



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

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May 29, 2026

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

**OPTIMIST BOYS' HOME AND RANCH DBA OPTIMIST YOUTH HOMES AND
FAMILY SERVICES TRANSITIONAL LIVING SETTING HOUSING FOR
NON-MINOR DEPENDENTS AND RE-ENTRY YOUTH
CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted a Contract Compliance Review of the Optimist Boys' Home and Ranch dba Optimist Youth Homes and Family Services Transitional Living Setting Housing for Non-Minor Dependents (NMDs) and Re-Entry Youth in February 2026. This Contractor has one 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.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 10
PRIORITY 2 1
PRIORITY 3 4

The CCD conducted a Contract Compliance Review of the Contractor's compliance within the following applicable areas: General Contract Requirements, Facility and Environment, Youth Files, Personal Rights and Social/Emotional Well-Being, Discharged Files, and Personnel.

The Contractor was in full compliance with 2 of 6 applicable areas of CCD's Contract Compliance Review: Facility and Environment and Discharged Files.

For the purpose of this review, four NMDs were selected for the sample. The CCD reviewed the records and files of the four selected NMDs and conducted in-person interviews with three NMDs (each age 20) to assess the level of care and services they received; and one NMD (age 20) declined to be interviewed. An additional two discharged NMD 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 noted findings in the following areas:

Priority 1

- Personnel (9 Findings)
 - One staff member did not complete the initial training hours timely.
 - One staff member did not complete the Implicit Bias training.
 - Three staff did not complete the Protective Framework training.
 - Two staff did not complete the Understanding Trauma training.
 - Two staff did not complete the Harm Reduction training.
- Personal Rights and Social/Emotional Well-Being (1 Finding)
 - One NMD did not feel the Contractor's staff treated them with respect and dignity.

Priority 2

- Youth Files (1 Finding)
 - The Contractor did not email the Special Incident Report alert for one NMD on the same day as the incident.

Priority 3

- General Contract Requirements (1 Finding)
 - The Contractor did not submit the daily log of NMDs in the program to the County Program Manager (CPM) daily.
- Youth Files (3 Findings)
 - The Contractor did not submit monthly progress reports for one NMD for review and approval to the CPM in a timely manner.
 - Two NMD's monthly progress reports did not include the placing agency information, Children's Social Worker/Deputy Probation Officer, Supervising Children's Social Worker/Supervising Deputy Probation Officer and Regional Office.

On March 11, 2026, the DCFS' CCD Children Services Administrator teams and the Program Managers from DCFS' Supportive Housing Division, Transitional Housing Placement Program for NMDs, held an exit conference with the Contractor's representative.

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.

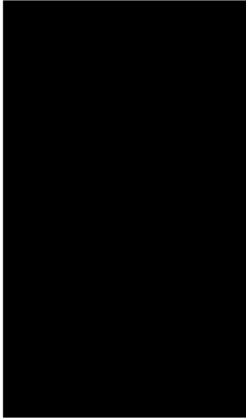
If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 371-6052.

BTN:LM:RT
KR:DF:yw

Attachments

c: Joseph M. Nicchitta, Acting Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Rushmore Cervantes, Chief Executive Officer, Optimist Boys' Home and Ranch
Kellee Coleman, Assistant Program Administrator, LA Region CCLD
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Jacqueline Juarez, Acting CDSS Bureau Chief Fiscal and Performance Audits

GOVERNING BOARD



Optimist Youth Homes & Family Services, Los Angeles, CA
Transitional Living Services (TLS)
Corrective Action Plan
04/10/2026

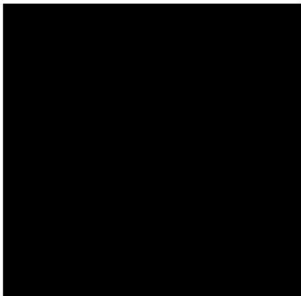
Name/Title of Staff Responsible to Complete and Follow-up:



Deficiency 1:

- **Deficiency:** Q4. Daily Log of each youth in the program was maintained, and report youth entries and exits on a daily basis to CPM.
 - No, the Daily Log of each youth in the program was not reported on a daily basis to the CPM.
- **Action taken to address:** On 3/16/2026, TLS implemented the Daily Log process. TLS staff review requirements for updating and submitting of TLS Daily Log to CPM via email on a daily basis with Supervisor on 3/16/2026.
- **Person responsible for Correction:** Clinical Supervisor, TLS Social Worker, Youth Care Counselors
- **Monitoring Process (Include frequency and duration of monitoring):** Supervisor will review submission of TLS Daily Log by being CC in all TLS Daily Log submissions and reviewing process to ensure log continues to be maintained and emailed to CPM on a daily basis.
- **Person(s) Responsible for Monitoring:** Clinical Supervisor and Director
- **Date of Implementation & Date of Completion:** 3/16/2026 & 3/16/2026

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Deficiency 2:

- **Deficiency:** Q10. Monthly Progress reports for each youth were not submitted by the 20th of each month for review and approval to CPM and provided the CSW/DPO within 7 days upon notification from CPM that the Monthly Report has been approved.
 - No, NMD#4 December 2025 Progress Report was sent 1/21/2026, after the due date.
- **Action taken to address:** Director and Supervisor followed up and reviewed process and procedure to ensure reports are submitted by the 20th day or sooner.
- **Person responsible for Correction:** Director and Clinical Supervisor
- **Monitoring Process (Include frequency and duration of monitoring):** Director and Supervisor to monitor monthly reports to be submitted on the 20th day of the month or sooner on a monthly basis. Due dates have been added to monthly team calendar with automatic reminders.
- **Person(s) Responsible for Monitoring:** Clinical Supervisor and Director
- **Date of Implementation & Date of Completion:** 3/20/2026 & 3/20/2026

Deficiency 3:

- **Deficiency:** Q11. Reports included the placing agency information, CSW/DPO, SCSW/SDPO, Regional Office, and Entry time.
 - No, NMD#2 December 2025 Progress report did not include the CSW/DPO and SCSW/SDPO.
 - No, NMD#4 November 2025 Progress report did not include the CSW/DPO, SCSW/SDPO and Regional Office. December 2025 Progress report did not include the CSW/DPO and

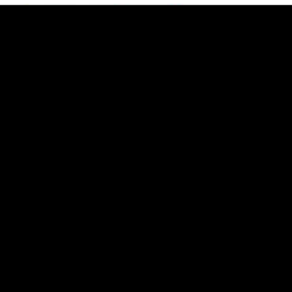
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Regional Office. December 2025 Progress report did not include the CSW/DPO and SCSW/SDPO.

- **Action taken to address:** Documentation system has been updated to request necessary information regarding CSW/DPO, SCSW/SDPO on the monthly report. TLS Staff retrained on necessary data regarding Regional Office, CSW/DPO, and SCSW/SDPO requirements on the monthly reports. Training addressing the required data was completed with staff and the Supervisor on 3/20/2026.
- **Person responsible for Correction:** Clinical Supervisor, TLS Social Worker
- **Monitoring Process (Include frequency and duration of monitoring):** Supervisor will review submission of monthly reports to CPM on a monthly basis, to ensure all monthly reports have necessary information regarding Regional Office, CSW/DPO, and SCSW/SDPO
- **Person(s) Responsible for Monitoring:** Clinical Supervisor and Director
- **Date of Implementation & Date of Completion:** 3/20/2026 & 3/20/2026

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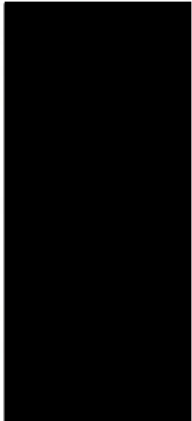
Deficiency 4:

- **Deficiency:** Q15. The Contractor e-mail the SIR alert on the same day as an incident.
 - No, NMD#2 had an incident on 12/29/25; the Contractor did not send the email on the same day, the SIR email alert was sent on 12/30/25.
- **Action taken to address:** Staff have been trained on SIR process and providing an update via email on the same day of incident. Training addressing the required email was completed with staff and the Supervisor on 3/20/2026.
- **Person responsible for Correction:** Director and Clinical Supervisor
- **Monitoring Process (Include frequency and duration of monitoring):** Clinical Supervisor to monitor SIR process to ensure TLS staff are continuously providing an update via email on the same date of incident, if SIR cannot be submitted on the same date, however within 24 hours.
- **Person(s) Responsible for Monitoring:** Clinical Supervisor and Director
- **Date of Implementation & Date of Completion:** 3/20/2026 & 3/20/2026

Deficiency 5:

- **Deficiency:** Q43. Full time staff completed initial 40 hours of training with the first 45 days.
 - No, S#1 did not complete 40 hours of training within the first 45 days.
- Q44. All staff completed a minimum of 32 hours of annual training.
 - N/A, S#1 has been hired less than a year.
- Q47. No, S#1, S#2, and S#3 Protective Framework training was not in the personnel's file.
- Q49. No, S#1 Implicit Bias training was not in the personnel's file.
- Q50. No, S#1 Motivational Interviewing training was not in the personnel's file.
- Q51. No, S#1, S#2, and S#3 Understanding Trauma training was not in the personnel's file.
- Q52. No, S#1, S#2, and S#3 Harm Reduction training was not in the personnel's file.
- Q54. No, S#1 Conflict Avoidance/Resolution training was not in the personnel's file.
- **Action taken to address:** Trainings to be updated on QI training profile and training system updated with due dates. Director and Supervisor will review and monitor new hire trainings, to ensure all mandatory 40-hour trainings are completed within 45 days, utilizing Optimist Relias training tracking portal. All trainings addressing the deficiency will be completed by 4/30/2026.

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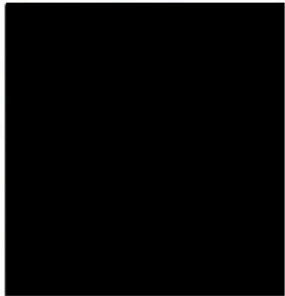


- **Person responsible for Correction:** Director and Clinical Supervisor
- **Monitoring Process (Include frequency and duration of monitoring):** Clinical Supervisor to monitor trainings on a monthly basis, to ensure all mandatory 40-hour trainings are completed within 45 days for new hires, utilizing Optimist Relias training tracking portal. Routine audit at the 30-day mark to confirm status of trainings and ensure all training hours are completed by the 45th day and all mandatory yearly trainings are completed within the one-year mark from hire.
- **Person(s) Responsible for Monitoring:** Clinical Supervisor and Director
- **Date of Implementation & Date of Completion:** 3/20/2026 & 4/30/2026

Deficiency 6:

Deficiency: Q25. The placement staff treat youth with respect and dignity.

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- No, One NMD reported they were not treated with respect and dignity. It had been reported that the youth had experienced two incidents in which staff members did not appear to respect them and their personal choices. According to the youth, the staff made assumptions about them based on some of their comments during conversations, and the staff subsequently attempted to make fun of the youth.
- **Action taken to address:** Trainings on *Overcoming Unconscious Bias in the Workplace*, *Maintaining Professional Boundaries*, and *Using a Strengths-Based Approach with Children and Youth* have been assigned to all TLS staff utilizing Optimist Relias training tracking portal. All trainings addressing the deficiency will be completed by 4/30/2026.
- **Person responsible for Correction:** Director and Clinical Supervisor
- **Monitoring Process (Include frequency and duration of monitoring):** Clinical Supervisor to monitor the completion of trainings by all TLS staff and continue yearly trainings on best practice and approaches with clients.
- **Person(s) Responsible for Monitoring:** Clinical Supervisor and Director
- **Date of Implementation & Date of Completion:** 4/1/2026 & 4/30/2026

Signature/Title: _____ Date: 4/10/2026