Supervisors will conduct routine supervisory file reviews to ensure staff adherence to established ISFC protocols and documentation standards.
- Peer Reviews (file reviews conducted by peer staff) will be conducted quarterly as required by COA standards to assess compliance to established protocols.
- QA Specialist will complete and email QA audits to the assigned FFA Social Worker and Supervisor on a weekly basis.
- Any identified deficiencies will be addressed promptly by the Assigned Supervisor through corrective coaching, additional training, or formal corrective action, as appropriate.

III. Education Support Services

Finding 36: All education related documentation including current report cards, progress reports, IEPs etc. were submitted to the CSW in a timely manner to maintain an updated HEP. [FFA Level of Care Matrix; FFA MC, SOW PART C 15.3.13; WIC

1. Explain the Cause

During the audit review, it was noted that:

[Child #2 and #3's education information was not sent timely to CSW for HEP to remain updated.](#)

The contributing factor to this finding was a **gap in staff training**.

2. Corrective Action Taken

In response, Eggleston Family Services completed targeted **training on 12/17/25** for FFA staff outlining **required education-related documentation, DCFS submission requirements, documentation standards**, and the **corrective protocols were implemented**, as follows:

- All education records are to be **emailed to the assigned CSW immediately upon receipt** by the FFA Social Worker.
- Education records are **submitted for each school reporting period** and may not be accumulated or delayed for academic year-end submission.

- If the Resource Parent has not received timely school records, the FFA Social Worker will **proactively contact the school** to request the required records and ensure timely submission to the CSW.
- Submission of documents to DCFS CSW by **FFA Social Worker** is required regardless of whether the Resource Parent or education provider has already submitted the documents directly to the County.
- FFA Social Workers are required to submit all education records to the QA Division **with proof of submission to DCFS attached** (e.g., email confirmation). Records submitted without proof will not be accepted by the QA Specialist and will be returned for correction.

3. Explain what the Quality Assurance Plan is to maintain compliance

- QA Specialist will verify required proof of submission (e.g., emails to DCFS) before accepting education records. Documentation submitted without required proof will be returned for correction.
- QA Specialist will promptly notify the assigned Social Worker and Supervisor of any identified issues or deficiencies found for corrective follow-up.
- Supervisors will conduct routine supervisory file reviews to ensure staff adherence to established protocols.
- Peer Reviews (file reviews by peers) will be conducted quarterly as required by COA standards to ensure staff adherence to established protocols.
- QA Specialist will complete and email QA audits to the assigned FFA Social Worker and Supervisor on a weekly basis.
- Any identified deficiencies will be addressed promptly through corrective coaching, additional training, or formal corrective action, as appropriate.

IV. Health Support Services

Finding 39b: All health-related documentation was submitted timely to CSW for HEP to remain updated. [WIC 16010. (a) thru e]

1. Explain the Cause

During the audit review, it was noted that:

[Child #2 and #3's health information was not sent timely to CSW for HEP to remain updated.](#)

The contributing factor to this finding was a **gap in staff training**.

2. Corrective Action Taken

In response, Eggleston Family Services completed targeted **training on 12/17/25** for FFA staff outlining **required health-related documentation, DCFS submission requirements, documentation standards, and the corrective protocols were implemented**, as follows:

- All health records are to be **emailed to the assigned CSW immediately upon receipt** by the FFA Social Worker.

- If the Resource Parent has not received timely health records, the FFA Social Worker will **proactively contact the health provider** to request the required records and ensure timely submission to the CSW.
- Submission of documents to DCFS CSW **by the FFA Social Worker** is required regardless of whether the Resource Parent or health provider has already submitted the documents directly to the County.
- FFA Social Workers are required to submit all health records to the QA Division with proof of submission to DCFS attached (e.g., email confirmation). Records submitted without proof will not be accepted by the QA Specialist and will be returned for correction.

3. Explain what the Quality Assurance Plan is to maintain compliance

- QA Specialist will verify required proof of submission (e.g., emails to DCFS) before accepting health records. Documentation submitted without required proof will be returned for correction.
- QA Specialist will promptly notify the assigned Social Worker and Supervisor of any identified issues or deficiencies found for corrective follow-up.
- Supervisors will conduct routine supervisory file reviews to ensure staff adherence to established protocols.
- Peer Reviews (file reviews by peers) will be conducted quarterly as required by COA standards to ensure staff adherence to established protocols.
- QA Specialist will complete and email QA audits to the assigned FFA Social Worker and Supervisor on a weekly basis.
- Any identified deficiencies will be addressed promptly through corrective coaching, additional training, or formal corrective action, as appropriate.

Finding 39c: Up-to-date HEP was maintained in the child's file, or efforts to obtain the up-to-date HEP were documented on three separate dates. [WIC 16010. (a)]; [FFA MC, SOW Part C, Section 15.3.13]

1. Explain the Cause

During the audit review, it was noted that:

Child #1, #2 and #3 did not have an up-to-date HEP on file.

The contributing factor to this finding was a **gap in staff training**.

2. Corrective Action Taken

In response, Eggleston Family Services completed targeted **training on 12/17/25** for FFA staff outlining **HEP requirements, documentation standards, and the corrective protocols were implemented**, as follows:

- The FFA Social Worker will make **three documented request attempts** to assigned CSWs to obtain the HEP **within 30 days of ISFC program admission and annually thereafter**. The **third attempt will include supervisory involvement** as an escalation measure to support timely resolution.

- All request efforts and responses must be clearly documented, and FFA Social Workers are **required to submit proof of requests** (e.g., email confirmation) to Quality Assurance Division.

3. Explain what the Quality Assurance Plan is to maintain compliance

- QA Specialist will verify required proof of requests (e.g., emails to DCFS) and track requests on QA Audit Tool.
- Supervisors will conduct routine supervisory file reviews to ensure staff adherence to established protocols.
- Peer Reviews (file reviews by peers) will be conducted quarterly as required by COA standards to ensure staff adherence to established protocols.
- QA Specialist will complete and email QA audits to the assigned FFA Social Worker and Supervisor on a weekly basis.
- Any identified deficiencies will be addressed promptly through corrective coaching, additional training, or formal corrective action, as appropriate.