



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

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March 4, 2026

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

**EGGLESTON YOUTH CENTERS
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 virtual Contract Compliance Review of the Eggleston Youth Centers Short-Term Residential Therapeutic Program (STRTP) in October 2025. This Contractor has five sites located in the First Supervisorial District and two sites located in San Bernardino County. The sites provide services to the County of Los Angeles DCFS placed children, Probation foster youth, and Non-Minor Dependents and children paced by other counties.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 15
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; 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 5 of 10 applicable areas of CCD's Contract Compliance Review: Permanency and Transition Services; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being.

For the purpose of this review, seven DCFS placed children were selected for the sample. The CCD reviewed the files of the seven children and interviewed six children to assess the level of care and services they received. One child was discharged prior to the scheduled interview. An additional three discharged children and youth files were reviewed to assess the Contractor's compliance with permanency efforts.

The CCD reviewed five 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 in-person site visits.

The CCD noted findings in the following areas:

Priority 1

- Facility and Environment (1 Finding)
 - Vehicle was not maintained in good repair; seats belts were ripped and not properly working.

Priority 2

- General Contract Requirements (5 Findings)
 - Special Incident Reports for five children were not properly documented in the Needs and Services Plans; and were not properly cross-reported in the I-Track system.
- Engagement and Teamwork (2 Findings)
 - The Contractor did not document efforts to collaborate and participate in the Child and Family Team meetings for two children.

- Needs and Services Plan (7 Findings)
 - The Needs and Services Plans for seven children were not developed timely, comprehensively and accurately, timely signed by the children and the STRTP staff, and were not timely submitted to the Deputy Probation Officer.

- Personnel (1 Finding)
 - One staff did not complete the required 40 hours of annual ongoing training.

On January 7, 2026, 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:ra

Attachments

c: Joseph M. Nicchitta, Acting 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, Assist Program Administrator, LA Region CCLD
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division
Dianna Mendoza, Acting CDSS Bureau Chief Fiscal and Performance Audits



LOS ANGELES COUNTY
EGGLESTON YOUTH CENTER, INC. (STRTP)

Corrective Action Plan

2025

GENERAL CONTRACT REQUIREMENTS

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

2.1 SIRs are properly documented in the Needs and Services Plans (NSPs) [Master Contract, §§19.2 & 19.6; ILS, §87068.3(c)][Master Contract, §§19.2 & 19.6; ILS, §87068.3(c)]

Facility
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Site 1812
Site 1814
Site 1817
Site 1815

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
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1. Explain the Cause.

Staff did not consistently document the accurate number of SIRs and required summaries in the NSP Comments section. Supervisory review did not consistently identify discrepancies prior to submission.

2. Corrective Action Taken.

NSPs will include required SIR summaries in the Comments section. Staff will receive refresher training on SIR documentation requirements. The supervisor met individually with staff who were out of compliance to reinforce expectations. The documentation policy was reviewed with staff to ensure clarity regarding timelines, requirements, and consequences of non-compliance

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

To ensure ongoing compliance and prevent future staff-driven delays, the agency has implemented the following QA steps: Monthly Compliance Review - Supervisors will conduct a monthly review of SIR documentation in all NSPs for completeness and accuracy. Reminders - Staff will receive reminders from the documentation platform, and supervisors will reinforce deadlines during supervision and team meetings. Training Plan 1. Monthly In-House Training Program: Program Manager or Clinical Supervisors will incorporate SIR documentation into monthly staff meetings. The training will be held on 2/18/26 provided by Lead MHRS and Clinical Supervisor. The staff that will participate in the training are Therapists, MH Rehab Specialists, and Clinical Supervisors. 2. Quarterly compliance monitoring. 2. Tracking and Documentation: Meeting minutes 3. Compliance Monitoring: Quarterly reviews will verify SIR documentation compliance. Responsible Parties Task Responsible Party Conduct monthly training Lead MHRS or Clinical Supervisor Quarterly compliance review Clinical Supervisor

FACILITY AND ENVIRONMENT

7. Vehicles are maintained in good repair.

7.12 Seat belts [Title 22, §§84274(c) & 80074(c); ILS, §87074(d)][Title 22, §§84274(c) & 80074(c); ILS, §87074(d)]

Facility

Site 1817

1. Explain the Cause.

The citation occurred due to an oversight in vehicle safety monitoring and maintenance procedures. Although staff were aware that youth were not sitting in the seats with damaged seatbelts, they did not recognize that all seatbelts must be fully functional at all times as required by STRTP safety standards and vehicle regulations. This indicates: A misunderstanding that non-occupied seats still require working seatbelts. Lack of timely communication to management regarding vehicle safety concerns.

2. Corrective Action Taken.

The vehicle was immediately removed from service, suspended use and was placed on "DO NOT USE" status until further notice. CCD was notified of this on 1/7/26. A new vehicle is being purchased to replace the damaged unit, and no youth or staff will be transported in the old vehicle at any time moving forward. Once the purchase is finalized, a copy of the insurance and registration will be provided to the CCD. Below is a summary of the steps completed to date: Obtained three estimates for comparable 8-passenger vehicles Submitted a Letter of Request to the Board of Directors for approval to purchase a new vehicle Submitted a business credit application and proof of insurance to Toyota for the purchase of a 2026 Toyota Sienna

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

QA will conduct monthly audits of: Inspection checklists Maintenance logs Findings will be reviewed in management meetings, and any compliance gaps will trigger immediate corrective action. Once the new vehicle is received, it will undergo an enhanced initial safety inspection before being placed into service. QA will continue to monitor adherence to transportation safety procedures to prevent recurrence of similar violations.

ENGAGEMENT AND TEAMWORK

15. The STRTP documented efforts to collaborate and participate in the child's CFT meetings OR the STRTP obtained copies of the CFT meeting notes [Master Contract, Exhibit A, SOW, Part C, §§14.1.2, 14.2, & 14.4; DCF's Child Welfare Policy No. 0070-548.01 (CFTs); ACL No. 16-84; WIC, §§16501(a)(4)(B)(i)(III) & (5)(A); Title 22, §84268.3(c)(2); ILS, §87068.3(b)(2); Title 22, §84268.3(c)(1)].

Facility

Site 1813

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1. Explain the Cause.

Staff did not consistently document, via emails, their efforts requesting for DPO/CSW collaboration and participation in CFT meetings.

2. Corrective Action Taken.

Staff will be trained to send an initial email with the CFT schedule, a follow-up email to confirm attendance, and attach both emails to the CFTM Matrix if DPO/CSW does not attend. The supervisor met individually with staff who were out of compliance to reinforce expectations. The CFT documentation policy was reviewed with staff to ensure clarity regarding timelines, requirements, and consequences of non-compliance.

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

Monthly Compliance Review - Supervisors will review CFT documentation monthly to ensure completeness and inclusion of collaboration efforts. Reminders - Staff will create automated reminders, and supervisors will reinforce deadlines during supervision and team meetings. Training Plan 1. Monthly In-House Training Program covering CFT documentation. The training will be held on 2/18/26 provided by Lead MHRS and Clinical Supervisor. The staff that will participate in the training are Therapists, MH Rehab Specialists, and Clinical Supervisors. 2. Quarterly compliance monitoring. Responsible Parties Task Responsible Party Conduct monthly training Lead MHRS or Clinical Supervisor Quarterly compliance review Clinical Supervisor

NEEDS AND SERVICES PLANS

17. The NSPs are completed accurately and on time.

17.1 NSPs are developed timely [Master Contract, Exhibit A, SOW, Part C, §§19.2 & 19.5; ILS, §§87068.2(a), 87068.22(b)(3) & (e), & 87068.3(a)] [Master Contract, Exhibit A, SOW, Part C, §§19.2 & 19.5; ILS, §§87068.2(a), 87068.22(b)(3) & (e), & 87068.3(a)]

Facility

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17.2 NSPs are comprehensive and accurate (case plans, concurrent plans, TILPs, SMART goals) [Master Contract, Exhibit A, SOW, Part C, §§19.2, 19.6, & 19.8; ILS, §§87068.2(b) & (c), 87068.22(b) & (c), & 87068.3(a)] [Master Contract, Exhibit A, SOW, Part C, §§19.2, 19.6, & 19.8; ILS, §§87068.2(b) & (c), 87068.22(b) & (c), & 87068.3(a)]

Facility

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17.3 The child/NMD signed the NSPs [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7; ILS, §§87068.2(f), 87068.22(d), 87070(c)(1) & (4)] [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7; ILS, §§87068.2(f), 87068.22(d), 87070(c)(1) & (4)]

Facility

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17.5 The required STRTP staff signed the NSPs [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7] [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7]

Facility

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17.6 The NSPs were submitted timely to the CSW/DPO for approval [Master Contract, Exhibit A, SOW, Part C, §§19.3, 19.4, 19.5 & 19.7; ILS, §§87068.2(f), 87068.22(d)(1)] [Master Contract, Exhibit A, SOW, Part C, §§19.3, 19.4, 19.5 & 19.7; ILS, §§87068.2(f), 87068.22(d)(1)]

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1. Explain the Cause.

17.1 Late NSPs resulted from the lack of centralized deadline tracking and inconsistent supervisory monitoring. 17.2 Permanency case plan goals were not consistently documented to reflect the court-ordered case plan goal. CFT meeting notes were not sufficiently detailed or summarized as required. Medical and/or dental examinations 17.3 Delays occurred due to late NSP completion and insufficient follow-up for signature collection. 17.5 Late staff signatures resulted from delayed NSP completion and inconsistent internal review timelines. 17.6 Late NSP submissions resulted from delayed NSP completion and lack of formal submission tracking. were not consistently documented.

2. Corrective Action Taken.

17.1 A centralized NSP tracking system has been implemented via the Outlook calendar. Staff will be re-trained on NSP timelines, and supervisors will review all active cases to ensure compliance. The supervisor met individually with staff who were out of compliance to reinforce expectations. The NSP development policy was reviewed with staff to ensure clarity regarding timelines, requirements, and consequences of non-compliance. NSPs will accurately document permanency case plan goals that directly reflect the court-ordered case plan. Medical and/or dental examinations will include documentation explaining when and why an exam was not completed, if applicable. Staff will receive targeted training, and NSP templates will be updated. Supervisors met individually with staff to reinforce expectations. The policy for NSP comprehensiveness and accuracy was reviewed with staff to ensure clarity regarding timelines, requirements, and consequences of non-compliance. 17.3 Staff will complete NSPs timely and obtain child/NMD signatures at the time of NSP review. Supervisors met individually with staff to reinforce expectations. The signature policy was reviewed with staff to ensure clarity regarding timelines, requirements, and consequences of non-compliance. 17.5 Staff will be re-trained on NSP signature requirements and internal deadlines. Supervisors met individually with staff to reinforce expectations. The STRTP signature policy was reviewed with staff to ensure clarity regarding timelines, requirements, and consequences of non-compliance. 17.6 A centralized NSP tracking system has been implemented via the Outlook calendar. Staff will be re-trained on NSP timelines and instructed to submit NSPs immediately upon completion and signature collection. Supervisors met individually with staff to reinforce expectations. The submission policy was reviewed with staff to ensure clarity regarding timelines, requirements, and consequences of non-compliance.

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

17.1 Monthly Compliance Review - Supervisors will conduct a monthly review of NSP timelines for all clients. Reminders - NSPs will be completed and ready for supervisory review no later than five (5) days prior to the due date. Training Plan 1. Monthly In-House Training on NSP timelines. The training will be held on 2/18/26 provided by Lead MHRS and Clinical Supervisor. The staff that will participate in the training are Therapists, MH Rehab Specialists, and Clinical Supervisors. 2. Quarterly compliance monitoring. Responsible Parties Task Responsible Party Conduct monthly training Lead MHRS or Clinical Supervisor Quarterly compliance review Clinical Supervisor 17.2 Monthly Compliance Review - Supervisors will review all NSPs monthly for accuracy and comprehensiveness. Reminders - Staff will receive reminders, and supervisors will reinforce expectations during team meetings. Training Plan 1. Monthly In-House Training on NSP accuracy. The training will be held on 2/18/26 provided by Lead MHRS and Clinical Supervisor. The staff that will participate in the training are Therapists, MH Rehab Specialists, and Clinical Supervisors. 2. Quarterly compliance monitoring. Responsible Parties Task Responsible Party Conduct monthly training Lead MHRS or Clinical Supervisor Quarterly compliance review Clinical Supervisor 17.3 Monthly Compliance Review - Supervisors will verify signatures on all NSPs monthly. NSPs will be completed and ready for supervisory review no later than five (5) days prior to the due date. Supervisors will verify timely child/NMD signatures prior to submission. Reminders - Staff will receive reminders, reinforced by supervisors in team meetings. Training Plan 1. Monthly In-House Training on signature requirements. The training will be held on 2/18/26 provided by Lead MHRS and Clinical Supervisor. The staff that will participate in the training are Therapists, MH Rehab Specialists, Clinical Supervisors and STRTP Administrators. 2. Quarterly compliance monitoring. Responsible Parties Task Responsible Party Conduct monthly training Lead MHRS or Clinical Supervisor Quarterly compliance review Clinical Supervisor 17.5 Monthly Compliance Review - Supervisors will verify STRTP staff signatures monthly. NSPs will be completed and ready for supervisory review no later than five (5) days prior to the due date. Supervisors will verify timely staff signature completion prior to submission. Reminders - Staff will receive reminders, reinforced by supervisors. Training Plan 1. Monthly In-House Training on STRTP signature requirements. The training will be held on 2/18/26 provided by Lead MHRS and Clinical Supervisor. The staff that will participate in the training are Therapists, MH Rehab Specialists, Clinical Supervisors and STRTP Administrators. 2. Quarterly compliance monitoring. Responsible Parties Task Responsible Party Conduct monthly training Lead MHRS or Clinical Supervisor Quarterly compliance review Clinical Supervisor 17.6 Monthly Compliance Review - Supervisors will verify timely submission of all NSPs to CSW/DPO monthly. NSPs will be completed and ready for supervisory review no later than five (5) days prior to the due date. Supervisors will review, sign, and approve NSPs immediately upon receipt. Reminders - Staff will receive reminders, reinforced by supervisors. Training Plan 1. Monthly In-House Training on timely NSP submission. The training will be held on 2/18/26 provided by Lead MHRS and Clinical Supervisor. The staff that will participate in the training are Therapists, MH Rehab Specialists, and Clinical Supervisors. 2. Quarterly compliance monitoring. Responsible Parties Task Responsible Party Conduct monthly training Lead MHRS or Clinical Supervisor Quarterly compliance review Clinical Supervisor

PERSONNEL FILES

77. Personnel received annual on-going training.

77.3 Personnel files include 40 hours of on-going training [ILS, §87065.1(e)(1)][ILS, §87065.1(e)(1)]

Facility

Site 1814

1. Explain the Cause.

The cause of the deficiency was staff non-compliance with established training expectations and deadlines. The agency had provided access to all required trainings, communicated timelines, and ensured that materials were available throughout the year. However, staff did not complete their assigned training within the required timeframe, despite having sufficient opportunity and reminders. This was not due to an agency oversight, system limitation, or scheduling barrier—rather, it resulted from individual staff not prioritizing or completing the required coursework.

2. Corrective Action Taken.

Staff who had incomplete training hours were immediately notified and required to complete all outstanding courses. The delinquent staff has now completed the required 40 hours of annual training. The supervisor met individually with the staff who was out of compliance to reinforce expectations. The training policy was reviewed with staff to ensure clarity regarding timelines, requirements, and consequences of non-compliance.

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

To ensure ongoing compliance and prevent future staff-driven delays, the agency has implemented the following QA steps: Monthly Compliance Review- Supervisors will conduct a monthly review of training completion status for all direct reports. Reminders Staff will receive reminders from the training platform, and supervisors will reinforce deadlines during supervision and team meetings. Training Plan: 1. Monthly In-House Training Program: To ensure staff remain informed and compliant, the Administrator or designated staff member will incorporate a training topic into their monthly staff meetings. These sessions will utilize PowerPoint presentations and include sign-in sheets to document attendance. 2. Tracking and Documentation: Human Resources will maintain all training records, including sign-in sheets and PowerPoint materials. Additionally, HR will log every training session—both in-house and vendor-provided—into a centralized tracking system to ensure accurate documentation. 3. Compliance Monitoring: The facility will conduct quarterly reviews to verify progress toward meeting the training requirement. 4. Preventive Measures: To prevent future deficiencies, the facility will incorporate these training processes into the facilities Policies & Procedures and include them in the annual training calendar. This integration will ensure that training requirements are consistently met and monitored. Responsible Parties: Task Responsible Party Conduct monthly training Administrator or designated staff Track attendance and hours Human Resources Department Quarterly compliance review Administrator & Human Resources