



# County of Los Angeles

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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April 30, 2026

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

### ST ANNE'S FAMILY SERVICES 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 St. Anne's Family Services Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD) in November 2025. The Contractor has one licensed site located in the 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 13
PRIORITY 2 8
PRIORITY 3 8

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

Each Supervisor

April 30, 2026

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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 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 3 of 8 applicable areas of the CCD's Contract Compliance Review: THPP-NMD Participant Training; Education and Employment; and Medical and Dental.

For the purpose of this review, four DCFS NMDs were selected for the sample. The CCD reviewed the records and files of the four selected NMDs to assess the level of care and services they received. An additional four discharged NMD 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 contract requirements.

The CCD noted findings in the following areas:

### ***Priority 1***

- Licensure and Certificate of Compliance (2 Findings)
  - Special Incident Reports (SIR) for two NMDs were not cross-reported in the i-Track System.
- Personnel/Staffing (5 Findings)
  - The Contractor did not certify one staff completed the required trainings, as outlined in the Statement of Work, within one year of commencing employment.
  - The Contractor did not certify four employees completed fingerprint or Child Abuse Index clearances; and training commencing work with the NMDs.
- THPP-NMD Participants Record Folder/Case File (6 Findings)
  - The Case Manager did not make daily contact with three NMDs on multiple days.
  - There was no documentation authorizing a reduction in daily contact from either the Children's Social Worker/Deputy Probation Officer for three NMDs.

### ***Priority 2***

- Contractor/Agency Reports (1 Finding)
  - The Contractor did not submit reports timely.

- THPP-NMD Participants Record Folder/Case File (7 Findings)
  - The Contractor did not submit three NMDs initial Progress Reports timely to the Contract Program Manager (CPM).
  - The Contractor did not submit four NMDs Quarterly Progress Reports timely to the CPM.

**Priority 3**

- Program Exit/Aftercare Follow-Up and Tracking (8 Findings)
  - The Contractor did not provide four discharged NMDs Exit Assessment (A-31) to the CPM.
  - The Contractor did not provide four discharged NMDs Termination Report (A-20) and all accompanying documents to the CPM by the due date (within 21 business days after exit).

On December 18, 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:gt

**Attachments**

c: Joseph M. Nicchitta, Acting 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, Assistant Program Administrator LA Region, CCLD  
Bernice Karnsrithong, Regional Manager, Community Care Licensing  
Monique Marshall-Turner, Regional Manager, Community Care Licensing  
Jacqueline Juarez, Acting CDSS Bureau Chief Fiscal & Performance Audits



January 26<sup>th</sup>, 2026

[Redacted]  
Contract Compliance Division  
[Redacted]  
[Redacted]

**RE: Revisions to the January 15<sup>th</sup>, 2026 St. Anne's Family Services THPP-NMD Corrective Action Plan and Response to Virtual Monitoring Review (CY 2025)**

Dear [Redacted]

Thank you for the opportunity to review and respond to the findings from the St. Anne's Family Services THPP-NMD Contract Compliance Virtual Monitoring Review (CY 2025), Exit Conference held on December 18, 2025.

St. Anne's Family Services THPP-NMD is committed to maintaining full compliance with all contractual, regulatory, and programmatic requirements. The corrective actions outlined below address each finding by correcting the identified deficiency, strengthening internal processes, clearly defining staff accountability, and establishing monitoring mechanisms to ensure sustained compliance and prevent recurrence.

**FINDING 1- LICENSURE AND CERTIFICATE OF COMPLIANCE**

**6. Were all SIRs appropriately cross-reported and submitted timely to I-Track.** #6 No- NMD1- SIR 1302936 was not cross reported to Community Care Licensing (CCL). NMD2- SIR 1343096 and SIR 1419110 were not cross reported to CCL and SIR 1345378 was not cross reported to THPP-CPM and CCL.

**Cause of Finding:**

During the review period, several Special Incident Reports (SIRs) were not consistently cross-reported to all required entities, including Community Care Licensing (CCL) and the County Probation Monitor (CPM). This non-compliance occurred due to human error and gaps in the internal review process, specifically the absence of a secondary supervisory review prior to submission. While SIRs were initiated timely, the lack of a standardized multi-level verification step resulted in occasional omissions of required cross-reporting recipients.

**Plan of Correction/Response:**

To ensure all Special Incident Reports (SIRs) are accurately cross-reported and submitted in a timely manner, the THPP-NMD Program will implement a mandatory multi-level SIR review and approval process prior to submission. The THPP-NMD Program Manager will continue to complete and initiate all SIRs in I-Track and will verify that all required entities, including Community Care Licensing (CCL) and the County Probation Monitor (CPM), are appropriately included on

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certifications will be submitted to the CPM immediately upon completion. Documentation tracking has been incorporated into weekly supervision and internal compliance reviews to prevent delays. Completion status will be monitored for newly hired staff and on a quarterly basis for all staff. Any missing or delayed documentation will be addressed promptly through follow-up and corrective guidance.

**Responsible Parties:**

The THPP-NMD Program Manager oversees training compliance and submission of documentation. Program leads supports notification of training requirements and completion timelines for assigned staff.

**Timeline of Completion/Due Date:**

The implementation of this training completion plan is currently in progress. The internal cross-collaboration will continue to ensure we are submitting the complete certificates signed on time to CPM.

**FINDING 3- Required Training - Staff, Interns, Volunteer**

**34. Contractor certified employees by submitting to the CPM on agency letterhead, verification of fingerprinting clearances, Child Abuse Index clearance, and training (Subsection 6.2.2, a, b, c & d), prior to the staff (employee, intern or volunteer) commencing work with the THPP-NMD Participants and each.**

#34 No- S1 (hired 6/2/25) verification of clearances and training was not timely submitted to CPM on 7/17/25. S2 (hired 4/7/25), S3 (hired 4/3/24) and S4 (hired 5/15/25) were not submitted timely on 12/1/25.

**Cause of Finding:**

During the review period, verification of fingerprint clearance, Child Abuse Index clearance, and required training documentation for some staff was not submitted to the CPM within required timelines prior to staff commencing work with THPP-NMD participants. This non-compliance occurred due to human error and gaps in the onboarding verification process, specifically the absence of a formal pre-service compliance checkpoint to ensure documentation submission before service delivery. While staff ultimately completed required clearances and trainings, documentation was not consistently submitted to the CPM prior to assignment.

**Plan of Correction/Response:**

To ensure all staff meet clearance and training requirements prior to working with THPP-NMD participants, St. Anne's Family Services has implemented a pre-service compliance verification process. The THPP-NMD Program Manager will confirm fingerprint clearance, Child Abuse Index clearance, and required training completion prior to staff working with their assigned youth. Verification documentation will be submitted to CPM on agency letterhead before staff begin service delivery. Ongoing oversight includes quarterly audits of personnel files to verify continued compliance.

**Responsible Parties:**

The THPP-NMD Program Manager is responsible for verifying completion and submission of all required documentation prior to staff assignment and for coordinating with internal departments as needed.

**Timeline of Completion/Due Date:**

This corrective action was implemented immediately upon identification of the deficiency. All current staff assignments were reviewed to confirm that the certified letters confirming completion of required





**FINDING 5- THPP-NMD PARTICIPANTS RECORD FOLDER/CASE FILE: Plans, Assessments and Forms maintained in the file**

**63. Exhibit A-20: Was the initial Progress Report completed within 45 days of the placement date? Was it submitted to the CPM on the last day of the following month?**

#63 No- NMD1 (placement date 2/19/25), NMD3 (placement date 7/21/25), NMD4 (placement date 5/22/25) although the Initial Progress Reports were completed within 45 days from the initial placement (NMD1 due 4/5/25 and NMD3 due 9/4/25, NMD4 due 7/6/25), the reports were not timely submitted to CPM on 12/1/25. N/A- NMD2 (placement date 2/15/24) initial Progress Report was completed outside of the review period.

**Cause of Finding:**

During the review period, Initial Progress Reports were completed within the required 45-day timeframe but were not consistently submitted to the CPM by the required deadline. This non-compliance occurred due to gaps in internal submission tracking, including insufficient follow-up to confirm report transmission after completion. While reports were prepared timely, the lack of a standardized submission verification process resulted in delayed delivery to the CPM.

**Plan of Correction/Response:**

To ensure Initial Progress Reports are submitted timely, the Program Manager has strengthened oversight of report deadlines and submission confirmation. Initial Progress Report due dates are tracked from placement date and reviewed during weekly supervision with Family Advocates. Family Advocates are required to complete reports within 45 days and submit them to CPM by the required deadline. The Program Manager verifies submission and addresses any delays immediately. Ongoing monitoring includes routine file reviews and documentation checks to ensure sustained compliance.

**Responsible Parties:**

The THPP-NMD Program Manager is responsible for overseeing compliance with Initial Progress Report requirements, including tracking report due dates, reviewing completed reports for accuracy and completeness, and verifying timely submission to the CPM. The Program Manager will address missed at-risk deadlines through supervision and corrective guidance. Family Advocates are responsible for completing Initial Progress Reports in accordance with contractual timelines and ensuring submission to the CPM as required.

**Timeline of Completion/Due Date:**

This corrective action was implemented immediately upon identification of the finding. The THPP-NMD Program Manager has incorporated Initial Progress Report due date tracking into ongoing supervision and case review processes. Report deadlines are reviewed with Family Advocates, and submission confirmation is required two days prior to the CPM due date. Supervision check-ins to ensure Initial Progress Reports are completed and submitted within required timelines on a consistent basis.

**FINDING 6- THPP-NMD PARTICIPANTS RECORD FOLDER/CASE FILE: Plans, Assessments and Forms maintained in the file**

**64. Exhibit A-20: Was the Progress Report Quarterly, (January, April, July, October) completed and submitted. Required for NMDs whose been in care at last 45 days or more and not required for 20.5 years or older.**

#64 No- NMD1, Quarterly Progress Reports dated 6/30/25 and 9/30/25 due to CPM and CSW/DPO by the last day of the following month in 7/2025 and October 2025 were not timely submitted on 12/1/25.





**Cause of Finding:**

During the review period, daily participant contact was not consistently documented in accordance with THPP-NMD requirements, and in some instances, documentation lacked sufficient detail or was missing for specific days. This non-compliance occurred due to inconsistent understanding of documentation expectations, particularly during periods of staff absence or schedule changes. While contact may have occurred, documentation was not consistently entered or detailed as required.

**Plan of Correction/Response:**

To ensure daily participant contact is documented consistently and accurately, St. Anne's Family Services has clarified documentation expectations and strengthened oversight. Family Advocates are required to document daily contact using approved methods, including in-person visits, phone calls, text messages, emails, or social media, unless has received prior permission by the placement worker and to include specific details regarding participant status and activities. Staff coverage schedules have been reviewed to ensure daily availability. The Program Manager reviews documentation during weekly supervision and conducts quarterly chart audits to verify compliance. Any deficiencies are addressed immediately through corrective coaching and retraining.

**Responsible Parties:**

The THPP-NMD Program Manager is responsible for establishing documentation standards, ensuring adequate staff coverage, and reviewing daily contact documentation through supervision and periodic audits. The Program Manager will address documentation deficiencies through corrective coaching and follow-up. Family Advocates are responsible for maintaining daily contact with participants, documenting each contact accurately and in sufficient detail, and coordinating with other Care Team members when additional support is provided.

**Timeline of Completion/Due Date:**

This corrective action was implemented on January 1<sup>st</sup>, 2026. Updated documentation expectations were communicated to staff, and daily contact requirements are now reviewed consistently during weekly supervision and monthly staff meetings. The Program Manager conducts routine documentation reviews and spot audits to verify daily contact entries are complete, detailed, and compliant. Monitoring of daily contact documentation will remain an ongoing operational standard.

**FINDING 8- THPP-NMD PARTICIPANTS RECORD FOLDER/CASE FILE: Case Management Contacts**

**72. Was written authorization from the CSW/DPO obtained prior to decreasing daily contact to no less than twice a week.**

#72. No- NMD1, NMD2, NMD4 had no written authorization from the CSW/DPO obtained prior to decreasing daily contact to no less than 2x/week.

**Cause of Finding:**

During the review period, participant contact frequency was reduced without obtaining prior written authorization from the assigned CSW and/or DPO. This non-compliance occurred due to gaps in procedural enforcement, including inconsistent documentation practices and a lack of formal verification to ensure written approval was secured before contact frequency changes were implemented. While decisions to reduce contact were made based on clinical or case circumstances, required authorizations were not consistently documented in advance.





completion status through supervision, weekly check-ins and verify submission to the CPM within the required timeframe. Submission confirmation will be documented and retained for audit purposes.

**Responsible Parties:**

The THPP-NMD Program Manager is responsible for overseeing discharge planning, tracking Exit Assessment due dates, and verifying timely completion and submission to the CPM. The Program Manager will review anticipated discharges during supervision and follow up on outstanding documentation. Family Advocates are responsible for completing Exit Assessments accurately and submitting them within required timelines.

**Timeline of Completion/Due Date:**

This corrective action was implemented immediately. Exit Assessment due dates are now tracked as part of discharge planning and reviewed during supervision prior to participant exit. The Program Manager monitors upcoming discharges to ensure Exit Assessments are completed and submitted within required timelines. Ongoing compliance will be maintained through continued tracking, supervision oversight, and follow-up prior to CPM submission deadlines.

**FINDING 10- PROGRAM EXIT/AFTERCARE FOLLOW-UP AND TRACKING: Program Exit 107. Did the Contractor complete and provide the THPP-NMD Participant Termination Report (A-20) and all accompanying documents to the CPM.**

#107 No- DNMD1 (discharged date 8/5/25), Termination Report and all accompanying documents were due on 9/3/25 and not timely submitted on 11/6/25. DNMD2 (discharged date 7/27/25) due on 8/25/25, not timely submitted on 11/6/25. DNMD3 (discharged date 6/24/25) due on 7/23/25, not timely submitted on 11/6/25. DNMD4 (discharged date 1/7/25, due on 2/5/25, not timely submitted on 11/6/25.

**Cause of Finding:**

During the review period, THPP-NMD Participant Termination Reports and required accompanying documentation were not consistently submitted to the CPM within established timelines following participant discharge. This non-compliance occurred due to gaps in discharge tracking and follow-up, including delayed identification of participant exit dates and insufficient verification of submission after report completion. While Termination Reports were prepared, the absence of a centralized tracking process resulted in late submissions.

**Plan of Correction/Response:**

To prevent late submission of THPP-NMD Participant Termination Reports and required accompanying documentation, St. Anne's Family Services has implemented enhanced discharge oversight procedures. The THPP-NMD Program Manager will maintain an internal discharge tracking system that captures participant exit dates, report due dates, and submission status. Family Advocates are required to prepare Termination Reports concurrently with discharge planning activities to ensure timely completion. The Program Manager will review report readiness during weekly supervision and confirm that all required documents are submitted to the CPM within established deadlines. In instances where a delay may occur, the Program Manager will notify the CPM in advance to ensure transparency and maintain compliance. Ongoing monitoring will include quarterly audits of closed case files to verify that Termination Reports and supporting documentation are completed accurately, submitted timely, and properly retained for audit review.




# Corrective Action Plan for THPP-NMD\_Revisions 1.26.26


Final Audit Report


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