



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

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June 26, 2026

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

**MINDFUL GROWTH FOUNDATION
SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM
CONTRACT COMPLIANCE REVIEW REPORT**

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted a virtual Contract Compliance Review of the Mindful Growth Foundation Short-Term Residential Therapeutic Program (STRTP) in February 2026. This former Contractor has four sites located in the Second Supervisorial District. The sites provided services to the County of Los Angeles (LA) DCFS placed youth, Probation foster youth, and Non-Minor Dependents. DCFS placed this STRTP on "Do Not Use" and there are no County of LA youth placed at this Contractor as of May 15, 2026. The STRTP Contract expires on June 30, 2026.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 2
PRIORITY 2 25
PRIORITY 3 6

"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 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 3 of 10 applicable areas of the CCD's Contract Compliance Review: Permanency and Transition Services; Education and Independent Living Plan Services; and Personal Rights and Social/Emotional Well-Being.

For the purpose of this review, five DCFS and Probation placed youth were selected for the sample. The CCD reviewed the files of five youth and interviewed three youth to assess the level of care and services they received. An additional four discharged 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 youth. DCFS also conducted in-person site visits.

The CCD noted findings in the following areas:

Priority 1

- Facility and Environment (2 Findings)
 - One facility window with security bars was not equipped with an operable safety release device, and another window was missing a screen.
 - One facility did not properly store a disinfectant that was readily accessible to youth.

Priority 2

- General Contract Requirements (5 Findings)
 - Special Incident Reports (SIR) for one youth were not properly documented in the Needs and Services Plan (NSP) and were not properly cross-reported in the I-Track System.
 - SIRs for one youth were not properly documented in the NSP and were not submitted timely in the I-Track System.
 - SIRs for two youth were not properly documented in the NSP.
 - SIRs for one youth were not properly cross reported in the I-Track System.

- Facility and Environment General (1 Finding)
 - Vehicle to transport youth was not maintained in good repair; vehicle's service light was on during the vehicle inspection.
- Engagement and Teamwork (4 Findings)
 - The Contractor did not document efforts to collaborate and participate in one youth Child and Family Team (CFT) meeting.
 - CFT participants were not identified and documented in one youth NSPs and the Contractor did not document efforts to obtain the information.
 - NSPs for two youth were not aligned with the services identified in the Child and Family Team meeting notes.
- Needs and Services Plans (6 Findings)
 - The NSPs for one youth were not developed timely, signed by the youth parent, and by the Children Social Worker/Deputy Probation Officer.
 - The NSPs for one youth were not developed timely, comprehensively and accurately, and signed by the Children Social Worker (CSW)/Deputy Probation Officer (DPO).
 - The NSPs for one youth were not developed timely and signed by the County CSW/DPO.
 - The NSPs for one youth were not developed timely.
 - The NSPs for one youth were not developed timely, signed by the youth or by one of the youth's parents.
 - The Contractor did not develop an individualized safety plan for one youth with runaway history to address the issue.
- Health and Medical Needs (3 Findings)
 - The initial medical examination for one youth was not conducted timely.
 - The initial dental examinations for two youth were not conducted timely.
- Personnel Files (6 Findings)
 - One employee did not receive all required medical clearances within one year prior to hire date or within seven days after the hire date, the employee tuberculosis clearances were not within one year prior to hire date or within seven days after the hire date.
 - Two employees did not complete the initial required training.
 - One employee did not complete the initial training and the Child Abuse Identification and Reporting training;
 - One employee did not complete the 40-hour annual on-going training.
 - One employee did not complete the annual-ongoing reproductive and

sexual health training.

Priority 3

- Facility and Environment (3 Findings)
 - Three facilities with operable windows were missing window screens.
- Personal Needs/Survival and Economic Well-Being (3 Findings)
 - Three youth reported not being encouraged and supported in keeping a life book.

On April 24, 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 Investigative Hold DCFS placed on this STRTP on February 11, 2026, resulted in placement of this STRTP on a "Do Not Use" and no Corrective Action Plan was requested, and all Youth were transitioned out by May 15, 2026.

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

BTN:LEM:RT
KR:DF:lf

Attachments

c: Joseph M. Nicchitta, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Marsheila Sharber, Control/Compliance, Mindful Growth Foundation
Dr. Dezetta Burnett, Chief Executive Officer, Mindful Growth Foundation
Lonette Flowers, Chief Financial Officer, Mindful Growth Foundation
Kellee Coleman, Assist Program Administrator LA Region, CCLD
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Jacqueline Juarez, CDSS Bureau Chief Fiscal and Performance Audits



LOS ANGELES COUNTY
STRTP Final Summary Review
2026



STRTP: MINDFUL GROWTH FOUNDATION Exit Date: 05/06/2026

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)]

Facility	Answer	Findings
Site 1854	No	Y1 - SIRs number were not properly documented in the NSPs.
Site 1855	No	Y2 - SIRs number were not properly documented in the NSPs.
Site 1855	No	Y3 - SIRs number were not properly documented in the NSPs.
Site 1856	No	Y4 - SIRs number were not properly documented in the NSPs.
Site 1857	No	Y5 - SIRs number were not properly documented in the NSPs.

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]

Facility	Answer	Findings
Site 1854	No	Y1 - Eight (8) SIRs (1261229, 1310808, 1321134, 1321187, 1327588, 1384835, 1399508, 1282320) were not submitted timely in the I-Track System; Five (5) SIRs (1301125, 1310808, 1327588, 1437599, 1457934) were not cross-reported to the County CSW.
Site 1855	No	Y3 - Two (2) SIRs (1437120, 1454344) were not submitted timely in the I-Track System.
Site 1857	No	Y5 - One (1) SIR (1501738) was not cross-reported to the County CSW.

FACILITY AND ENVIRONMENT

8. The exterior and the grounds are safe and well maintained.

8.1 Each operable window has an intact window screen [Title 22, §§80087(a)(1), & 80088(b)]

Facility	Answer	Findings
Site 1854	No	Window screens in the bedrooms were missing.
Site 1855	No	Window screens in the bedrooms were missing.
Site 1856	No	Window screens in the bedrooms were missing.
Site 1857	No	Window screens in the bedrooms were missing.

8.2 Security bars used on windows are equipped with operable, safety release devices [Title 22, §80020(a); H&S Code, §1531.4]

Facility	Answer	Findings
Site 1854	No	Security bars in the Youth's bedroom window had a lock preventing the security bars to open. CCD notified the administrator and the lock was removed before CCD left the facility.

9. Common areas are safe and well maintained.

9.11 Disinfectants, cleaning solutions, poisons, and other dangerous items are not accessible to children [ILS, §87087(f) & (g); Title 22, §§80087(g) & 84067]

Facility	Answer	Findings
Site 1854	No	An Ajax located under the bathroom sink was accessible to the Youth.

7. Vehicles are maintained in good repair.

7.3 Records of safety maintenance [Title 22, §80074(c); ILS, §87074(d)]

Facility	Answer	Findings
Site 1854	No	The Vehicle's service light was on during the inspection. CCD notified the administrator and the vehicle was serviced on the same day of the inspection. The Agency provided documentation of the service.

ENGAGEMENT AND TEAMWORK

14. The child's CFT team members/participants are identified and documented in the NSPs OR the STRTP has documented efforts to obtain the information [Master Contract, Exhibit A, SOW, Part C, §§14.1.2 & 14.2; DCFS Child Welfare Policy No. 0070-548.01 (CFTs); ACL No. 16-84; WIC, §§16501(a)(4)(B)(i); Title 22, §84268.3(c)(2)].

Facility	Answer	Findings
Site 1855	No	Y3 - Agency did not provide a CFT for December 2025 and efforts were not documented to obtain the information.

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; DCFS 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	Answer	Findings
Site 1855	No	Y3 - Agency did not provide a CFT for December 2025 and efforts were not documented to collaborate and participate in the CFT meeting.

16. The child's NSPs are in alignment with services as identified in the CFT notes [ILS, §87068.2(d); Master Contract, Exhibit A, SOW, Part C, §§14.1.2, 14.2, & Part D, §23.0; DCFS Child Welfare Policy No. 0070-548.01 (CFTs); ACL No. 16-84]

Facility	Answer	Findings
Site 1854	No	Y1 - NSPs were not in alignment with services identified in two CFTs dated 09/08/2025 and 10/02/2025.
Site 1855	No	Y2 - NSPs were not in alignment with services identified in two CFTs dated 12/30/2025 and 01/07/2026.

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)]

Facility	Answer	Findings
Site 1854	No	Y1 - NSPs due 04/22/2025, 05/22/2025, 06/21/2025, 07/21/2025, 08/19/2025 and 10/18/2025 were not signed timely by the Youth, Agency and County CSW.
Site 1855	No	Y2 - NSPs due 12/25/2025 and 01/24/2026 were not signed timely by the Youth, Agency and County CSW.
Site 1855	No	Y3 - NSPs due 11/12/2025, 12/12/2025 and 01/11/2026 were not signed timely by the Youth, Agency and County CSW.
Site 1856	No	Y4 - Agency did not provide the Initial NSP for period 12/22/2025 - 01/21/2026.
Site 1857	No	Y5 - NSPs due 12/31/2025 and 01/30/2026 were not signed timely by the Youth, Agency and County CSW.

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)]

Facility	Answer	Findings
Site 1855	No	Y2 - NSPs due 12/25/2025 and 01/24/2026 were not comprehensive and accurate. The Agency did not document in the NSPs the Concurrent Case Plan Goal and medical and dental examination dates.

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)]

Facility	Answer	Findings
Site 1857	No	Y5 - NSP due 01/30/2026 was not signed by the Youth.

17.4 If applicable, the child's parent(s), as identified in the CFT, signed the NSPs [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7]

Facility	Answer	Findings
Site 1854	No	Y1 - Parent identified in four (5) CFTs did not sign the NSPs and attempts were not documented..
Site 1857	No	Y5 - Parent identified in a CFT did not sign the NSP and attempts were not documented.

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)]

Facility	Answer	Findings
Site 1854	No	Y1 - NSP due 07/21/2025 was not signed by the County CSW.
Site 1855	No	Y2 - NSP due 01/24/2026 was not signed by the County CSW.
Site 1855	No	Y3 - NSP due 01/11/2026 was not signed by the County CSW.

21. If the child has a history of CSEC or run away history, the STRTP & CFT developed an individualized plan for services to address this need [Master Contract, Exhibit A, SOW, Part C, §18.11.11; ILS, §87095.24(e)(1)(B)].

Facility	Answer	Findings
Site 1855	No	Y2 - The STRTP and CFT did not develop an individualized plan for services to address run away plan.

HEALTH AND MEDICAL NEEDS

28. Initial medical examinations are conducted timely [Title 22, §80069(a); Master Contract, Exhibit A, SOW, Part C, §§15.3.9 & 15.4.1.2.1].

Facility	Answer	Findings
Site 1855	No	Y2 - Placed on 11/25/2025 had the initial medical examination on 01/16/2026.

29. Initial dental examinations are conducted timely [Title 22, §80069(a); Master Contract, Exhibit A, SOW, Part C, §§15.3.9, 15.4 & 15.4.1.2.1].

Facility	Answer	Findings
Site 1855	No	Y2 - Placed on 11/25/2025 had the initial dental examination on 01/05/2026.
Site 1856	No	Y4 - Placed on 12/22/2025 had the initial dental examination on 02/06/2026.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

57. Children report they are encouraged and supported by the provider in keeping a life-book [Master Contract, Exhibit A, SOW, Part C, §17.6.3].

Facility	Answer	Findings
Site 1854	No	Y1 - Does not have a life-book.
Site 1855	No	Y3 - Does not have a life-book.
Site 1856	No	Y4 - Does not have a life-book.

PERSONNEL FILES

74. Personnel received all required medical clearances.

74.1 Personnel files include medical clearances within one (1) year prior to hire date or within seven (7) days after hire date [Title 22, §§80065(g)(1) & (2), & 80066(a)(10)]

Facility	Answer	Findings
Site 1854	No	E1 - Hired on 07/24/2025 medical clearance was not within one (1) year prior to hire date or within seven (7) days after hire date. The medical clearance form is dated 04/01/2026.

74.2 Personnel files include Tuberculosis clearances within one (1) year prior to hire date or within seven (7) days after hire date [Title 22, §§80065(g)(1) & (2), & 80066(a)(11)]

Facility	Answer	Findings
Site 1854	No	E1 - Hired on 07/24/2025 TB clearance was not within one (1) year prior to hire date of within (7) days after hire date. The TB clearance is dated 03/30/2026.

76. Personnel received initial training and orientation.

76.2 Personnel files include initial 24 hour training (8 hrs. prior to supervision and 16 hrs. within 90 days of hire) [ILS, §87065.1(d), & (d)(2); Title 22, §§84065(i) & 84065(j)(2)]

Facility	Answer	Findings
Site 1854	No	E1 - Hired on 07/24/2025 did not complete initial 24 hours training within 90 days of hire.
Site 1855	No	E3 - Hired on 02/21/2025 did not complete initial 24 hours training within 90 days of hire.
Site 1857	No	E5 - Hired on 04/06/2025 did not complete initial 24 hours training within 90 day of hire.

76.3 Personnel files include Child Abuse Identification & Reporting training [ILS, §§87065.1(d)(3)(C) & (V), 87022(b), (c)(6) & (c)(7); Title 22, §84065(i)(3)(C), & (j)(3)(A); Master Contract, Exhibit A, SOW, Part B, §§9.0 & 9.2]

Facility	Answer	Findings
Site 1855	No	E3 - Hired on 02/21/2025 has not completed the Child Abuse Identification & Reporting training.

77. Personnel received annual on-going training.

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

Facility	Answer	Findings
Site 1856	No	E4 - Hired on 08/10/2021 did not complete 40 hours of annual on-going training.

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)]

Facility	Answer	Findings
Site 1855	No	E2 - Has not completed the reproductive and sexual health training.

Notice

The findings in the summary are preliminary and subject to change with additional documentation provided by the provider. The provider Administrator may provide any additional information to the DCFS or Probation Department Contract Compliance Monitor so that it can be incorporated in the draft compliance report. The information is due within ten days, no later than the date listed at the bottom of this notification.

Please submit a formal corrective action plan (CAP) within 30 calendar days of the exit conference to the manager identified below. The CAP is to include specific steps the provider will take to resolve the deficiencies identified in this summary, along with an implementation schedule and milestones.

We will require the provider to submit an addendum in the event the CAP does not adequately address all deficiencies. An additional addendum will be requested if the first is not satisfactory. The addenda are to be submitted within three days of our requests. Do not include children's names in the CAP or addenda to ensure confidentiality and privacy.

The CAP and addenda are to be submitted on the agency's letterhead for approval by DCFS or the Probation Department. Include the name and position of the person who is responsible and accountable for the implementation of the CAP. As implementation progresses, provide documentation to the Contract Compliance Monitor to enable verification of compliance with the CAP and its associated schedule.

This notification acknowledges that a discussion was held between the provider representative and the DCFS or Probation Department Contract Compliance Monitor. It does not constitute the provider's agreement or disagreement with the findings. Please note, however, that failure to correct the deficiencies may result in further action.

The notification also serves to inform the provider of consequences for substandard performance, compliance issues, or recurrent findings. Consequences for failure to comply with contract specifications in the areas of criminal clearances, current psychotropic medication authorizations, and egregious safety or negligent concerns will be progressive.

A "hold," "do not refer" or "do not use" status will be imposed on the provider in the event of: 1) egregious safety concerns, 2) recurrent deficiencies in the areas noted in the summary, 3) failure to submit a CAP on time for approval, or 4) failure to implement the corrective actions, as noted in Exhibit N of the Foster Care Agreement.

Reviewer Signature

Leticia Foster

Supervisor Signature

Victor Akinmurele

Provider Signature

Sherlyn Johnson

ENTRANCE DATE: 02/17/2026 EXIT DATE: 05/06/2026

CAP DUE DATE: 06/05/2026 ADDITION SUPPORTING DOCUMENTATION DUE: 05/16/2026 REVIEW YEAR: 2026

Total Priority



Priority 1



Priority 2



Priority 3