



# County of Los Angeles

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

510 S. Vermont Avenue, Los Angeles, California 90020

(213) 351-5602

BRANDON T. NICHOLS  
Director

JENNIE FERIA  
Chief Deputy Director

LISA E. MANDEL  
Acting Chief Deputy Director

Board of Supervisors

HILDA L. SOLIS  
First District

HOLLY J. MITCHELL  
Second District

LINDSEY P. HORVATH  
Third District

JANICE HAHN  
Fourth District

KATHRYN BARGER  
Fifth District

March 24, 2026

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

From: Brandon T. Nichols  
Director

### **TRINITY YOUTH SERVICES INTENSIVE SERVICES FOSTER CARE-FOSTER FAMILY AGENCY FOR CHILDREN WITH SERIOUS EMOTIONAL 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 the Trinity Youth Services, Intensive Services Foster Care-Foster Family Agency (ISFC-FFA) for children with Serious Emotional Behavioral Needs in November 2025. This Contractor has one site located in the First Supervisorial District and one site 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 (NMD) and children, youth and NMDs placed by other counties.

#### **Key Outcomes**

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 0
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; Resource Family Home 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 10 of 11 applicable areas of CCD's Contract Compliance Review: Resource Family Home 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.

For the purpose of this review, three DCFS placed children were selected for the sample. The CCD reviewed the files of the three children and interviewed all three children to assess the level of care and services they received. The Contractor did not have ISFC-FFA placed children the prior year; therefore, no additional discharged children and youth files were reviewed for compliance with permanency efforts.

The CCD reviewed three 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 virtual site visits.

The CCD noted findings in the following areas:

***Priority 1***

- General Contract Requirement (1 Finding)
  - Special Incident Reports for two children were not timely submitted in the I-Track system.

On January 28, 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.

Each Supervisor  
March 28, 2026  
Page 3

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:cm

#### Attachments

c: Joseph M. Nicchitta, Acting Chief Executive Officer  
Oscar Valdez, Auditor-Controller  
Guillermo Viera Rosa, Chief Probation Officer  
Public Information Office  
Audit Committee  
James Adams, Chief Executive Officer, Trinity Youth Services  
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



**Mission Office**

**Short Term Residential Therapeutic Programs  
Foster Family & Adoptions Agency  
Residential Shelter Program  
Residential Long-Term Foster Care**

February 18, 2026



Re: ISFC-SEBN Monitoring Review Exit Summary received 1/28/26.



Trinity Youth Services (TYS) is in receipt of the Summary referenced above, created following the contract compliance review of our agency, which was conducted by the Contracts Administration Division for 2025. We would like to thank you for the professionalism displayed and support provided during the program review of our Foster Family Agency (FFA) Programs.

TYS has reviewed the above-mentioned report and submits the following Corrective Action Plan (CAP) to address the recommendations noted.

**Contract Administration Findings:**

**General Contract Requirements**

- Special Incident Reports are properly documented. (1.) Properly cross-reported in the ITrack system. (1b.)  
Issue: Two SIRs for two youth in the FFA were reported late.  
Cause: SIR#1274398: (Child 2 and 3) The incident was reported on time by our Resource Parent (RP) and Treatment Foster Care Social Worker (TFCSW). The Office Director forgot to go back into PMIS to complete the SIR in a timely manner. SIR#1182861: (Child 2) The incident was reported on time by our RP, yet the TFCSW failed to submit the report on time. TFCSW was retrained at the time by her supervisor.  
Corrective Action Implementation: All FFA Supervising Staff will be trained on 2/24/26 regarding the submission of SIRs in a timely manner. Each location began implementing training in their February staff meeting. Any staff that missed the meeting will be trained by 3/6/26. All resource parents will be trained on this requirement by 3/31/26.  
Quality Assurance: Foster Care and Adoptions Director to review submitted SIRs on a weekly basis to provide feedback to Office Directors, Supervisors, Social Workers and Resource Parents if needed.

## Facility and Environment

- Bedrooms have adequate closet and drawer space for each child. (17g., Title 22 84088 (c)(4), and SOW Part C 17.8.7).  
Issue: RFH did not have adequate closet and drawer space. (Child 4 and 5)  
Cause: RFH had two, 3 drawer plastic storage units, one for each child. Each unit was approximately 15" wide, by 22" long, by 24" high. Per TYS' understanding of Title 22 and the SOW, the plastic dresser was adequate for the clothing the children had and approved for the Resource Parent to use them.  
Corrective Action Implementation: The Resource Parents purchased a wood dresser and provided TYS with a photograph of the dresser on 1/9/26. Photographs of the dresser were sent to the reviewer on 1/12/26.  
Quality Assurance: All FFA Supervising Staff will be trained on 2/24/26 on adequate closet and drawer space. Each location began implementing training in their February staff meeting. Any staff that missed the meeting will be trained by 3/6/26. All resource parents will be trained on this requirement by 3/31/26.
- The RFH maintained an adequate supply of perishable and non-perishable foods. (19) A sufficient supply of perishable and non-perishable food is available. (19a.) Fresh fruits and vegetables are available and accessible to the children. (19c).  
Issue: There was no milk available in the home. RFH did not have sufficient fresh fruits.  
Cause: RFH ran out of milk that day prior to the reviewer conducting her virtual review. The apple viewed appeared to be discolored.  
Corrective Action Implementation: The Resource Parents purchased milk and fresh fruit. TYS provided the reviewer with a photograph of a stocked refrigerator.  
Quality Assurance: All FFA Supervising Staff will be trained on 2/24/26 to ensure that the resource parents have adequate supplies of perishable and non-perishable foods. Each location began implementing training in their February staff meeting. Any staff that missed the meeting will be trained by 3/6/26. All resource parents will be trained on this requirement by 3/31/26.

Thank you for taking the time to evaluate our FFA Program. Your compliance review has provided us with valuable feedback to improve our program. Please contact me if you have any questions or further suggestions.

Sincerely,

