

I, Celia Zavala, Executive Officer-Clerk of the Board of Supervisors, do hereby certify that

HILDA L. SOLIS

was duly appointed

SUPERVISOR, FIRST DISTRICT

AT THE PRIMARY ELECTION HELD ON JUNE 7, 2022

in Los Angeles County, WITNESS my hand this 5th day of December 2022



CELIA ZAVALA

Executive Officer-Clerk of the Board of Supervisors

OATH OF OFFICE

For the office of SUPERVISOR, FIRST DISTRICT

I, HILDA L. SOLIS, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Subscribed and sworn to before me

This 5th day of December 2022



(Signature of Sworn Person)

Supervisor, Third District
County of Los Angeles

Signature and Title of Person Administering Oath



Filed
Dec 11 2020

Dean C. Logan, Registrar-Recorder/County Clerk
Electronically signed by RONIEL TOLENTINO

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

I, Celia Zavala, Executive Officer-Clerk of the Board of Supervisors, do hereby certify that

HOLLY J. MITCHELL

was duly appointed

SUPERVISOR, SECOND DISTRICT

AT THE GENERAL ELECTION HELD ON NOVEMBER 3, 2020

in Los Angeles County, WITNESS my hand this 6th day of December 2020



Celia Zavala

CELIA ZAVALA

Executive Officer-Clerk of the Board of Supervisors

OATH OF OFFICE

For the office of SUPERVISOR, SECOND DISTRICT

I, HOLLY J. MITCHELL, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Subscribed and sworn to before me

This 6th day of December 2020



H. Mitchell

(Signature of Sworn Person)

Martin J. Jenkins

Justice, California Supreme Court

Signature and Title of Person Administering Oath

I, Celia Zavala, Executive Officer-Clerk of the Board of Supervisors, do hereby certify that

LINDSEY P. HORVATH

was duly appointed

SUPERVISOR, THIRD DISTRICT

AT THE GENERAL ELECTION HELD ON NOVEMBER 8, 2022

in Los Angeles County, WITNESS my hand this 5th day of December 2022



CELIA ZAVALA

Executive Officer-Clerk of the Board of Supervisors

OATH OF OFFICE

For the office of SUPERVISOR, THIRD DISTRICT

I, LINDSEY P. HORVATH, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Subscribed and sworn to before me

This 5th day of December 2022


(Signature of Sworn Person)

Former Mayor/Councilmember
City of West Hollywood

Signature and Title of Person Administering Oath



STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

I, Celia Zavala, Executive Officer-Clerk of the Board of Supervisors, do hereby certify that

JANICE HAHN was duly appointed

SUPERVISOR, FOURTH DISTRICT

AT THE PRIMARY ELECTION HELD ON MARCH 3, 2020

in Los Angeles County, WITNESS my hand this 4th day of December 2020



CELIA ZAVALA
Executive Officer-Clerk of the Board of Supervisors

OATH OF OFFICE

For the office of SUPERVISOR, FOURTH DISTRICT

I, JANICE HAHN, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Subscribed and sworn to before me

This 4th day of December 2020



(Signature of Sworn Person)

Judge, Superior Court of California
County of Los Angeles

Signature and Title of Person Administering Oath

I, Celia Zavala, Executive Officer-Clerk of the Board of Supervisors, do hereby certify that

KATHRYN BARGER

was duly appointed

SUPERVISOR, FIFTH DISTRICT

AT THE PRIMARY ELECTION HELD ON MARCH 3, 2020

in Los Angeles County, WITNESS my hand this 7th day of December 2020



CELIA ZAVALA
Executive Officer-Clerk of the Board of Supervisors

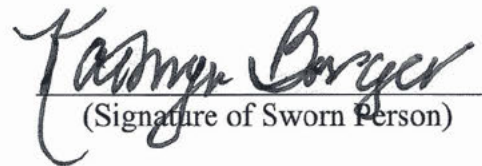
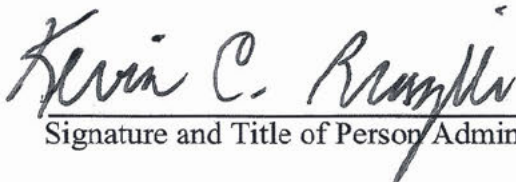
OATH OF OFFICE

For the office of SUPERVISOR, FIFTH DISTRICT

I, KATHRYN BARGER, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Subscribed and sworn to before me

This 7th day of December 2020


(Signature of Sworn Person)

Presiding Judge, Superior Court of California
County of Los Angeles

Signature and Title of Person Administering Oath

GRIEVANCE REVIEW HEARING REQUEST

IDENTIFYING INFORMATION (Provide the following information)

Complainant's name: _____	
foster parent; legal parent/guardian, relative/non-relative extended family member	
Address: _____	Phone: _____
Child's Case Number: _____	
CSW's Name: _____	Phone: _____
SPA: _____	Office Address: _____

GRIEVANCE (Describe your concerns. Attach additional pages, if necessary)

REQUESTED ACTION (Describe how you would like the situation to be resolved)

SIGNATURE _____

DATE _____

An explanation of the Grievance Review procedure and instructions are on the reverse of this form. If you need assistance completing this form or have questions about the Grievance Review procedure, contact the DCFS Grievance Review Information Line, (833) 782-0173 or by fax at (213) 427-6154, or by e-mail: GRRequest@dcfs.lacounty.gov

DCFS GRIEVANCE REVIEW PROCEDURES

California Department of Social Services' (CDSS) Manual of Policies and Procedures (MPP) Division 31, Section 020 requires a grievance process to review complaints from foster parents (which includes approved relative and non-relative extended family members caregivers), legal parents, legal guardians and children regarding the placement or removal/replacement of a child or non-minor dependent from a foster home. CDSS also requires that DCFS provide you with a copy of the grievance procedure regulations. The DCFS 4161-I, California Department of Social Services Grievance Procedure Regulations form contains the exact text of the State of California regulations.

All issues will be resolved in the best interest of the child.

If your grievance is regarding the pending **removal of a foster child or non-minor dependent from your home**, contact the child's Children's Social Worker (CSW) to discuss your concerns. You may request a Grievance Review Hearing by submitting a completed DCFS 4161, Grievance Review Hearing Request form, to the Government Accountability and Risk Management (GARM) Bureau Liaison within **10 calendar days** from the date you became aware of the action under complaint. In cases of removal not exempted from review, you must submit the DCFS 4161 to the GARM Bureau Liaison at least **2 calendar days** prior to the expected date of removal of the child from your home.

If your grievance is regarding the **placement of a foster child or non-minor dependent in your home**, contact the child's Children's Social Worker (CSW) to discuss and attempt to resolve your concerns. You may request a Grievance Review Hearing by submitting a completed DCFS 4161, Grievance Review Hearing Request form to the GARM Bureau Liaison. The GARM Bureau Liaison must receive the DCFS 4161 within **10 calendar days** from the date you became aware of the action which is under complaint.

IF YOU WOULD LIKE TO SUBMIT THE DCFS 4161 VIA EMAIL OR FAX, PLEASE SEND TO
GRRequest@dcfs.lacounty.gov or (213) 427-6154.

IF YOU WOULD ALTERNATIVELY LIKE TO SUBMIT THE DCFS 4161 BY MAIL OR IN PERSON, PLEASE MAIL OR DELIVER THE FORM IN PERSON DURING NORMAL BUSINESS HOURS MONDAY THROUGH FRIDAY TO THE FOLLOWING ADDRESS:

GARM BUREAU LIAISON
425 Shatto Place, 6th Floor
Los Angeles, CA 90020

REGARDLESS OF THE MANNER BY WHICH YOU CHOOSE TO SUBMIT THE DCFS 4161, YOU ARE STRONGLY ADVISED TO MAKE A COPY FOR YOUR RECORDS.

You will receive written notification of the Grievance Review Hearing via certified mail, within five (5) calendar days prior to the Grievance Review Hearing via the DCFS 4161-N, Grievance Review: Notice of Hearing form. The Notice will advise you of the date, time, and place of the hearing. You may bring a representative with you to the hearing. If you wish to authorize the release of information to your representative, you must complete the DCFS 4161-R, Grievance Review: Representative Agreement form, and submit it to the child's CSW. At the hearing, the Review Agent will require your representative to sign a DCFS 4161-C, Grievance Review: Representative Statement of Confidentiality form and, if not already on file, the DCFS 4161-R.

You may obtain additional forms from the child's CSW or you may request them from the DCFS GARM Bureau Liaison by e-mail: GRRequest@dcfs.lacounty.gov

List of relevant forms:

DCFS 4161, Grievance Review Hearing Request

DCFS 4161-I, California Department of Social Services (CDSS) Grievance Procedure Regulations

DCFS 4161-R, Grievance Review: Representative Agreement

If you need assistance completing this form or have questions about the Grievance Review procedure, contact: the DCFS Grievance Review Information Line, (833) 782-0173, or by fax at (213) 427-6154, or by e-mail: GRRequest@dcfs.lacounty.gov

Child Abuse Central Index (CACI) Hearings

0070-548.18 | Revision Date: 07/01/18

Overview

This policy guide provides staff with guidelines on responding to and conducting Child Abuse Central Index (CACI) Hearings.

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Version Summary

This policy guide was updated from the 07/01/14 version, as part of the Policy Redesign, in accordance with the DCFS Strategic Plan.

POLICY

Gomez v. Saenz

Based on a settlement agreement in [Gomez v. Saenz](#) lawsuit, and beginning in May, 2008, individuals are to be provided appropriate notice of their Child Abuse Central Index (CACI) listing as well as the right to appeal the listing via an administrative Grievance Review Hearing. These Grievance Review Hearings are conducted by a Grievance Review Officer, who must meet the following criteria and perform the following tasks:

Grievance Review Officer

The Grievance Review Officer conducting the Grievance Review Hearing must meet the following criteria:

- Be a staff member or other person who is not involved in the investigation of the alleged child abuse or severe neglect.
- Have in the field knowledge of child abuse or neglect investigations and is capable of objectively reviewing the complaint.

The officer cannot be a co-worker or a person directly in the chain of supervision of any of the persons involved in the investigation of the alleged abuse or severe neglect unless the Grievance Review Officer is the Director or Deputy Director of DCFS.

The Grievance Review Officer is authorized to perform the following tasks:

- Process Grievance Review Hearing requests and conduct the Grievance Review Hearings.
- Prevent the presence and/or examination of a child at the Grievance Review Hearing for good cause. Good cause includes but is not limited to protecting the child from trauma or protecting his or her health, safety, and/or well-being.
- Interview the child outside the presence of the parties to determine the following:
 - Whether the child's participation is voluntary.
 - Whether the child is capable of providing voluntary consent.
 - Whether good cause exists for preventing the child from being present and/or testifying at the hearing.
- Permit the testimony and/or presence of a child. This shall be permitted only if both the child's participation in the grievance is voluntary and the child is able to provide voluntary consent.
- Limit the questioning of a witness to protect the witness from unwarranted embarrassment, oppression, or harassment.

- Allow the DCFS and/or the complainant to submit additional evidence as necessary to evaluate whether a finding of substantiated abuse is warranted.
- Continue the hearing for a period not to exceed 10 calendar days if additional evidence or witnesses are necessary for determination of the issue.

The Grievance Review Officer does not have subpoena power. Should a Grievance Review Officer be unavailable to prepare the proposed decision, the County Director or his/her designee shall notify the complainant and the county that the case is being assigned to another Grievance Review Hearing officer to prepare.

- The notice shall inform the complainant that he/she may elect to have a new Grievance Review Hearing held on the matter, provided that he/she agrees to waive the 10 day or 60- day period.

A Grievance Review Officer must voluntarily disqualify him/herself and withdraw from any proceeding, in which he/she cannot give a fair and impartial hearing or in which he/she has an interest. A Grievance Review Officer will be considered unable to conduct a fair and impartial hearing if he/she:

- Is incapacitated.
- Has ceased employment as a Grievance Review Officer.
- Upholds a party's motion for disqualification at the beginning or during the hearing. In such cases, the matter shall be postponed and shall be considered a postponement with good cause.
- If after the hearing, but before the close of the record, the Grievance Review Officer determines that disqualification is appropriate, he/she shall notify the claimant and the county that the case is being assigned to another Grievance Review Hearing officer.

A complainant may request, at any time, prior to the close of the record that the Grievance Review Officer be disqualified upon the grounds that a fair and impartial hearing cannot be held or a decision cannot be rendered. The Grievance Review Officer's determination is subject to rehearing review and judicial review.

Challenges to a Child Abuse Central Index (CACI) Referral

An individual may request a Grievance Review Hearing to challenge his/her referral to the CACI Database through the following steps:

1. Request and complete a written and signed request (SOC 834) for a CACI Grievance Review Hearing.
 - The request for Grievance Review Hearing must set forth the facts that the individual believes provides a basis for reversal of DCFS' finding of substantiated abuse.
2. Mail the request to DCFS within 30 calendar days of the date the notice and request for Grievance Review Hearing was mailed to the individual.

- Failure to mail the request for Grievance Review Hearing within the prescribed timeframe shall result in the denial of the Aggrieved Party's right to a hearing.
- For individuals to whom no prior notification was mailed regarding his/her referral to the CACI, the request must be filed within 30 calendar days of the individual; becoming aware that he/she is listed on the CACI and/or becoming aware of the grievance process.
- A complainant is deemed aware of the County action or finding when the County mails adequate notice to the complainant's last known address.

A Grievance Review Hearing request shall not be accepted under the following circumstances:

- A court of competent jurisdiction (Dependency Court or Criminal Court) has determined that the suspected abuse or severe neglect has occurred.
- The allegation of child abuse, or severe neglect, resulting in a referral to the CACI Database is pending before the court.

In situations such as these, the Office of Appeals Management will issue an initial denial of the submitted request for Grievance Review Hearing and notify the Aggrieved Party that they may make a request for reconsideration if the court dismisses the petition or criminal charge that was filed against them. Any request for reconsideration must be made within 30 days of dismissal. Failure to mail the request for reconsideration within the prescribed timeframe shall result in the denial of the Aggrieved Party's right to a hearing.

Grievance Review Hearings

The individual requesting the CACI Grievance Review Hearing (The Aggrieved Party) may have an attorney or other representative present at the hearing to assist them. The individual requesting the Grievance Review Hearing and their representatives must be permitted to examine all records and evidence related to the County's investigative activities and findings associated with the original investigation that resulted in the CACI listing. This does not include information that is otherwise made confidential by law.

- DCFS must obtain a copy of the signed authorization, prior to communicating with any attorney, or any other individual claiming to speak on behalf of the aggrieved party.

DCFS and the Aggrieved Party must make available the documents and other evidence related to the original investigation, that they intend to rely upon at the Grievance Review Hearing at least 10 business days prior to the hearing and/or the extent permitted by law.

- This excludes information that is otherwise made confidential by law.
- The County must redact from the records names and personal identifiers as well as information regarding the mandated reporter's observations of the evidence indicating child abuse and/or neglect to protect the identity, health, and safety of those mandated reporters of suspected child abuse and/or neglect.

- Failure to disclose evidence or witness lists in advance of the hearing can constitute grounds for objecting to consideration of the evidence at the hearing or to hearing the testimony of a witness during the hearing.

Each party and their attorney or representative and witnesses while testifying will be the only persons authorized to be present during the hearing unless all parties and the Grievance Review Officer provide consent. All testimony shall be given under oath or affirmation. Parties may call witnesses to the hearing and question the other party's witness.

The Grievance Review Hearing shall be conducted as follows:

1. The Grievance Review Hearing must be, to the extent possible, conducted in a non-adversarial atmosphere.
2. DCFS presents evidence supporting its findings of substantiated abuse or severe neglect.
3. The complainant will provide evidence supporting their claim that DCFS' finding(s) should be withdrawn or changed.
4. DCFS is allowed to present rebuttal evidence in support of its finding.
5. The Grievance Review Officer may allow DCFS and/or the party filing the complaint to submit additional evidence.
6. Either party may request a continuance of the Grievance Review Hearing not to exceed 10 business days. Additional continuances or a dismissal of the hearing will be granted with mutual agreement of all parties involved or for good cause.
7. The Director of DCFS must issue a written final decision adopting, rejecting, or modifying the recommended decision within 10 business days after the recommended decision issues.
 - The Director of DCFS must explain why a recommended decision was rejected or modified.
8. The final decision must be based upon the evidence presented at the hearing.
 - DCFS may conduct an internal review of the case to address or rectify the matter identified in the request for grievance prior to the hearing.
 - The County may resolve a grievance at any time by modifying a finding of substantiated abuse or neglect to unfounded and notifying DOJ of the need to remove the individual from the CACI.

Information disclosed at the Grievance Review Hearing may not be used for any other purpose unless otherwise required by law.

- Any documents or other evidence disclosed by the county to the complainant and/or his or her attorney or representative for the hearing shall be returned to DCFS at the conclusion of the hearing.

- The documents and information disclosed may be part of an administrative record for a Writ of Mandate challenging the final decision of the DCFS Director.
- The administrative record shall be kept confidential, including if any of the parties request that it be filed with the court under seal.

Grievance Review Hearing Records

CACI Grievance review proceedings are audio recorded and the audio recording is a part of the official administrative record. The Office of Appeals Management possesses and maintains the administrative record and audio recording of the hearing. The contents of the audio recording remain under seal.

The complainant or the complainant's representative may inspect the transcript and/or recording. The costs for transcribing a recording of the hearing are charged to the complainant. DCFS must provide the administrative record to the court, if any party seeks judicial review of the final decision of the Director of DCFS.

The Grievance Review Hearing Record shall be retained for a length of time consistent with current law, regulations, or judicial order that governs the retention of the underlying record. Regardless of the circumstance, the record must be retained for at least one year from the decision date. It must also include the documents and other evidence accepted as evidence at the hearing.

PROCEDURE

Responding to a Request for a Grievance Review Hearing

Chief Grievance Review Officer Responsibilities

1. Enter the Request for Grievance Review Hearing in the CACI Trac Application.
2. Determine whether the following have occurred:
 - The Request for Grievance Review Hearing was not submitted in a timely manner.
 - A court of competent jurisdiction, (Criminal Court or Dependency Court) has determined that the suspected abuse or severe neglect has occurred.
 - The allegation of child abuse or severe neglect previously reported to the DOJ CACI Database is currently pending before a court of competent jurisdiction.
 - If any of the above conditions exists, notify the requesting individual by letter that their request for a Grievance Review Hearing is being denied and provide the reasons for the denial. Enter the Denial Reason in CACI Trac and close the request.
2. If the SOC 834 does not have all the necessary information, assist the requestor in completing the SOC 834 correctly.
3. Determine if the matter identified in the request for Grievance Review Hearing can be rectified by a review of the case record.
 - If the finding of substantiated abuse or severe neglect must be changed to unfounded report, notify the Department of Justice of the correction to the CACI.
4. If the SOC 834 has been submitted in a timely manner, it contains the necessary information, and it is determined that the matter cannot be resolved without a Grievance Review Hearing, accept the matter for hearing.
5. Enter the required information on automated Child Abuse Central Index Tracking and Case Management application (CACI Trac) and assign to a Grievance Review Officer.

Conducting a Grievance Review Hearing

Grievance Review Officer Responsibilities

- Schedule the Grievance Review Hearing within 10 business days and no later than 60 calendar days from the date the request for grievance is received, unless otherwise agreed to by the individual and DCFS. Enter this information in CACI Trac and update as required.

1. At least 30 calendar days prior to the scheduled Grievance Review Hearing:
 - Mail a Notice of Hearing to the aggrieved party, informing him/her of the date, time and place of the Grievance Review Hearing.
 - Notify the investigating CSW by e-mail that their presence is required at the Grievance Review Hearing.
 - Inform the CSW of the date, time, and place of the hearing. If the CSW is no longer an employee of DCFS, attempt to locate that CSW's former SCSW at the time of the investigation and request that he/she be present at the Grievance Review Hearing.
 - Inform the CSW's SCSW, ARA and RA by e-mail of the scheduled Grievance Review Hearing.
 - If the complainant is planning to have an attorney at the hearing:
 - Instruct the investigating CSW to have their out station County Counsel present.
 - Contact the designated Advice County Counsel Attorney to inform them of the date of the scheduled Grievance Review Hearing and request that they attend in order to provide legal assistance to the Grievance Review Officer.

Regional Office CACI Point Person Responsibilities

The CACI Point Person is to ensure that the CSW who conducted the investigation of the suspected child abuse or severe neglect and/or his/her SCSW review the investigatory file with their out-stationed County Counsel prior to the CACI Grievance Review Hearing.

If a decision is made to modify the original report to inconclusive or unfounded, a CACI Grievance Review Hearing will no longer be required and the following must take place within 5 business days of that decision:

1. Fax the amended BCIA 8583 and a copy of the original BCIA 8583 to the California Department of Justice (DOJ) at (916) 227-3253. Contact Sam Dunlap, the Los Angeles County CACI Liaison at (916) 227-3743, to confirm that the forms were received. The DOJ can verify that an Aggrieved Party's identifying information has been removed from CACI 24-48 hours after receipt of the BCIA 8583, but will be unable to do so after that timeframe.
2. Ensure that a letter is mailed to the Aggrieved Party informing them that DCFS has reviewed the matter internally and have taken the necessary steps to modify the original substantiated allegation conclusion and remove their identifying information from the DOJ CACI Database.
3. E-mail scanned copies of the amended BCIA 8583, the original BCIA 8583, and a copy of the fax cover sheet confirming DOJ received the amended BCIA 8583 to the following individuals:
 - Out-stationed County Counsel
 - Office of County Counsel Paralegal, Audrey Sanchez
 - Office of Appeals Management Grievance Review Officer

- Once these steps have been completed, ensure that CWS/CMS is updated to reflect any change to the appropriate allegation conclusion(s) and click “yes” to the question if the allegation conclusion was modified as a result of a DOJ Grievance.
4. In the event that the Grievance Review Hearing is required:
 - Reserve a meeting room for the CACI Grievance Review Hearing
 - Arrange for a translator when requested.

Grievance Review Officer Responsibilities

1. Record and conduct the Grievance Review Hearing.
2. Administer an oath to all parties providing testimony as well as any witnesses.
3. If a child is a witness, interview the child outside the presence of the parties to determine whether the child’s participation is voluntary and/or whether good cause exists for preventing the child from being present or testifying at the hearing.
4. Review and evaluate documentary evidence.
5. Based on the evidence presented at the hearing, determine whether the allegation of abuse or neglect is an unfounded report, inconclusive report or substantiated report.
6. Provide a written recommended decision to the Director or Chief Deputy of DCFS within thirty (30) calendar days of the close of the Grievance Review Hearing. Include in the decision a Summary of the Facts/Issues Involved and Allegations; the Evidence Considered During the Course of the Grievance Review Hearing; the Applicable Laws and Statutes; The recommended decision, the Basis of Recommended Decision; the Conclusion; and the Director’s Decision.
7. Once the Director’s Decision has been completed, provide a copy of the report to the parties involved in the Grievance Review Hearing, including the CSW, SCSW, ARA, RA, County Counsel, the Aggrieved Party, their representative or legal counsel, by placing a copy in the United States First Class Mail. Service may also be completed by e-mail when requested by the Aggrieved Party and/or their legal representative.
8. Update the CACI Trac Application to reflect the result of the CACI Grievance Review Hearing and submit the case for closure.

Changes Required/Made to the CACI Database

Chief Grievance Review Officer Staff Responsibilities

If the finding of substantiated abuse or neglect is changed because of the Grievance Review Hearing, advise the Department of Justice (DOJ) of the change and request that DOJ remove the complainant’s name from the CACI Database by:

- Within 5 business days of making the change, complete an amended [BCIA 8583](#), Child Abuse or Severe Neglect Indexing Form. The new BCIA 8583 must include supplementary information for a report that has been previously submitted to the DOJ CACI Database.

- Check the box at the top of the BCIA 8583 to identify an Amended Report and complete the sections as directed. Attach a copy of the original BCIA 8583 (when available) and send both forms to the Department of Justice.
- Send the Amended BCIA 8583 and a copy of the Original BCIA 8583 to the DOJ by any of the following methods:

United States First Class Mail:

Department of Justice
Sam Dunlap CACI Expedite Unit
4949 Broadway, Room B216
Sacramento, CA 95820

Or by Fax at: 916-227-5054

Or by email at: DOJChildProtectionProgram@doj.ca.gov

- Update the Allegation Notebook in CWS/CMS when there is a change in investigation disposition due to a case review or Grievance Review Hearing. Please refer to the attached procedural guide for changing/updating CWS/CMS for a matter previously investigated by DCFS.
- Document on the ID page of the referral both that there was a request for a Grievance Review Hearing and the results of the hearing.
- Enter any final information on the CACI Trac application and close the case.

APPROVALS

None

HELPFUL LINKS

Forms

CWS/CMS

[BCIA 8583, Child Abuse or Severe Neglect Indexing Form](#)

LA Kids

[SOC 832](#), Notice of Child Abuse Central Index Listing

[SOC 833](#), Grievance Procedures for Challenging Reference to the Child Abuse Central Index

[SOC 834](#), Request for Grievance Review Hearing

Referenced Policy Guides

[0070-548.17](#), Completion and Submission of the BCIA 8583, Child Abuse or Severe Neglect Indexing Form

[0500-501.20](#), Release of Confidential DCFS Case Record Information

Statutes

[All County Information Notice \(ACIN\) 1-22-08](#) – Implementation Activities for Gomez V. Saenz Lawsuit Settlement.

[Assembly Bill 717](#) – Details the reporting requirements to the Child Abuse Central Index (CACI).

[California Department of Social Services \(CDSS\) Manual of Policies and Procedures \(MPP\) Division 31 Section 31-021.54](#) – States, in part, that a grievance review offer may be a “staff or other person who is able to conduct a fair and impartial hearing. A Grievance Review Officer shall voluntarily disqualify him or herself and withdraw from any proceeding in which he or she cannot give a fair and impartial hearing or in which he or she has an interest.”

[CDSS MPP Division Section 31-021.55](#) – States, in part, that a grievance review offer may be a person who is available to prepare the proposed decision and lists the situations under which a person would be unavailable.

[CDSS MPP Division Section 31-021.62](#) – States, in part, that the county “shall be permitted to examine all records and evidence related to the county’s investigative activities and investigative findings associated with the original referral that prompted the CACI listing, except for information that is otherwise made confidential by law.”

[CDSS MPP Division 31Section 31-021.621](#) – States “the county and the complainant shall make available for inspection all records and evidence related to the original referral that prompted the CACI listing, except for information that is otherwise made confidential by law, at least ten (10) business days prior to the hearing.”

[CDSS MPP Division 31Section 31-021.621\(a\)](#) – States, in part, that the “County shall redact such names and personal identifiers from the records and other evidence as required by law and to protect the identify, health, and safety of mandated of those mandated reporters of suspected child abuse and/or neglect.”

[CDSS MPP Division 31Section 31-021.64](#) – States, in part, that “the information disclosed at the Grievance Review Hearing may not be used for any other purpose unless otherwise required by law.”

[Penal Code \(PC\) Section 11165.12](#) – Provides definitions for an unfounded report, a substantiated report, and an inconclusive report.

[PC 11169 – \(a\)](#) States, in part, that an agency shall forward to the Department of Justice a report in writing of every case it investigates of known or suspected child abuse or severe neglect which is determined to be substantiated; (b) that the agency shall also notify in writing that the known or suspected child abuser has been reported to the Child Abuse Central Index; (c) that agencies shall retain child abuse or neglect investigative reports that result in a report filed with the Department of Justice.

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**Los Angeles County
Chief Executive Office**

***Class Specification:* CHILDREN'S SOCIAL WORKER TRAINEE**

ITEM NUMBER: 9070

APPROVAL DATE: 08/01/2005

DEFINITION:

Under close supervision, performs social casework functions including the investigation, supervision, placement and care of dependent children, children in foster homes or other child welfare cases through routine or emergency referrals.

CLASSIFICATION STANDARDS:

Positions allocable to this entry level class receive close supervision and training from higher level Children's Services staff in the performance of less difficult tasks. As trainees, the incumbents are assigned a reduced number of cases and are expected to develop progressively increasing skill in preparation for higher level positions requiring the handling of more complex and sensitive cases.

EXAMPLES OF DUTIES:

Receives instruction and practical experience in the following activities:

Investigation and evaluation of cases of neglected, abandoned, or abused children referred to the Department of Children's Services assessing such factors as social history, environmental, economic and psychological influences.

Arranging and supervising the placement of children in foster homes and institutions.

Family maintenance and reunification actions including assisting parents and foster parents in resolving problems and reestablishing the family.

Counseling children and clients toward socially acceptable behavior and self-sufficiency within the community.

Preparation of routine reports for use by the department and the court in making dispositions of juveniles cases.

Developing and implementing alternative plans to placement where appropriate.

Evaluating and maintaining records on the progress of assigned cases.

Preparing correspondence and maintaining records pertinent to case activity.

MINIMUM REQUIREMENTS:

TRAINING AND EXPERIENCE:

Bachelor's degree from an accredited college with a major in psychology, sociology, social work, child development, or a related human services field - OR - Bachelor's degree from an accredited college, and one year of paid experience in a social service agency providing protective/placement casework services to children or families with children.

LICENSE:

A valid California Class C Driver License or the ability to utilize an alternative method of transportation when needed to carry out job-related essential functions.

PHYSICAL CLASS:

2 - Light.



**Los Angeles County
Chief Executive Office**

***Class Specification:* CHILDREN'S SOCIAL WORKER I**

ITEM NUMBER: 9071

APPROVAL DATE: 08/03/1990

DEFINITION:

Under general supervision performs a wide variety of professional social casework or related child welfare service duties.

CLASSIFICATION STANDARDS:

Positions allocable to this class report to a Supervising Children's Social Worker and are responsible for the supervision and placement of minors in need of protective services due to physical and/or sexual abuse, neglect, or exploitation. Positions are also responsible for the preparation of social studies on minors and their families which include court recommendations on dependent minors. Incumbents must possess a basic knowledge of the Welfare and Institutions Code regarding dependency cases, a knowledge of appropriate resources and casework techniques needed to resolve child welfare problems, as well as a knowledge of departmental policies and procedures.

EXAMPLES OF DUTIES:

Investigates and evaluates cases of neglected, abused, or exploited children referred to the Department of Children's Services to determine the appropriate child welfare service needs of child and the family.

Arranges for the emergency placement of children in shelter care facilities in response to referrals from law enforcement or other agencies.

Develops and uses community resources to meet children's needs; works with teachers, psychologists, physicians, and probation officers for joint planning as appropriate.

Conducts routine investigations to locate natural parents and/or to establish parents ability to plan or provide for their children.

MINIMUM REQUIREMENTS:

TRAINING AND EXPERIENCE:

One year as a Children's Social Worker Trainee for Los Angeles County - OR - Bachelor's degree from an accredited college with a major in psychology, sociology, social work, child development, or a related human services field - AND - either one year of paid experience in a social service agency providing protective/placement

casework services to children or families with children or two years of paid experience performing the duties of a Los Angeles County's Social Worker II or higher - OR - Bachelor's degree from an accredited college including 12 units in psychology, sociology, social work, child development or other related human services courses - AND - either two years' of paid experience in a social services agency providing protective/ placement casework services to children or families with children or four years' of paid experience performing the duties of a Los Angeles County Social Worker II or higher.

LICENSE:

A California Class C Driver License.

PHYSICAL CLASS:

2 - Light.



**Los Angeles County
Chief Executive Office**

***Class Specification:* CHILDREN'S SOCIAL WORKER II**

ITEM NUMBER: 9072

APPROVAL DATE: 04/19/2007

DEFINITION:

Performs a variety of social casework or related services in connection with child protective, program or adoption services.

CLASSIFICATION STANDARDS:

Positions allocable to this class report to a Supervising Children's Social Worker and are responsible for the supervision and placement of minors in need of protective services due to abuse, neglect, or exploitation or performs social work services involved in adoption in planning with a child, the natural parents, and adoptive parents. All positions prepare detailed social studies on minors and their families which include recommendations to the court and are assigned the more difficult cases. Incumbents must possess a basic knowledge of the *Welfare and Institutions Code* regarding dependency cases, knowledge of appropriate resources and casework techniques needed to resolve child welfare problems, as well as knowledge of departmental policies and procedures.

EXAMPLES OF DUTIES:

Investigates and evaluates cases of neglected, abused, or exploited children referred to the Department of Children and Family Services to determine the appropriate child welfare service needs of the child and the family.

Works with natural parents considering relinquishment of their unborn or born children by helping them to evaluate alternatives which may result in adoption planning or other courses of action that best meet the needs of the parent and the child.

Evaluates children to determine the adoptive home that will best meet their needs, and provides the necessary services to help the child transition into the adoption process.

Evaluates applications for adoption; assists applicants in understanding their motivation and their capacity to meet the needs of adopted children, and their legal rights and obligations.

Works with children in foster homes and assists foster parents in meeting the social and psychological needs of children; assists children and foster parents in understanding and accepting plans for the child's care.

Initiates legal action terminating parental custody and control of minors to free children for adoption placement.

Educates community professionals on the dynamics of child abuse, child abuse reporting laws and the community's responsibility.

Conducts home visits to assess possible dangerous situations and to evaluate the degree of risk to a child by interviewing parents and the child in order to determine whether the child should remain in the home or be removed from the home.

Receives, evaluates, and records information from hotline callers alleging abuse or neglect of children and assesses whether the case requires emergency response.

Provides crisis intervention counseling over the telephone and refers callers to the appropriate agency for further assistance.

Counsels children and their families to assist them in understanding and assuming responsibility for their behavior.

Assists in evaluating adoption applicants and arranges for the emergency placement of children in shelter care facilities as a result of referrals from law enforcement or other agencies.

Develops and utilizes community resources to meet children's needs; works with teachers, psychologists, physicians, and probation officers for joint planning, as appropriate.

May conduct reviews for the initial or renewal licensing of foster homes and investigations of alleged violation of State or County regulations regarding foster home operations.

MINIMUM REQUIREMENTS:

TRAINING AND EXPERIENCE:

* A Master's degree from an accredited college or university school in Social Work, Marriage and Family Counseling, Psychological Counseling, or Clinical Psychology - **OR-** A Bachelor's degree from an accredited college or university with a major in Psychology, Sociology, Social Welfare, Child Development, or a related human services field **-AND-** Two years of social work experience providing protective or placement services to children or families with children or rendering social services to wards or dependent children of the court within the past five years **-OR-** One year of experience as a Children's Social Worker I in the service of the County of Los Angeles.

LICENSE:

A valid California Class C Driver License or the ability to utilize an alternative method of transportation when needed to carry out job-related essential functions.

PHYSICAL CLASS:

2 - Light.

SPECIALTY REQUIREMENTS:

***Specialized exams may include:**

Specialty/Change requirements to read:

Adoptions:

A Master's degree from an accredited college or university of Social Work.



**Los Angeles County
Chief Executive Office**

***Class Specification:* CHILDREN'S SOCIAL WORKER III**

ITEM NUMBER: 9073

APPROVAL DATE: 04/19/2007

DEFINITION:

Performs a wide range of professional social casework services for children.

CLASSIFICATION STANDARDS:

Positions allocable to this class report to a Supervising Children's Social Worker and are allocable to emergency response and services units in the Protective or Program Services Bureau of the Department of Children's Services or to the Adoptions Bureau of that Department. These positions function with a high level of independence and initiative in providing a full-range of critical protective services such as emergency response, child and adult therapy, and child sex abuse treatment or provide specialized adoptions services to the older, handicapped or otherwise hard to place adoptive child. Incumbents must possess an in-depth knowledge of the laws and departmental policies related to their functional area which may include dependency court procedures and resources and techniques needed to solve problems of minors who have special needs such as the sexually abused or severely physically disabled child. Incumbents must have a knowledge of Federal and State law, regulations and court procedures required in freeing children from natural parents and establishing legal adoptions. All incumbents must possess a broad knowledge of the appropriate resources and casework techniques used to resolve child and family problems and must be able to provide some supervision and technical direction to lower level Children's Social Workers.

EXAMPLES OF DUTIES:

Provides technical supervision to lower level staff engaged in investigating and evaluating cases of neglected, abused, or exploited children.

Determines if sufficient grounds exist to file a petition with the juvenile court under Section 300 of the Welfare and Institutions Code regarding dependency.

Investigates the social, environmental, economic, and psychological factors of children and their families to prepare a recommendation to the court as to whether such children should be made dependents of the court, and where such children should reside pending resolution of family problems.

Works independently with the identifiably more difficult natural parents considering an adoptive plan for their unborn and born child or children, helping them to evaluate alternatives which may result in adoption planning or another appropriate plan.

Works with the identifiably more difficult children's cases, independently evaluates their adaptability, provides intensive services to help a child separate emotionally from natural parents and foster parents, and prepares the child to move into adoption.

Provides information and assistance to the juvenile court regarding Children's Services policies; provides assistance to other Children's Services staff concerning court procedures.

Performs specialized services in intrafamilial cases including direct group therapy counseling to the sexually abused child, the offender and non-offender and works toward reunification of the family.

Investigates child abuse complaints by making a complete assessment of the facts and evaluates treatment programs at residential care facilities for children.

Reviews contracts for residential care facilities, conducts site visits, and ensures that facilities are properly licensed and are without safety hazards.

Conducts home evaluations, interview children and parents, supervises minors and on occasion accompanies traumatized minors to other Counties and States.

Trains volunteers, community professionals and district office staff on dynamics of the abusive family and modalities of treatment through lectures and special conferences.

May review recommended case plan used by less experienced staff to modify client's behavior and attitudes to insure that such programs are appropriate, follow Federal and State Regulations, and conform to departmental policies.

MINIMUM REQUIREMENTS:

TRAINING AND EXPERIENCE:

A Master's Degree from an accredited school of social work, marriage family counseling, or psychological counseling, or clinical psychology and two years social work experience at the level of Children's Social Worker II providing protective services to children or families with children, or rendering social services to wards or dependent children of the court within the past five years - OR - Graduation from an accredited college and four years social work experience, three years of which must have been at the level of Children's Social Worker II providing social services to wards or dependent children of the court within the past five years, or protective or placement services to children or families with children.

LICENSE:

A valid California Class C Driver License or the ability to utilize an alternative method of transportation when needed to carry out job-related essential functions.

PHYSICAL CLASS:

2 - Light.

SPECIALTY REQUIREMENTS:

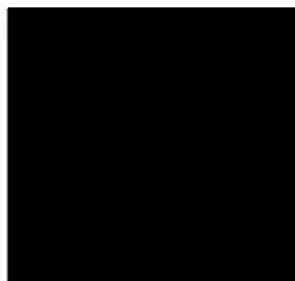
Specialized exams may include:

Specialty / Change requirements to read

Adoptions: A Master's Degree from an accredited school of Social Work and two years social work experience at the level of Children's Social Worker II providing protective, placement, or related adoptions services to children.



**Los Angeles County
Chief Executive Office**



***Class Specification:* SUPERVISING CHILDREN'S SOCIAL WORKER**

ITEM NUMBER: 9074

APPROVAL DATE: 11/18/2008

DEFINITION:

Supervises a staff of Children's Social Workers providing casework services to children.

CLASSIFICATION STANDARDS:

Positions allocable to this class typically report to an Assistant Regional Administrator and are responsible for supervision of a work unit providing professional children's services. Incumbents are responsible for supervising casework services over a full range of difficult protective or adoption services and program functions.

Some assignments in the classification are allocated to the department's Family to Family section and require positions to function as Team Decision Making Facilitators (TDMF). While performing in this capacity, incumbents are not required to provide direct supervision to lower-level staff but act instead as team leaders for specialized meetings involving Children's Social Workers, other departments, family and community members, caregivers, and professional service providers to achieve team-based decisions concerning highly-sensitive matters such as child removal, placement, and unification.

Supervising Children's Social Workers must be able to apply the techniques of first level supervision, and possess a good working knowledge of Federal and State laws and regulations and Department of Children and Family Services programs and policies.

EXAMPLES OF DUTIES:

Plans, schedules, directs, and reviews the work of Children's Social Workers engaged in investigation, placement, intake and detention, court services and supervision of dependent, neglected, abused or abandoned children or supervises a unit of Children's Social Workers providing services to natural parents, children, or adoptive parents.

Reviews case records for accuracy, consistency, and conformity with laws, regulations and policies and for quality of casework and application of proper casework techniques.

Conducts unit staff meetings to interpret and discuss new policies, procedures and regulations, and to discuss need for improvement of casework techniques.



Participates in and conducts in-service training programs and staff development activities.

Investigates, writes letters, and conducts interviews on unusual, special or complicated cases.

Confers with superiors regarding unusual cases, policies, and irregular activities.

Confers with children, relatives, parents, attorneys, judges and other interested persons on an as-needed basis.

Prepares correspondence and supervises the maintenance of necessary records. Participates on Task Force commissions involving non-profit facilities, institutional inspection, substance abuse, child sex abuse and professional standards.

Facilitates meeting involving various participants such as family members, domestic violence experts, substance abuse and mental health professionals to reach consensus on child treatment and placement plans.

MINIMUM REQUIREMENTS:

TRAINING AND EXPERIENCE:

Three years of experience providing protective or placement social casework services to abused or neglected children at the level of Los Angeles County's class of Children's Social Worker II.

LICENSE:

A valid California Class C Driver License or the ability to utilize an alternative method of transportation when needed to carry out job-related essential functions.

PHYSICAL CLASS:

2 - Light.



**Los Angeles County
Chief Executive Office**

***Class Specification:* ASSISTANT REGIONAL ADMINISTRATOR,
CHILDREN AND FAMILY SERVICES**

ITEM NUMBER: 9085

APPROVAL DATE: 06/08/2004

DEFINITION:

Directs the administration of children's protective services or adoption programs in a regional office, the Child Protection Hot Line, Emergency Response Command Post, Adoptions Operations, Juvenile Court Services, or other specialized program.

CLASSIFICATION STANDARDS:

Positions allocable to this class report to a Regional Administrator, Children and Family Services, and are responsible for directing the administration of a regional office which administers protective or adoption services or which provides specialized administrative assistance to the Deputy Director, Children and Family Services, Bureau of Operations. Incumbents must exercise knowledge of the principles of management and supervision and the methods of planning and budgeting to meet the needs of a regional office which services a large geographical service area. In addition, incumbents must possess a good working knowledge of regulations and the policies and procedures related to major children and family services programs administered by the department, must possess effective written and oral communication skills, and possess skills to work with various officials and members of the public.

EXAMPLES OF DUTIES:

Plans, organizes, assigns, directs and evaluates, through subordinate supervisors, the implementation by line staff of major children and family services delivery programs for a large geographical service area.

Plans, organizes, directs, and participates in evaluating administrative needs for budget, personnel, facilities, and other administrative functions for regional office operations, the Child Protection Hotline, Emergency Response Command Post, Adoptions Operations, Juvenile Court and specialized programs.

Directs and participates in studies to determine the effectiveness of children and family services and Court- related programs as well as the need for modification in policies and procedures for such programs.

Collaborates with other Assistant Regional Administrators, Children and Family Services, to provide a consistent framework of children and family services policies and procedures.

Develops and maintains effective public relations with other County departments, public and private agencies, civic groups, and the public.

Directs, through subordinate supervisors, the daily operations of two Court sites and the courtrooms that review dependency cases.

Directs, through subordinate supervisors, the administration of the Child Protection Hotline and Emergency Command Post activities.

Directs, through subordinate supervisors, the administration of Countywide specialized program services.

Provides direct specialized staff assistance to the Deputy Director, Children and Family Services, Bureau of Operations, as needed.

Authorizes, in conjunction with a Regional Administrator, Children and Family Services, final plans to return abused/neglected children who are under the age of five to their parents.

Issues final authorization of Court documents required to return children who are under the age of five to their parents.

Directs the filing of all Juvenile Dependency Court petitions for Los Angeles County and assesses, as needed, the possibility of child endangerment for those children who are taken into custody or who remain at home, prior to determining the legal basis for filing such petitions.

Directs, through subordinate supervisors, the investigation and assessment of high-profile cases, child custody disputes, media cases, and cases involving children who are seriously injured or who died.

Directs and performs intensive reviews of recommendations and supporting documentation contained in Court reports prepared by line staff, prior to their submission to the Court.

Directs and performs quality assurance reviews to ensure that Court reports are complete, legally based, factual, and detail the primary child safety issues identified by the department.

MINIMUM REQUIREMENTS:

TRAINING AND EXPERIENCE:

Five years of social work experience within the Department of Children and Family Services or other recognized health, education, or social service agency which deals with issues of child neglect and abuse or adoption, providing services to children or families with children, two years of which must have been in a supervisory capacity over professional staff providing children's protective or adoptions services or provision of specialized children's program service such as the Child Protection Hotline, Emergency Response Command Post, Adoptions Operations, or Juvenile

Court Services.

LICENSE:

A valid California Class C Driver License or the ability to utilize an alternative method of transportation when needed to carry out job-related essential functions.

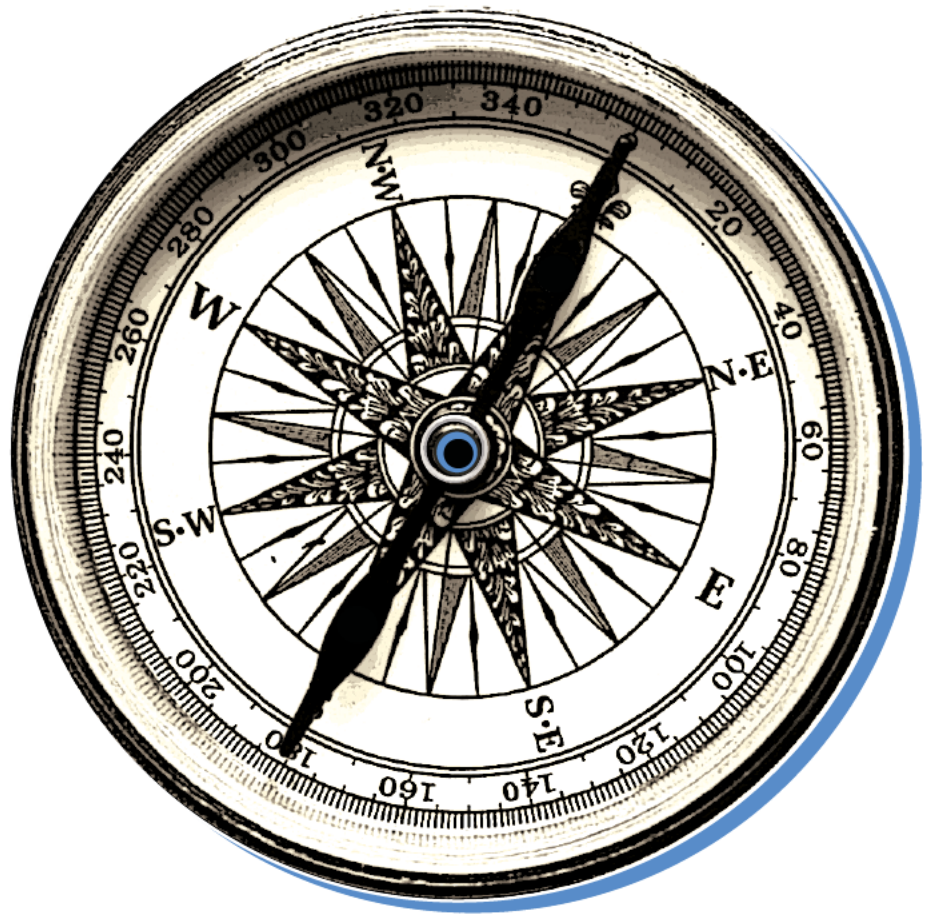
PHYSICAL CLASS:

2 - Light.

COMMENTS:

Title Change effective September 21, 2004. Former Title: Assistant Regional Administrator, CFS.

Countywide Discipline Guidelines: For Employees



D | H | R

Department of Human Resources

County of Los Angeles

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County of Los Angeles - Department of Human Resources

Countywide Discipline Guidelines: For Employees

The following list of causes for discipline is a representative sample, and not intended to be all-inclusive. They represent those violations that are common across County departments, irrespective of the specific departmental role. We have evaluated various County departmental discipline guidelines and relied upon our experience before the Civil Service Commission to develop this list of causes for discipline.

This list is intended as a guide only, and requires the use of managerial discretion in relation to scope of the actual infraction being considered. It is impractical to establish a set of disciplinary actions which can cover every possible offense, and we do not attempt to do so here. It is imperative that management look at the totality of the circumstances surrounding a particular offense, or set of offenses, in order to determine the appropriate administrative response.

Built into these guidelines, is some degree of flexibility in determining the appropriate level of discipline. This may result in an administrative action more or less severe than those listed in these guidelines. Only a weighing of all relevant factors, exercising good judgment, and consultation with your Human Resources Office will lead to an appropriate decision.

We remind each reader of these guidelines that whenever possible, engage in preventative workplace strategies that enable management to address and correct employee behavior before formal discipline is necessary.

Offenses and Ranges of Discipline				
OFFENSE	FIRST OCCURRENCE	SECOND OCCURRENCE	THIRD OCCURRENCE	
I. ATTENDANCE				
A.	Failure to notify supervisor regarding absence or late arrival within policy time limits	Warning to 5-Day Suspension	10 to 30-Day Suspension	30-Day Suspension to Discharge
B.	Excessive Tardiness, which may include but not limited to failure to report to work at the designated work location on the scheduled work time (See, DHR PPG 531)	Warning to 5-Day Suspension	10 to 30-Day Suspension	30-Day Suspension to Discharge
C.	Unauthorized or Unscheduled Absences, which may include, but not limited to failure to report to work or to remain at work as scheduled, failure to return to work following a break on time, or leaving work early without prior supervisory approval (See, DHR PPG 531)	Warning to 10-Day Suspension; 30-Day Suspension; or Discharge	15 to 30-Day Suspension; Discharge	Discharge

Offenses and Ranges of Discipline

OFFENSE	FIRST OCCURRENCE	SECOND OCCURRENCE	THIRD OCCURRENCE
D. Absence from duty without authorized leave after having been denied permission to take such leave	3 to 15-Day Suspension	20 to 30-Day Suspension; Discharge	Discharge
E. Misuse/Abuse of Sick Leave, which may include, but not limited to excessive use of Sick Leave, taking Sick Leave when the employee is not sick, having recurring Sick Leave absences on certain days such as Mondays or Fridays or around holidays, or taking Sick Leave following the denial of a day off (See, DHR PPG 530 and County Code 5.16.040)	1 to 10-Day Suspension; 30-Day Suspension; or Discharge	15 to 30-Day Suspension; Discharge	Discharge
II. DISRESPECTFUL CONDUCT / INSUBORDINATION			
A. Delay in, or lack of following instructions from, or lack of cooperating with supervisor, higher-ranking agency personnel or management representative	Warning to 10-Day Suspension	15 to 30-Day Suspension; Reduction	Reduction or Discharge
B. Failure to follow established rules or regulations	Warning to 10-Day Suspension	15 to 30-Day Suspension; Discharge	Reduction or Discharge
C. Disclosure of confidential information pertaining to administrative investigation	Warning to 10-Day Suspension; Reduction; or Discharge	15 to 30-Day Suspension; Reduction; or Discharge	Discharge
D. Failure to cooperate in an administrative investigation (See, DHR PPG 910)	1 to 10-Day Suspension; Reduction; or Discharge	15 to 30-Day Suspension; Reduction; or Discharge	Discharge
E. Providing false information in the course of an administrative investigation	1 to 15-Day Suspension; Reduction; Discharge	30-Day Suspension; Reduction; Discharge	Discharge
F. Insubordination or refusal to follow instructions of a supervisor or higher ranking agency personnel, including behavior demonstrating disregard or disrespect of supervisor (or higher ranking agency personnel) or directions of supervisor or higher ranking agency personnel	1 to 15-Day Suspension; Reduction; Discharge	30-Day Suspension; Reduction; Discharge	Discharge

Offenses and Ranges of Discipline

OFFENSE	FIRST OCCURRENCE	SECOND OCCURRENCE	THIRD OCCURRENCE
III. DISHONESTY, THEFT, MISAPPROPRIATION, AND RELATED MISCONDUCT			
A. Falsification of application or material omission of information for employment or promotion when it affects acceptance or rejection for employment or promotion	Applicant: Do Not Hire. Permanent Employee: 15 to 30-Day Suspension; Reduction; or Discharge	Reduction or Discharge	
B. Falsification or material omission of required information from employee information sheet and/or employment application form when it does not affect acceptance or rejection for employment or promotion	Applicant: Do Not Hire. Permanent Employee: 1 to 30-Day Suspension; Reduction; or Discharge	Reduction or Discharge	
C. Any form of cheating in a County Civil Service examination or placement interview process; including but not limited to unauthorized possession, use, or distribution of examination or interview material; participating in an examination for another person; or, falsifying or possessing falsified test entry notice(s)	Applicant: Do Not Hire; 30-Day Suspension; Discharge	Discharge	
D. Failing to report outside employment (and not engaged in outside employment)	Warning to 5-Day Suspension	10 to 30-Day Suspension; Discharge	30-Day Suspension; Discharge
E. Engaging in and failing to report employment or activity constituting a conflict of interest	5 to 30-Day Suspension; Discharge	30-Day Suspension; Discharge	Discharge
F. Using official position or office for personal gain or advantage	5 to 15-Day Suspension; Discharge	20 to 30-Day Suspension; Discharge	Discharge
G. Falsifying, concealing, removing, mutilating, or destroying reports or documents	10 to 30-Day Suspension; Reduction; or Discharge	30-Day Suspension; Discharge	Discharge

Offenses and Ranges of Discipline

OFFENSE		FIRST OCCURRENCE	SECOND OCCURRENCE	THIRD OCCURRENCE
H.	Withholding information from superiors, fellow employees, subordinates, public clients of the County which could or does result in loss, injury, or damage to those individuals or the County	15 to 30-Day Suspension; Discharge	Discharge	
I.	Material submission of false time or financial records, including but not limited to Mileage Claim Forms, Field Itinerary Reports, etc.	15 to 30-Day Suspension; Discharge	30-Day Suspension; Discharge	Discharge
J.	Inaccurate or material submission of inaccurate time cards for self or other employees	1 to 10-Day Suspension; Discharge	15 to 30-Day Suspension; Discharge	Discharge
K.	Falsification or material submission of false time cards for self or other employees	15 to 30-Day Suspension; Discharge	Discharge	
L.	Working for another employer or self-employed while on approved leave of absence when such work has not been authorized by the Department	1 to 30-Day Suspension; Discharge	Discharge	
M.	Making false statements, misrepresenting information, or omissions about possession of a valid California Drivers License or timely notification following licensure revocation or change in status	1 to 30-Day Suspension; Discharge	Discharge	
N.	Misuse or falsification of sick time or submission of falsified/altered medical statement	30-Day Suspension; Discharge	Discharge	
IV. INAPPROPRIATE CONDUCT IN VIOLATION OF COUNTY POLICY OF EQUITY				
A.	Inappropriate conduct toward others based on protected characteristic(s) when such conduct reasonably would be considered inappropriate for the workplace (See, County Policy of Equity)	Reprimand to 10-Day Suspension	15 to 30-Day Suspension; Discharge	Discharge
B.	Engaging in disparate or adverse treatment of an individual's protected characteristic(s) in violation of the County Policy of Equity (See, County Policy of Equity)	Reprimand to 10-Day Suspension	20 to 30-Day Suspension; Discharge	Discharge

Offenses and Ranges of Discipline

OFFENSE	FIRST OCCURRENCE	SECOND OCCURRENCE	THIRD OCCURRENCE
C. Engaging in unwelcome sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature which meets any of the following three criteria in the County Policy of Equity:			
1.) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment	Reprimand to 30-Day Suspension; Discharge	30-Day Suspension; Discharge	Discharge
2.) Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual	Reprimand to 30-Day Suspension; Discharge	30-Day Suspension; Discharge	Discharge
3.) Such conduct has the purpose or effect of unreasonably interfering with the individual's employment or creating an intimidating, hostile, offensive, or abusive working environment	Reprimand to 30-Day Suspension; Discharge	30-Day Suspension; Discharge	Discharge
D. Engaging in an adverse employment action against another for reporting a protected incident or filing a complaint of conduct or participating in an investigation or administrative proceeding or otherwise exercising their rights or performing their duties under the County Policy of Equity	30-Day Suspension; Discharge	Discharge	
E. Engaging in harassment (other than sexual) of an individual's protected characteristic(s) is prohibited under the County Policy of Equity. Harassment is conduct which has the purpose or effect or unreasonably interfering with an individual's work performance or creating an intimidating, hostile, offensive, or abusive work environment	Reprimand to 30-Day Suspension; Discharge	30-Day Suspension; Discharge	Discharge
F. Engaging in third person harassment; which is the indirect harassment of a bystander, even if the person engaging in the conduct is unaware of the presence of the bystander	Reprimand to 10-Day Suspension; Discharge	15 to 30-Day Suspension; Discharge	Discharge

Offenses and Ranges of Discipline

OFFENSE	FIRST OCCURRENCE	SECOND OCCURRENCE	THIRD OCCURRENCE
G. Engaging in an inappropriate social or sexual relationship with clients, patients or persons for whom the Department provides services	30-Day Suspension; Discharge	Discharge	
V. MISUSE OF COUNTY EQUIPMENT OR PROPERTY			
A. Unauthorized use or misuse of County equipment and/or resources such as, postage, telephones, computers, social media technologies and/or photocopy machines for personal use (See, Board Policy 6.101 and 6.105 and DHR PPG 1040)	Warning to 15-Day Suspension; Discharge	15 to 30-Day Suspension; Discharge	Discharge
B. Unauthorized use, operations, or possession of equipment, machines, or tools to which the employee has not been assigned; or unauthorized performance of duties other than those assigned	Warning to 30-Day Suspension; Discharge	15 to 30-Day Suspension; Discharge	Discharge
C. Causing willful or negligent destruction or loss of County property, equipment or supplies, documents, or of personal property of public, patients, or other employees, or superiors	5 to 30-Day Suspension; Discharge	30-Day Suspension; Discharge	Discharge
D. Misappropriating or unauthorized taking of County equipment, property, or supplies, or property of public, patients, or other employees, or superiors	15 to 30-Day Suspension; Discharge	Discharge	
E. Unauthorized or improper accessing of confidential files, records, or any portion of a record, including but not limited to: participants, clients, patients, or employee personnel	Reprimand to 15-Day Suspension; Discharge	15 to 30-Day Suspension; Discharge	Discharge
F. Unauthorized or improper use or disclosure of confidential information, including but not limited to, medical records, personnel records, credential files to self or others	10 to 30-Day Suspension; Reduction; or Discharge	30-Day Suspension; Discharge	Discharge

Offenses and Ranges of Discipline

OFFENSE	FIRST OCCURRENCE	SECOND OCCURRENCE	THIRD OCCURRENCE
VI. ON- OR OFF-DUTY CRIMINAL OR UNBECOMING CONDUCT			
A. Conviction of any crime which constitutes a job nexus to County employment (See, DHR PPG 514 and CSR 18.031)	15 to 30-Day Suspension; Discharge	Discharge	
B. Criminal or unbecoming conduct while performing duties, or on County premises, or during working hours, or when such conduct is related to the employee's duties or interest of the Department or County; or promoting such criminal or unbecoming conduct (See, DHR PPG 514 and CSR 18.031)	30-Day Suspension; Discharge	Discharge	
C. Conviction of crimes (whether felony or misdemeanor or infraction) or unbecoming conduct that may include, but not limited to, illegal drugs, theft, inappropriate sexual behavior, crimes against persons or property, human trafficking, etc. (See, DHR PPG 514 and CSR 18.031)	30-Day Suspension; Discharge	Discharge	
VII. PERFORMANCE TO STANDARDS OR EXPECTATIONS			
A. Carelessness or inattention to duties resulting in improper service being rendered to clients, patients, public or resulting in impairment of a County function	Warning to 15-Day Suspension; Reduction; Discharge	20 to 30-Day Suspension; Reduction; Discharge	Reduction or Discharge
B. Discourtesy with fellow employees; may include, but not limited to, disrespectful, insulting, abusive language or conduct	Warning to 10-Day Suspension; Discharge	15 to 30-Day Suspension; Discharge	Discharge
C. Discourtesy to the public or clients/patients (See, DHR PPG 1041)	5 to 15-Day Suspension; Discharge	30-Day Suspension; Discharge	Discharge
D. Carrying on personal business during working hours	Warning to 10-Day Suspension	15 to 30-Day Suspension	Discharge

Offenses and Ranges of Discipline

OFFENSE		FIRST OCCURRENCE	SECOND OCCURRENCE	THIRD OCCURRENCE
E.	Shirking work or failing to perform a full day's work	Warning to 5-Day Suspension	10 to 20-Day Suspension	30-Day Suspension; Discharge
F.	Work performance fails to meet job expectations, standards or requirements - whether implied or explicit	Warning to 10-Day Suspension	15 to 30-Day Suspension; Reduction	Reduction or Discharge
G.	Asleep or inattentive while on duty in normal work periods	Warning to 10-Day Suspension	15 to 30-Day Suspension; Discharge	Discharge
H.	Failure to exercise sound judgment which results in loss of, or injury, or damage to persons or property of the County or of County service	Reprimand to 15-Day Suspension; Reduction; Discharge	20 to 30-Day Suspension; Reduction; Discharge	Discharge
I.	Failure to maintain prescribed records which result in loss to Department or loss or injury to persons or property	Warning to 15-Day Suspension; Reduction; Discharge	20 to 30-Day Suspension; Reduction; Discharge	Discharge
J.	Failure to answer County telephones promptly, courteously and with a businesslike identification of the office and person answering the telephone	Warning to 5-Day Suspension	10 to 20-Day Suspension	30-Day Suspension; Discharge
K.	Violation of the departmental or externally recognized code of ethics of the professional group of the employee	5 to 15-Day Suspension; Discharge	Discharge	
L.	Failing to use necessary and prescribed authority in discharge of duties	Warning to 10-Day Suspension; Reduction	15 to 30-Day Suspension; Reduction	Reduction; Discharge
M.	Failure to carry out supervisory duties and responsibilities adequately and promptly	Reprimand to 10-Day Suspension; Reduction	15 to 30-Day Suspension; Reduction	Reduction or Discharge

Offenses and Ranges of Discipline

OFFENSE		FIRST OCCURRENCE	SECOND OCCURRENCE	THIRD OCCURRENCE
N.	Abuse of supervisory or management authority, or conduct unbecoming a position of authority	Reprimand to 15-Day Suspension; Reduction; Discharge	20 to 30-Day Suspension; Reduction; Discharge	Discharge
VIII. UNDER THE INFLUENCE / IMPAIRED				
A.	Consuming or under the influence of alcohol while on-duty or on County property	10 to 30-Day Suspension; Reduction; Discharge	Reduction; Discharge	
B.	Possession alcohol while on-duty or on County property	1 to 30-Day Suspension; Reduction; Discharge	30-Day Suspension; Reduction; Discharge	Discharge
C.	Consuming or under the influence of illegal or non-prescribed drugs or narcotics while on-duty or on County property	15 to 30-Day Suspension; Reduction; Discharge	Discharge	
D.	Possession of illegal or non-prescribed drugs or narcotics while on-duty or on County property	15 to 30-Day Suspension; Reduction; Discharge	Discharge	
E.	Operating County vehicle, equipment, or personal vehicle for County business, while under the influence of alcohol, non-prescribed drugs or narcotics or prescribed drugs; which may include positive test results from Department of Transportation Random Drug and Alcohol Test	20 to 30-Day Suspension; Reduction; Discharge	Discharge	
IX. THREATENING BEHAVIOR / WORKPLACE VIOLENCE				
A.	Implied threat or threatening behavior that is intimidating or of sufficient gravity to cause fear that is directed at, or about, any employee, client, patient or member of the public, whether on- or off-duty (See, DHR PPG 620)	15 to 30-Day Suspension; Discharge	Discharge	

Offenses and Ranges of Discipline

OFFENSE	FIRST OCCURRENCE	SECOND OCCURRENCE	THIRD OCCURRENCE
B. Threatening bodily harm in person or by other means (e.g., telephone, fax, computer, electronic mail, written note or correspondence, etc.) to another, attempting to cause injury or intimidate another; may include threats of violence directed at any employee, patient, member of the public, or a County facility, whether on- or off-duty (See, DHR PPG 620)	15 to 30-Day Suspension; Discharge	Discharge	
C. Fighting with, striking, or use of physical force on another (See, DHR PPG 620)	15 to 30-Day Suspension; Discharge	Discharge	

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

COL/LOBBYIST

MAR 30 '23 5:01PM

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Solis Hilda L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Los Angeles County - Board of Supervisors

Division, Board, Department, District, if applicable

First District

Your Position

County Supervisor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See Attached

Position: See Attached

2. Jurisdiction of Office (Check at least one box)

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of Los Angeles

City of

Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2022, through December 31, 2022.

Leaving Office: Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through December 31, 2022.

The period covered is January 1, 2022, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

The period covered is ____/____/____, through the date of leaving office.

Candidate: Date of Election ____ and office sought, if different than Part 1: ____

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

500 W. Temple Street, Suite 856

Los Angeles

CA

90012

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(213) 974-4111

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/30/23

(month, day, year)

Signature

Hilda L Solis
(File the originally signed paper statement with your filing official)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER		(LAST)	(FIRST)	(MIDDLE)
Solis			Hilda	L.
MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
500 West Temple Street, Suite 856		Los Angeles	CA	90012
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)			
213-974-1111	FirstDistrict@bos.lacounty.gov			

1. Office, Agency, or Court

► If filing for multiple positions, list additional agency(ies)/position(s):

Agency: Watershed Conservation Authority	Position: Board Member	Jurisdiction: Multi-County
Agency: San Gabriel/Lower LA Rivers/Mountains Conservancy	Position: Board Member	Jurisdiction: State
Agency: Southern CA Regional Rail	Position: Board Member	Jurisdiction: Multi-County
Agency: Upper LA River & Tributaries Working Group	Position: Working Group Member	Jurisdiction: Multi-County
Agency:	Position:	Jurisdiction:
Agency:	Position:	Jurisdiction:
Agency:	Position:	Jurisdiction:
Agency:	Position:	Jurisdiction:

SCHEDULE D
Income – Gifts

Name
 Hilda L. Solis

▶ NAME OF SOURCE (Not an Acronym)
USC

ADDRESS (Business Address Acceptable)
2801 S. Hoover St., Los Angeles 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 28 22</u>	<u>62</u>	<u>meal</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Athens Services

ADDRESS (Business Address Acceptable)
14048 Valley Blvd., City of Industry 91746

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 20 22</u>	<u>145</u>	<u>See's candy box (4lbs)</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Gamez Distributor

ADDRESS (Business Address Acceptable)
1319 Clela Ave., Los Angeles 90022

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 7 22</u>	<u>90</u>	<u>purse</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Consulate General of The State of Qatar

ADDRESS (Business Address Acceptable)
150 S. Rodeo Dr., Suite 250, Beverly Hills 90212

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 21 22</u>	<u>145</u>	<u>See's candy box (4lbs)</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Valley Vista Services

ADDRESS (Business Address Acceptable)
17445 E. Railroad St., City of Industry 91748

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 19 22</u>	<u>358</u>	<u>2 Disneyland tickets</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
City of Industry, Public Works & Engineering

ADDRESS (Business Address Acceptable)
15625 Mayor Dave Way, City of Industry 91744

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 22 22</u>	<u>55</u>	<u>See's candy box (2lbs)</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Mitchell Holly J.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Los Angeles County - Board of Supervisors

Division, Board, Department, District, if applicable

Second District

Your Position

County Supervisor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See Attached

Position: See Attached

2. Jurisdiction of Office (Check at least one box)

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of Los Angeles

City of

Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2022, through December 31, 2022.

Leaving Office: Date Left _____ (Check one circle.)

-or-

The period covered is _____ through December 31, 2022.

The period covered is January 1, 2022, through the date of leaving office.

-or-

Assuming Office: Date assumed _____

The period covered is _____ through the date of leaving office.

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 5

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
500 West Temple Street, Suite 866 Los Angeles CA 90012
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(213) 974-2222

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/21/2023
(month, day, year)

Signature H Mitchell
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)		(FIRST)		(MIDDLE)	
Mitchell		Holly		J.	
MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE	
500 West Temple Street, Suite 866		Los Angeles	CA	90012	
DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS (OPTIONAL)		
213-974-2222					

1. Office, Agency, or Court

► If filing for multiple positions, list additional agency(ies)/position(s):

Agency: Watershed Conservation Authority	Position: Board Member	Jurisdiction: Multi-County
Agency: Baldwin Hills Conservancy	Position: Board Member	Jurisdiction: State
Agency:	Position:	Jurisdiction:
Agency:	Position:	Jurisdiction:
Agency:	Position:	Jurisdiction:
Agency:	Position:	Jurisdiction:
Agency:	Position:	Jurisdiction:
Agency:	Position:	Jurisdiction:
Agency:	Position:	Jurisdiction:

SCHEDULE D
Income – Gifts

Name
Holly J. Mitchell

▶ NAME OF SOURCE (Not an Acronym)
Jameelah Bealum

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Disney/Wakanda

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 7 22</u>	<u>50</u>	<u>Lavender Bliss Set</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
LA Football Club

ADDRESS (Business Address Acceptable)
Exposition Park, LA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Soccer Team

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 17 22</u>	<u>55</u>	<u>Hat, T-Shirt, Pen</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Lisa Garrett

ADDRESS (Business Address Acceptable)
500 W. Temple St., LA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Human Resource Director, LA County

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 14 22</u>	<u>50</u>	<u>Candy & Coffee</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Kathryn Barger

ADDRESS (Business Address Acceptable)
500 W Temple Street, LA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LA County Supervisor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 13 22</u>	<u>50</u>	<u>Assorted Pastries</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Toni Atkins

ADDRESS (Business Address Acceptable)
Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Senator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 7 22</u>	<u>105</u>	<u>Flowers</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Marina Del Rey Boat Parade Commission

ADDRESS (Business Address Acceptable)
Marina Del Rey, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commission

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 15 22</u>	<u>150</u>	<u>Jacket, Towel, Tote</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
Holly J. Mitchell

▶ NAME OF SOURCE (Not an Acronym)
Gary Clifford, Christian Warner, Ed Chen

ADDRESS (Business Address Acceptable)
1950 Sawtelle., #357 LA 90025

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Athens Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 20 22</u>	<u>124</u>	<u>4 lbs Sees Candies</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Dawyn Harrison

ADDRESS (Business Address Acceptable)
5000 W. Temple St., LA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Counsel, LA County

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 14 22</u>	<u>60</u>	<u>Milk Jar Cookies</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Barbara Ferrer, M.D.

ADDRESS (Business Address Acceptable)
313 N. Figueroa St., LA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Director, LA County

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 24 22</u>	<u>65</u>	<u>Sculpture</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only
JAN 3 '23 4:06PM
COI/LOBBYIST

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Horvath Lindsey P.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Los Angeles County Board of Supervisors
Division, Board, Department, District, if applicable
Third District
Your Position
County Supervisor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Los Angeles Metropolitan Transportation Authority Position: Boardmember

2. Jurisdiction of Office (Check at least one box)

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County County of Los Angeles
 City of Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2021, through December 31, 2021.
-or- The period covered is _____, through December 31, 2021.
 Assuming Office: Date assumed 12 / 5 / 2022
 Leaving Office: Date Left _____ (Check one circle.)
 The period covered is January 1, 2021, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

Schedule A-1 - Investments – schedule attached
 Schedule A-2 - Investments – schedule attached
 Schedule B - Real Property – schedule attached
 Schedule C - Income, Loans, & Business Positions – schedule attached
 Schedule D - Income – Gifts – schedule attached
 Schedule E - Income – Gifts – Travel Payments – schedule attached

-or- None - No reportable interests on any schedule

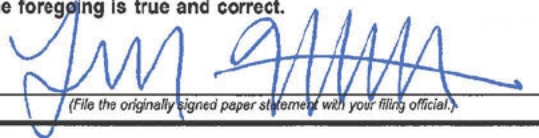
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
500 West Temple Street, Ste 821 Los Angeles CA 90012
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(213) 974-3333 lhervath3@bos.lacounty.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1/3/2023
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)

Print Clear

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. BUSINESS ENTITY OR TRUST

LPH
Name
PO Box 46826, West Hollywood, CA 90048
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Creative Advertising and Marketing Strategy

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		____/____/21	____/____/21
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Owner

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999			
<input type="checkbox"/> \$2,000 - \$10,000		____/____/21	____/____/21
<input type="checkbox"/> \$10,001 - \$100,000		ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

Leroy & Rose

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000		____/____/21	____/____/21
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000		____/____/21	____/____/21
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000			

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

Print **Clear**

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hahn Janice

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Los Angeles Board of Supervisors
Division, Board, Department, District, if applicable Your Position
District 4 Supervisor
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: See attached Position:

2. Jurisdiction of Office (Check at least one box)

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of Los Angeles
 City of _____ Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2022, through December 31, 2022. Leaving Office: Date Left ____/____/_____
-or- (Check one circle.)
The period covered is ____/____/_____, through The period covered is January 1, 2022, through the date of leaving office.
 Assuming Office: Date assumed ____/____/_____. -or-
 The period covered is ____/____/_____, through the date of leaving office.
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

▶ Total number of pages including this cover page: 4

Schedules attached

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
500 W. Temple Street, Room 822 Los Angeles CA 90012
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(213) 974-4444 FourthDistrict@bos.lacounty.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 30, 2023
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)

Janice Hahn - Form 700
2022 Annual Statement of Economic Interests
Cover Page Attachment

Section 1. Office, Agency or Court

Name of Agency: Los Angeles Memorial Coliseum Commission
Division, Board, District: n/a
Position: Commissioner

Name of Agency: Gateway Cities Council of Governments
Division, Board, District: n/a
Position: Boardmember

Name of Agency: Metropolitan Transportation Authority
Division, Board, District: n/a
Position: Boardmember

Name of Agency: South Bay Cities Council of Governments
Division, Board, District: n/a
Position: Boardmember

Name of Agency: California Film Commission
Division, Board, District: n/a
Position: Boardmember

Name of Agency: Watershed Conservation Authority
Division, Board, District: n/a
Position: Boardmember

Section 2. Jurisdiction of Office

Los Angeles, Orange, Ventura, San Bernardino, Riverside & Imperial Counties

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Janice Hahn

▶ NAME OF BUSINESS ENTITY

Hannon Armstrong Sustainable Infrastructure Capital

GENERAL DESCRIPTION OF THIS BUSINESS

Climate Solutions Investments

FAIR MARKET VALUE

- \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

- Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

- Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

- Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

- Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

- Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

- Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/22 ____/____/22
ACQUIRED DISPOSED

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Janice Hahn

▶ NAME OF SOURCE *(Not an Acronym)*
Sun Riders

ADDRESS *(Business Address Acceptable)*
1625 Abalone Avenue, Torrance, CA 90501

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nutrition/Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 23 / 22	\$190.00	Reusable bag and
	\$	personal care products
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

COI/LOBBYIST

JAN 23 '23 4:26PM

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Barger Kathryn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Los Angeles County - Board of Supervisors

Division, Board, Department, District, if applicable

Fifth District

Your Position

County Supervisor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See Attached

Position: See Attached

2. Jurisdiction of Office (Check at least one box)

State

Los Angeles, Ventura, San Bernardino,
Riverside, Imperial, Orange

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

Multi-County

County of Los Angeles

City of

Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2022, through
December 31, 2022.

-or-

The period covered is _____, through
December 31, 2022.

Leaving Office: Date Left _____
(Check one circle.)

The period covered is January 1, 2022, through the date of
leaving office.

-or-

The period covered is _____, through
the date of leaving office.

Assuming Office: Date assumed _____

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
500 W. Temple Street, Suite 869	Los Angeles	CA	90012
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS		
(213) 974-5555	Kathryn@bos.lacounty.gov		

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

Jan 19, 2023
(month, day, year)

Signature

Kathryn Barger
(File the original signed paper statement with your filing official)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Kathryn Barger

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
233 West 33rd Street

CITY
Los Angeles, CA 90007

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 22 DISPOSED 22

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
 [REDACTED]

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
235 West 33rd Street

CITY
Los Angeles, CA 90007

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 22 DISPOSED 22

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
 [REDACTED]

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST)		(FIRST)	(MIDDLE)	
Barger		Kathryn		
MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
500 West Temple Street, Suite 869		Los Angeles	CA	90012
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)		
213-974-5555				

1. Office, Agency, or Court

► If filing for multiple positions, list additional agency(ies)/position(s):

Agency: Watershed Conservation Authority	Position: Board Member	Jurisdiction: Multi-County
Agency: Southern CA Assn. of Governments	Position: Regional Council Member	Jurisdiction: Multi-County
Agency: Southern CA Regional Rail	Position: Board Member	Jurisdiction: Multi-County
Agency: Upper LA River & Tributaries Working Group	Position: Working Group Member	Jurisdiction: Multi-County
Agency:	Position:	Jurisdiction:
Agency:	Position:	Jurisdiction:
Agency:	Position:	Jurisdiction:
Agency:	Position:	Jurisdiction:
Agency:	Position:	Jurisdiction: