



# 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

From:  for  
Brandon T. Nichols  
Director

### MARY'S SHELTER DBA MARY'S PATH 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 Mary's Shelter doing business as Mary's Path Short-Term Residential Therapeutic Program (STRTP) in October 2025. This Contractor has two sites located in Orange County. The sites provide 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 2
PRIORITY 2 8
PRIORITY 3 0

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

The CCD conducted an in-person and virtual Contract Compliance 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 Plan 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: Facility and Environment; Engagement and Teamwork; Permanency and Transition Services; Education and Independent Living Plan Services; Health and Medical Needs; and Personal Needs/Survival and Economic Well-Being.

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 three children in person to assess the level of care and services they received. An additional three discharged children's files were reviewed to assess the Contractor's compliance with permanency efforts.

The CCD reviewed three staff files for compliance with Title 22 Regulations and County contracting requirements. The CCD also conducted telephonic interviews with staff to assess the quality of care and supervision provided to the placed children and foster youth, DCFS also conducted two sites visits.

The CCD noted findings in the following areas:

***Priority 1***

- Personnel Files (2 Findings)
  - Two employees did not receive the annual on-going emergency intervention Professional Assault Crisis training.

***Priority 2***

- General Contract Requirements (3 Findings)
  - Special Incident Reports for three children were not properly cross-reported in the I-Track System.
- Needs and Services Plans (2 Findings)
  - Needs and Services Plans for two children were not developed timely, signed by the children, signed by the required STRTP staff, and submitted timely to the Children Social Worker/Deputy Probation Officer for signature.

- Personal Rights and Social/Emotional Well-Being (1 Finding)
  - One child reported not being informed of the rules and consequences upon arrival; and not being treated with respect and dignity.
  
- Personnel Files (2 Findings)
  - One staff member did not receive the initial LGBTQ training, and the developmentally disabled children training.
  - Two staff members did not receive the annual ongoing trainings: emergency intervention training, LGBTQ training, reproductive and sexual health training, and developmentally disabled children training.

On January 29, 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:sl

#### Attachments

- c: Joseph M. Nicchitta, Acting Chief Executive Officer  
Oscar Valdez, Auditor-Controller  
Guillermo Viera Rosa, Chief Probation Officer  
Public Information Office  
Audit Committee  
Jill Dominguez, Chief Executive Officer, Mary's Shelter dba Mary's Path STRTP  
Kellee Coleman, Assist Program Admin. LA Region, Community Care Licensing  
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



LOS ANGELES COUNTY  
MARY'S SHELTER (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]

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1. Explain the Cause.

The deficiencies resulted from unclear role accountability and the absence of a formal secondary review process to verify that all required cross-reports were completed within mandated timelines. While SIRs were documented, cross-report completion was not consistently confirmed.

2. Corrective Action Taken.

Mary's Shelter has clarified and documented responsibility for SIR cross-reporting compliance. A mandatory supervisory verification process within 24 hours of SIR documentation has been implemented to confirm required notifications to DCFS, CCL, OHCMD, and DPO (when applicable). Staff will be retrained on SIR submissions for Los Angeles County youth. Training will be completed by April 8, 2026.

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

The agency's QA department will conduct routine monitoring of the SIR's for Los Angeles County youth to verify cross-report completion and that SIR's are completed within the mandated timelines. Immediate supervisory follow-up if any reporting delay or discrepancies are identified.

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)]

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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)]

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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]

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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.

The finding resulted from inadequate oversight of NSP completion during a transition of responsibility from Case Managers to Therapists. During this transition, therapists had not yet received sufficient training or supervisory monitoring regarding NSP development timelines, signature requirements, and submission procedures. The lack of structured supervisory oversight from the Head of Service during this role transition contributed to untimely completion and missing required signatures.

### 2. Corrective Action Taken.

All cited NSPs were reviewed, updated as needed, and required signatures were obtained. Mary's Shelter has clarified responsibility for NSP development and assigned supervisory oversight to ensure timely completion and full signature compliance. Therapists received targeted retraining on NSP requirements and submission timelines. Therapist were trained during individual supervision sessions on January 13, 2026.

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

The Clinical Supervisor will conduct weekly review of NSP due dates and signature status. NSPs will not be considered complete until all required signatures are obtained and submission is confirmed. QA will conduct routine audits of active NSPs to verify ongoing compliance.

## PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

33. Children report they were informed of the rules and consequences upon arrival, in an appropriate manner [Master Contract, Exhibit A, SOW, Part C, §18.13; ILS, §§87072(b)(1)(A) & (b)(2)(A), and 87072.1; Title 22, §§84070(c)(2), & 84072.1(a)(1)].

Facility

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**1. Explain the Cause.**

The finding resulted from inconsistent documentation confirming that youth were informed of Mary's Shelter rules and consequences upon admission. While rules were discussed, documentation and standardized delivery were not consistently verified.

**2. Corrective Action Taken.**

The Resident Handbook has been updated to clearly outline Mary's Shelter's rules and consequences and is now discussed with residents at intake. Admission procedures were revised to require documentation that the handbook was reviewed with each youth at intake. The Administrator also reviews sections of the Resident Handbook during weekly house meetings, and youth are provided the opportunity to select sections for discussion. Any revisions to Mary's Shelter rules are reviewed with youth during these meetings. Both Mental Health and Residential staff will be retrained on this process at our upcoming All Staff Meeting to be completed by April 8, 2026.

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

Admission documentation will be reviewed to confirm handbook review at intake. QA will monitor compliance through routine file audits to ensure youth are informed of rules and consequences.

38. Children report being treated with respect and dignity (they do not feel harassed or discriminated against for any reason) [Master Contract, Exhibit A, SOW, Part A, §2.4; ILS, §87072(c)(10); WIC, §16001.9(a)(1) & (a)(17); Title 22, §84072(d)(10)].

Facility

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**1. Explain the Cause.**

The finding resulted from insufficient supervisory oversight to ensure consistent staff adherence to expectations regarding respectful, trauma-informed interactions with youth. While Mary's Shelter's standards require dignity and respect, monitoring mechanisms were not consistently reinforced.

**2. Corrective Action Taken.**

Mary's Shelter conducted immediate supervisory follow-up and reinforced expectations regarding respectful communication and professional conduct. Supervisors have increased direct observation and coaching to ensure consistent implementation of trauma-informed and respectful interactions with youth. All staff will be retrained on content covering respect, dignity, and personal rights. Training will be completed by 4/15/2026.

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

Supervisory staff will conduct ongoing monitoring of staff interactions, including routine observation and youth check-ins. Youth feedback will be reviewed during house meetings and supervision to identify and address concerns promptly. QA will incorporate periodic review of youth feedback through a client satisfaction survey.

## PERSONNEL FILES

76. Personnel received initial training and orientation.

76.5 Personnel files include LGBTQ training [ILS, §87065.1(d)(3)(S); Title 22, §§84065(i)(3)(S) & (T)] \*Language has changed from LGBTQ to Sexual Orientation, Gender Identity and Expression (SOGIE). [ILS, §87065.1(d)(3)(S); Title 22, §§84065(i)(3)(S) & (T)]

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76.6 Personnel received developmentally disabled children training [ILS, §87065.1(d)(3)(Q); Master Contract, Exhibit A, SOW, Part B, §9.5] [ILS, §87065.1(d)(3)(Q); Master Contract, Exhibit A, SOW, Part B, §9.5]

Facility

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#### 1. Explain the Cause.

The finding resulted from insufficient oversight of initial training verification during onboarding. Required trainings under ILS §87065.1 were not consistently confirmed prior to staff assignment.

#### 2. Corrective Action Taken.

HR and QA has assumed direct accountability for training compliance. All identified staff have completed the required initial LGBTQ/SOGIE and Developmentally Disabled Children trainings. Mary's Shelter has implemented the Relias training platform to ensure all STRTP ILS-required initial trainings are assigned and completed upon hire.

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

HR and QA will monitor annual training compliance through Relias to ensure timely renewal and documentation. Periodic personnel file audits will be conducted to verify continued compliance with ILS and contractual requirements.

77. Personnel received annual on-going training.

77.1 Personnel has received current emergency intervention training (e.g. Pro-ACT) [ILS, §§87095.65(a)(1), (d) & (e); Title 22, §84165(f)(2)(A)] [ILS, §§87095.65(a)(1), (d) & (e); Title 22, §84165(f)(2)(A)]

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77.2 Personnel has current emergency intervention training on file with the provider [ILS, §87095.65(d); Title 22, §84165(f)(1)(C)] [ILS, §87095.65(d); Title 22, §84165(f)(1)(C)]

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77.6 Personnel files include on-going LGBTQ training [ILS, §§87065.1(e)(4)(N) & (d)(3)(S); Title 22, §§84065(j)(3)(O) & (i)(3)(S) & (T)] \*Language has changed from LGBTQ to Sexual Orientation, Gender Identity and Expression (SOGIE). [ILS, §§87065.1(e)(4)(N) & (d)(3)(S); Title 22, §§84065(j)(3)(O) & (i)(3)(S) & (T)]

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77.7 Personnel files include reproductive and sexual health training [FFA & STRTP Training Matrix; Master Contract, Exhibit A, SOW, Part B, §9.3; WIC §§16521.5(a), (b), (f)(6) & (i)] [FFA & STRTP Training Matrix; Master Contract, Exhibit A, SOW, Part B, §9.3; WIC §§16521.5(a), (b), (f)(6) & (i)]

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77.8 Personnel received on-going developmentally disabled children training [ILS, §87065.1(e)(4)(E); Master Contract, Exhibit A, SOW, Part B, §9.5] [ILS, §87065.1(e)(4)(E); Master Contract, Exhibit A, SOW, Part B, §9.5]

Facility

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### 1. Explain the Cause.

The finding resulted from insufficient monitoring of annual training renewals. Required ongoing trainings under ILS §87065.5 and related Master Contract provisions were not consistently tracked to ensure timely completion and documentation.

### 2. Corrective Action Taken.

HR and QA have assumed joint accountability for annual training compliance. All identified staff have completed the required trainings, including: Emergency Intervention, LGBTQ/SOGIE, Reproductive and Sexual Health, Developmentally Disabled Children. Mary's Shelter has implemented the Relias training platform to assign, track, and monitor all STRTP ILS-required annual trainings.

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

HR and QA will monitor annual training compliance through Relias to ensure timely renewal and documentation. Periodic personnel file audits will be conducted to verify continued compliance with ILS and contractual requirements.