County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

June 13, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

BAYFRONT YOUTH AND FAMILY SERVICES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a review of Bayfront Youth and Family Services (Bayfront) in August 2011, at which time they had 13 Department of Children and Family Services (DCFS) placed children and eight placed Probation children. Bayfront is licensed to serve a capacity of 29 children, males and females, ages 11 through 17. The placed children's overall length of placement was two months, and the average age was 16.

Bayfront has one site, which is located in the Fourth Supervisorial District. Bayfront provides services to Los Angeles County DCFS foster children and Probation youth. According to Bayfront's program statement, its stated goal is "to provide the adolescent with the necessary coping and survival skills to ensure successful transition to a less restrictive setting. And also to provide a safe, protective and nurturing environment, which maximizes the opportunity for the adolescent and his/her family to resolve psychopathology and resume reasonable age-appropriate pursuit of developmental tasks."

For the purpose of this review, six placed children (four DFCS and two Probation) were interviewed and their files reviewed. Three discharged children's files were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at the time of

discharge. Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

All six children were prescribed psychotropic medication. We reviewed their case files to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Bayfront's compliance with the County contract and State Regulations. The visit included a review of Bayfront's program statement, administrative internal policies and procedures, six placed children's case files, three discharged children's case files, and a random sampling of personnel files. A visit was made to the group home site to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, interviewed children reported feeling safe at Bayfront; having been provided with good quality care and appropriate services and treated with respect and dignity.

At the time of the review, a few deficiencies were noted. The Group Home had meat in the refrigerator that was not dated. Bayfront needed to ensure that the Children's Social Worker's (CSW) authorization is obtained prior to the implementation of the Needs and Services Plan (NSP); NSPs needed to be comprehensive and developed timely; contacts with CSWs needed to occur monthly and be appropriately documented. Bayfront also needed to ensure children are maintaining important relationships and that all dental examinations are conducted timely.

Bayfront's Administrator was very receptive to implementing systemic changes to improve its compliance with regulations and County contract. Further, the Administrator stated that all of the findings brought to her attention would be assessed and corrected immediately.

NOTABLE FINDINGS

- The Group Home had meat in the refrigerator that was not dated. Staff corrected the problem immediately by discarding the meat. There was plenty of other meats available.

- CSWs authorization to implement NSPs was not found. Bayfront staff stated they will ensure that all NSPs have been reviewed and approved with signature pages that are signed by the placing agency representatives. Bayfront staff also stated they will fax the signature pages and e-mail it to both the CSW and his/her supervisor in an effort to ensure receipt.

- NSPs had not been discussed with staff. Bayfront staff stated they will ensure, through treatment team meetings, that staff understands the goals and the needs of each child to successfully implement the NSPs for each minor.

- NSPs were not developed timely. Bayfront staff stated they will ensure a signature page is included or attached to each completed NSP and that each is timely and reflects the required timeframe.

- Of the eight NSPs reviewed, two initial NSPs and six updated NSPs were not comprehensive. One NSP was dated incorrectly, and an initial NSP contained goals that were not specific. Updated NSPs were missing visitation and educational information.

- DCFS CSWs were not contacted monthly. Bayfront was receptive to utilizing a monthly CSW Contact Log and reported they would immediately begin contacting CSWs monthly and appropriately documenting their contacts.

- One child had not been assisted in maintaining important relationships. The Administrator reported that they would identify additional support for children who have not had family involvement by connecting them with a Court Appointed Special Advocate (CASA), mentors and extended family with the placing agency's approval.

- One dental exam was not conducted for a child as the child had AWOLED. The child was eventually removed from the group home. Therefore, the agency was unable to reschedule the exam.

- One dental exam was not timely. Bayfront staff reported they will ensure that all children receive dental exams within 30 days of admission. The Child Care Coordinator is responsible for ensuring that all clients receive timely dental examinations.

- One child reported that she was not free to attend Religious Services/Activities. The activity coordinator explained to the monitor that there are no restrictions on participating in any church outings.

- Children are not free to reject psychotropic medications. A child reported that he was sent to his room as a consequence for having refused his medication. This was brought to the administrator's attention; she immediately sent out a memo to all staff informing them that the children shall not be punished for refusing psychotropic medications.

- Children are not given opportunities to participate in age-appropriate extra-curricular, enrichment, and social activities in which they have an interest. The Administrator reported they would begin affording children the opportunity to participate in extra-curricular activities in house. Bayfront also expressed concern for RCL 14 children's participation in extra-curricular activities outside of the agency program, due to explosive behaviors many children exhibit when frustrated and angry.

- Two children reported feeling the consequences given to them after not following directions, were unfair. Bayfront staff said they were not aware of the children's feelings toward the consequences, but children do receive consequences for behavior according to facility program rules. The Administrator reported she will ensure that all consequences received by children are fair, fit the child's behavior and are within the structure of the program rules.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held December 21, 2011.

In attendance:

Marleana Reed, Administrator of Bayfront Group Home, and Sonya Noil, Monitor, DCFS OHCMD.

Highlights:

The Administrator was in agreement with our findings and recommendations, and she reported that Bayfront will continue to work with the OHCMD to make improvements, especially in the development of comprehensive NSPs. Bayfront staff attended the NSP training that was conducted by OHCMD in January 2012. Ms. Reed found the information discussed very helpful, and she said that Bayfront would continue to do its best to improve in every aspect in order to be in compliance with regulatory standards.

Bayfront submitted an approved Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report.

We will assess for full implementation of the recommendations during our next review.

If you have any questions, please call me or your staff may contact Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:RS:KR
EAH:PBG:sn

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Maryam Ribadu, Director, Bayfront Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

BAYFRONT YOUTH AND FAMILY SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

490 W. 14th Street
Long Beach, CA 90813
License Number: 197803075
Rate Classification Level: 14

	Contract Compliance Monitoring Review	Findings: August 2011
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. Special Incident Reports 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	Full Compliance (ALL)
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs 8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Improvement Needed 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Improvement Needed

	11. Children Assisted in Maintaining Important Relationship 12. Development of Timely Updated NSPs 13. Development of Comprehensive Updated NSPs	11. Improvement Needed 12. Full Compliance 13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. GH Facilitates in Meeting Child's Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH Encourages Children's Participation in YDS	Full Compliance (ALL)
V	**Health And Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights And Social/Emotional Well-Being** (15 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Improvement Needed 9. Full Compliance 10. Full Compliance

	11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	11. Full Compliance 12. Improvement Needed 13. Full Compliance 14. Full Compliance 15. Improvement Needed
VIII	**Personal Needs/Survival And Economic Well-Being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. Ongoing Training Documentation 14. Emergency Intervention Training Documentation	Full Compliance (ALL)

BAYFRONT YOUTH AND FAMILY SERVICES GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

490 W. 14TH Street
Long Beach, CA. 90813
License Number: 197803075
Rate Classification Level: 14

The following report is based on a "point in time" monitoring visit and addresses findings noted during the August 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Bayfront was in full compliance with six of 10 sections of our contract compliance review: Licensure/Contract Requirements; Education and Workforce Readiness; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records. The following report details the results of our review:

FACILITY AND ENVIRONMENT

Based on our review of six children's case files and/or documentation from the provider, Bayfront fully complied with five of six elements reviewed in the area of Facility and Environment Requirements.

Bayfront was not maintaining adequate perishable food items. There was meat in the refrigerator that was not dated. Kitchen staff discarded the meat immediately.

Recommendation:

Bayfront's management shall ensure:

1. Adequate perishable and non-perishable foods are maintained.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of six children's case files and/or documentation from the provider, Bayfront fully complied with six of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

The review revealed that the DCFS CSWs' authorization was not obtained for the NSPs. NSPs were not discussed with the group home staff, and initial or updated NSPs were neither comprehensive, nor developed timely. Bayfront had not contacted the DCFS CSWs monthly, and the contacts were not appropriately documented.

Additionally, they needed to assist children in maintaining important relationships. The Administrator reported that the clinicians attended the NSP training that was conducted in January 2012.

Recommendations:

Bayfront's management shall ensure:

2. The treatment team obtains the DCFS CSW's authorization for implementation of NSPs.

3. The NSPs are discussed with the group home staff.

4. The treatment team develops timely NSPs.

5. The treatment team develops comprehensive initial NSPs.

6. The treatment team develops comprehensive updated NSPs.

7. DCFS CSWs are contacted monthly and that contacts are appropriately documented.

8. Children are assisted in maintaining important relationships.

HEALTH AND MEDICAL NEEDS

Based on our review of six children's case files and/or documentation from the provider, Bayfront fully complied with four of six elements reviewed in the area of Health and Medical Needs.

We noted that one child's dental exam was not conducted, and a second dental exam was not conducted timely. The one dental exam that was not conducted was due to the minor having been removed from the group. Bayfront staff reported they will ensure that all children receive dental examinations within 30 days of admission.

Recommendations:

Bayfront's management shall ensure:

9. All children receive dental examinations.

10. Children receive timely dental exams.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Based on our review of six children's case files and/or documentation from the provider, Bayfront fully complied with 11 of 15 elements reviewed in the area of Personal Rights and Social/Emotional Well-being.

Children are informed about their medication and are aware of their right to refuse medication. However, two children reported that although they are aware of their right to refuse medications, if they refuse their medications they are removed from the milieu. The Administrator reported that when this concern was brought to her attention, a memo was immediately sent out to all staff. In part the memo stated, "Please be reminded that clients placed at Bayfront Youth & Family Services can refuse medication without fear of consequence."

One child reported that she was denied her right to attend religious services. Bayfront reports that no child is ever denied their right to attend religious services.

Two children reported that consequences were not fair. One child reported that she felt the staff disciplined "the kids" over insignificant things, and another child reported that staff did not follow their own protocol (sometimes they hold you accountable and sometimes they don't). Bayfront Administration reported not knowing the children were feeling that consequences were unfair. Bayfront reported that they will do a better job at ensuring that children are feeling that they are receiving fair consequences for their actions.

Lastly, Bayfront had not given opportunities for children to participate in age-appropriate extra-curricular, enrichment, and social activities in which they have an interest. The Agency stated that they would do a better job with affording the children the opportunity to participate in extra-curricular activities in which they are interested (inside of the Agency's program, due to explosive behaviors that many children exhibit when frustrated and angry).

Recommendations:

Bayfront's management shall ensure:

11. All children are free to attend religious services.

12. All children are free to receive or reject voluntary medical, dental and psychiatric care.

13. All children are treated fairly when being disciplined.

14. All children are given opportunities to participate in age-appropriate extra-curricular, enrichment, and social activities in which they have an interest.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REPORT

Objective

Determine the status of the recommendations reported in our OHCMD monitoring review.

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was issued August 31, 2011.

Results

The previous DCFS monitoring report contained eleven outstanding recommendations. Bayfront was to ensure the following: the Group Home had an appropriate quantity and quality of reading materials; medication logs were properly maintained; initial medical examinations were conducted; dental exams were timely; children reported satisfaction with meals and snacks; children were free to receive or reject voluntary medical, dental, and psychiatric care; children were encouraged and assisted in creating and updating a life book/photo album; criminal fingerprint cards were submitted timely; child abuse index clearances were submitted timely; employees received emergency intervention training per the Bayfront's program statement; and NSPs were comprehensive.

Based on our follow-up of these recommendations, Bayfront fully implemented six of 11 recommendations. Corrective Action was requested of Bayfront to further address the recommendations that were not implemented.

Recommendation:

Bayfront's management shall ensure:

15. Full implementation of the outstanding recommendations from the 2010 monitoring report which are noted in this report as Recommendations 5, 6, 10, and 12.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C has not conducted a fiscal review of Bayfront.

Ms. Corwin Non. CSA I

Group Home Monitor

Department of Children and Family Services

Out of Home Care Management

9320 Telstar Avenue

El Monte, CA

Ms. Noll

In response to the recent Group Home Monitoring Field Exit Summary, Bayfront Youth and family Services has addressed the following issues and implemented corrective actions to ensure compliance in areas identified as deficient and requiring improvement. The following are measures taken.

- **Facility and Environment**

  Did the group home maintain adequate perishable and non- perishable foods?

  15. During the tour of the kitchen area, it was discovered that no date was found on meat product stored in the refrigerator. The dietician immediately corrected the issue and the item was thrown out to ensure it would not be served to clients.

  1. The dietician will ensure proper labeling of items served to clients at meal times and maintain proper identification of foods that are stored.

- **Maintenance of Required Documentation and Service Delivery**

  Did the treatment team develop comprehensive updated Needs and Services Plan (NSP) with the child?

  17. Bayfront Youth and Family Services will ensure that all NSP's have been reviewed and approved with signature pages that are signed by the placing agency representative. Bayfront will in addition to faxing this document, e-mail to both the CSW and his/her supervisor to attempt to ensure receipt.

  19. Bayfront Youth and family Services will ensure through treatment team meetings that staff understand the goals and the needs of each client to successfully implement the Needs and Services Plan for each minor.

  21. Bayfront will ensure a signature page be included or attached to each completed NSP and that each is timely and reflects the required time frame of 30 days from the date of admission for the initial plan and every 90 days from the date of admission for each quarterly.

  22. The clinicians at Bayfront Youth and Family Services will ensure the development of a comprehensive initial Needs and Services Plan inclusive of the client's wishes and input

regarding treatment, and that the client's goals are accurately reflected to reach the desired outcome.

25. Bayfront will ensure proper documentation of contact with placing agency representatives. Clinicians will document the mode of contact, e.g. telephone, e-mail, fax or face to face. Documentation of such contact, will be found in the weekly progress notes for each client.

26. During the visit the group home monitor addressed the concern that client D.R. had not received visits from family. Bayfront will attempt to identify what barriers prevent family members from visiting clients and document efforts to encourage client/family contact. Bayfront will also identify additional support for clients who have not had family involvement by connecting clients with CASA, mentors and extended family with the placing agency's approval.

28. Clinicians will ensure the development of comprehensive updated Needs and Services Plans for clients and that the client's wishes and goals are accurately reflected within each.

1. Bayfront Youth and Family Services Clinicians continue to put forth effort to work with the group home monitor and to address issues related to content. Clinicians attended the NSP training in January 2012 as a way to enhance their knowledge and understanding of requirements. The Clinical Coordinator will ensure the preparation of timely NSP's upon admission and quarterly, signature pages are signed and included as well as the proper documentation of family visitation, contact with placing agency and reunification visits.

- **Health and Medical Services**

Are Initial Dental Exams Conducted? Are Initial dental Exams timely?

40. Two client's dental examinations were found to be deficient by a few days. Therefore neither were timely.

41. One client had no documented proof of dental exam.

Bayfront will ensure that all clients receive dental examinations within 30 days of admission and every six months thereafter.

1. The Child Care Coordinator is responsible for ensuring that all clients receive dental examinations timely.

- **Personal rights and Social/Emotional Well-Being**

Are consequences fair? Are children free to attend religious services and activities of their choice? Are children free to receive or reject voluntary medical, dental and psychiatric care?

52. During the visit clients reported to the group home monitor their perception of consequences not being fair. Clients are consequence for behavior according to facility program rules. Clients are also warned about behaviors that warrant consequences in an effort to re-direct the behavior. When clients do not act to correct their behavior, consequences are initiated as part of program and unit rules.

54. One client reported not being allowed to attend church as a result of "not being on proper level." During the visit the Activity Coordinator was asked to explain the requirements for church attendance, the Activity Coordinator identified the only requirement was that clients ask to be part of church outings and that no restrictions are placed on clients who wish to attend services

58 Two clients reported being consequence for refusing medication

Bayfront reminded staff that no client should be subjected to consequences because of their refusal of medication. Staff, were directed to review client rights concerning medications. Bayfront immediately addressed with the Charge Nurse responsible for administration of medication, the importance of allowing clients to refuse medications and the documentation of their refusal. Bayfront is providing agency's with Special Incident Reports when clients refuse medications.

61 Two clients reported not being given the opportunity to participate in extra-curricular activities in which they have interest.

Bayfront has expressed concern for RCL 14 client's participation in extra- curricular activities outside of the agency program, due to explosive behaviors that many clients exhibit when frustrated and angry. As a result of the agency's responsibility to clients and the community, Bayfront is currently attempting to facilitate activity that will satisfy many of the client's requests. Bayfront will provide activities to enhance learning such as music appreciation, where clients will create and develop music lyrics and songs and be able to perform their created works during talent shows, Bayfront has partnered with the Department of Children and Family Services- Youth Club, on Tuesdays and Thursdays which facilitate a series of important programs for clients and assist clients in developing skills important to growth as well as providing activities for creative expression Youth placed at Bayfront have the opportunity to learn about photography in this setting if interested. Art classes are also available. Clients can participate if they so choose and are able to participate in workshops offered that assist in independence. Bayfront is currently providing a Wellness Program that enhances awareness of physical fitness activities where clients are able to identify health needs, choose from a variety of fitness and nutritional plans that encourage overall health and increase activity. Beginning June 1, 2012 Bayfront will have relocated to a larger facility and clients will attend school off grounds at Zyndsmeyer Academy. The opportunity for clients to develop interest in activities that are connected to community, geared towards growth and are outside of normal activities provided at Bayfront will increase. This organization, understands the importance of clients developing their personal interest and are currently using resources within the community to foster individual growth.

1. The Administrator will ensure that all consequences received by clients are fair, fit the client's behavior and are within the structure of the program rules.
2. The Activity Coordinator will ensure that clients are able to participate in or attend church functions and services of their choice.
3. The Charge Nurse supervisor is responsible to ensure that clients can refuse medications without fear of consequence and the proper documentation of the refusal.
4. The Administrator will ensure that clients have the opportunity to select and participate in extra-curricular activities that are enriching and that are of interest to the client.

Bayfront Youth and Family Services is committed to providing the best care possible for clients in our facility, please contact me at (562) 591-8701 ext. 227 if there are any questions or if additional information is needed.

Thank you,

Marleana Reed
Administrator