County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 19, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

LOS ANGELES YOUTH NETWORK GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Los Angeles Youth Network Group Home (The Group Home) in December 2012. The Group Home has one site located in the Third Supervisorial District and provides services to DCFS foster youth. According to the Group Home's program statement, its purpose is "to help abused, neglected and homeless adolescents become self-sufficient."

The Group Home has one 12-bed site and is licensed to serve a capacity of 12 children, male and female, ages 12 through 17. At the time of review, the Group Home served 11 placed DCFS children. The placed children's overall average length of placement was six (6) months, and their average age was 17.

SUMMARY

During our review, the interviewed children generally reported feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The Group Home was in full compliance with five of 10 areas of our Contract compliance review: Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; and Personal Needs/Survival and Economic Well-Being.

The OHCMD Monitor noted deficiencies in the areas of: Licensure/Contract Requirements, related to untimely SIRS and appropriate monetary and allowance logs being maintained; Maintenance of Required Documentation and Service Delivery, related to child population

being consistent with the Group Home's population criteria, obtaining county workers authorization to implement Needs and Services Plan (NSP), and development of timely and comprehensive initial and updated NSPs; Personal Rights and Social/Emotional Well-Being, related to the lack of an appropriate rewards and discipline system; Discharged Children, related to youth being discharged according to their permanency plan and youth making progress towards their NSP goals. The OHCMD Monitor instructed the Group Home supervisory staff to enhance monitoring in order to eliminate documentation issues, ensure that all service requirements are met, and ensure compliance with all regulatory standards. Attached are the details of our review.

REVIEW OF REPORT

On January 3, 2013, the DCFS OHCMD Monitor, Jui Ling Ho, held an Exit Conference with the Group Home representatives, Mark Supper, Executive Director; Marquita Dorsey, Associate Executive Director; Ann McConville, Compliance Director; Brian Coughlin, Clinical Director; and Maureen Williams, Manager of Clinical Programs. The representatives agreed with the findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report.

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

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

PLB:EM:KR
RDS:PBG:jlh

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
Mark Supper, Executive Director, LAYN Group Home
Rosalie Gutierrez, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

LOS ANGELES YOUTH NETWORK GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the December 2012 review.

The purpose of this review was to assess Los Angeles Youth Network Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, five Department of Children and Family Services (DCFS) placed children were selected for the sample. The Out-of-Home Care Management Division (OHCMD) Monitor interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, one child was prescribed psychotropic medication. The OHCMD Monitor reviewed her case file to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

The OHCMD Monitor reviewed four group home staff files for compliance with Title 22 Regulations and County contract requirements, and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The OHCMD Monitor found the following five areas out of compliance.

Licensure/Contract Requirements

- Special Incident Reports (SIRs) were appropriately documented; however, it was noted that two SIRs were not submitted timely and cross-reported to all required parties. The Group Home's Executive Director stated an internal control system has been established as of December 7, 2012, to ensure all SIRs are documented and cross reported timely, in accordance with County requirements. The Director of Residential Services will be responsible for supervising this process. All staff members are trained on how to complete SIRs during the new employee training and they are provided with a copy of the DCFS SIR Power Point presentation to reference.

- Clothing allowance logs were not comprehensive. Although all children received their $50 monthly clothing allowance and all the expense receipts were kept on file, there was no comprehensive tracking system which documented how much the children had spent and the remaining balances.

  As of December 12, 2012, the Group Home has created and implemented a Monthly Clothing Allowance Tracking Log. The tracking log will document the child's receipt of the clothing allowance, amount spent, the remaining balance, youth signatures and staff signatures and will be maintained in the resident file for review. The Compliance Director will ensure accurate completion of these logs during bi-monthly internal audits of the residents' files.

Recommendations

The Group Home's management shall ensure that:

1. SIRs are appropriately documented and cross-reported to all required parties via I-Track, in a timely manner.

2. Appropriate and comprehensive allowance logs are maintained.

Maintenance of Required Documentation and Service Delivery

- It was noted that one youth's placement was not in compliance with the Group Home's program statement placement population criteria. The youth was 18; his age exceeded the group home's placement age criteria.

  On December 10, 2012, the Group Home contacted Community Care Licensing (CCL) and requested a change in their group home license so that the Group Home could begin to accept Non-Minor Dependents (NMDs). However, after further consideration, the Group Home's Executive Director informed OHCMD that the Group Home has decided not to accept the NMDs at the Beachwood Site at this time, but instead plans to acquire additional housing sites with the hope of

expanding their program to be able to accommodate NMD youth in a way that is programmatically appropriate in meeting the developmental needs of this population in the future.

The Executive Director stated that the Group Home will work diligently with the DCFS Children's Social Workers (CSWs) who currently have youth age 18 or older placed with the Group Home to begin planning for their smooth transition into a more appropriate placement. Further, the Group Home will ensure that no youth age 18 or older are placed in their group home.

- The CSW's authorization to implement the Needs and Services Plan (NSP) was not obtained timely for one of 12 NSPs reviewed. The Executive Director stated that the Group Home treatment team will ensure placed children and their authorized representatives are offered the opportunity to participate in the development of, and any modifications to the NSP and that the CSWs give written approval of the NSPs in a timely manner. This process will be supervised by the Manager of Clinical Programs, as well as monitored through bi-monthly internal resident file audits conducted by the Compliance Director.

- Five initial NSPs were reviewed; none were comprehensive. The initial NSPs did not include all the required elements in accordance with the NSP template. Treatment goals were not measurable or child specific. In addition, not all of the initial NSPs include a permanency treatment goal.

- Seven updated NSPs were reviewed; none were comprehensive. They did not include all the required elements in accordance with the NSP template. Two updated NSP quarterly sections lacked detailed information regarding progress toward the identified treatment goals, or the child's progress was not updated. In addition, three updated NSPs did not include a permanency treatment goal for the placed child.

The Group Home Administration was unaware of the NSP training provided by the OHCMD in 2012, as the training notification was sent to a prior employee's e-mail address at the Group Home that had been deleted. Therefore, the Group Home representatives did not attend the OHCMD NSP training in January 2012. Upon becoming aware of the problem, the Group Home Administration sent an e-mail to the OHCMD to have the problem corrected. OHCMD ensured that the Group Home Administration had received the Power-Point presentation of the NSP training.

On January 3, 2013, the OHCMD Monitor met with the Group Home's Compliance Director, Clinical Director, and Manager of Clinical Programs for a NSP training to ensure NSPs are properly prepared and include detailed information. The Group Home's Compliance Director stated that effective immediately, all NSPs will be reviewed by the Manager of Clinical Programs prior to submission to the DCFS CSW.

This process will be monitored through bi-monthly internal client file audits performed by the Compliance Director.

Recommendations

The Group Home's management shall ensure that:

3. All children are placed in accordance with the Group Home's program statement population criteria.

4. The Group Home staff obtain, or document efforts to timely obtain, the DCFS CSW's authorization to implement the NSP.

5. Initial NSPs are comprehensive and include all required elements in accordance with the NSP template.

6. Updated NSPs are comprehensive and include all required elements in accordance with the NSP template.

Personal Rights and Social/Emotional Well-Being

- During the interview, one youth reported that the discipline system was not fair, because staff issued different consequence for the same offenses committed by other residents. She explained that different residents received different level drops for the same offense.

  The Monitor requested to review the children's point-level records; however, the Group Home did not have detailed records or documentation of the accumulated points and levels of residents. The Compliance Director reported that the change in a youth's level is contingent upon the positive or negative behaviors the youth has engaged in over time. During case conferences, the children's behavior is discussed, and the children's points and levels are determined.

  The Group Home did not consistently track the children's points and levels. The Monitor addressed the need for a detailed tracking system. The Executive Director stated that a detailed log will be created to document each child's progress, accumulated points and/or point loss, and reason for level change. Furthermore, upon intake, youth will be made aware of and will be provided with a copy of the program levels and the corresponding point system. Youth placed at the Group Home are also provided with an Admission Packet that outlines house rules and the program discipline policy. Level changes will be monitored through weekly case conference meetings with the Treatment Team and supervised by the Manager of Clinical Programs.

Recommendation

The Group Home's management shall ensure that:

7. There is an appropriate method of documenting the rewards and discipline system to further ensure consequences are fair and appropriate.

Discharged Children

- One of three discharged children was not discharged according to the permanency plan. The Compliance Director assured that the Group Home treatment team will work closely with CSWs to ensure that all children are discharged in accordance with official documents, e.g., court minute orders or directly by DCFS CSWs.

- One of three discharged children did not successfully meet all of her NSP goals prior to her discharge. The Compliance Director stated that the Group Home will take all necessary treatment measures to assist children with setting and meeting their goals. In an effort to assist all children in making progress toward achieving their NSP goals prior to discharge, the treatment team will also have monthly meetings to discuss children's progress and response to treatment. If a client is not making progress toward their goals, then alternate treatment strategies will be discussed. Changes to treatment plans will be made, when and if needed, to assist with goal attainment.

Recommendations

The Group Home's management shall ensure that:

8. Efforts are made to ensure all children are discharged according to their permanency plan.

9. All children make progress toward meeting their NSP goals.

Personnel Records

- A review of employee files revealed that two of four employees did not receive all required training. One staff member only received 28 of 40 required training hours for her first year. Another staff member did not complete any of the required 20 hours of on-going training for the review period.

  The Executive Director stated that the Group Home has developed and implemented a detailed tracking log for all employee training hours. The log is maintained and updated by the Director of Administration. During the monthly reviews, the Director of Administration will ensure that all employees complete their required training hours in compliance with training or required by CCL and the

DCFS. The Group Home also holds monthly mandatory staff trainings, as well as mandatory training for new employees to assist them in complying with meeting their training hour requirements. As to the above referred employees, the former is no longer employed with the Group Home. The latter is in the process of completing online training courses to make-up the missing 20 training hours. The employee will complete the training by the end of the fiscal year, June 2013. Upon discovery of this deficiency, OHCMD cross reported this issue to CCL.

Recommendation

The Group Home's management shall ensure that:

10. All employees receive required training and comply with ongoing training hour requirements.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated June 28, 2012, identified 21 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 15 of 21 recommendations for which they were to ensure that:

- Appropriate and comprehensive allowance logs are maintained,
- Sign-in/sign-out log is always adequately completed,
- Common quarters are well maintained,
- Bedrooms are well maintained,
- NSPs are developed in a timely manner,
- NSPs are comprehensive and include required information,
- Children are progressing towards meeting their NSP goals,
- Children are assisted in maintaining important relationships,
- Initial medical examinations are completed in a timely manner,
- The children are given the opportunity to participate in planning activities,
- All children are encouraged and assisted in creating and maintaining their photo albums/life books,
- All children are discharged according to the permanency plan,
- All children make progress toward meeting their NSP goals,
- All staff members who have a direct contact with children are associated with the appropriate LAYN facility and meet the work experience requirements,
- All staff members receive timely initial health screenings,
- All staff members have a valid CDL,

- All staff members receive the required initial training,
- All staff members receive CPR training,
- All staff members receive First-Aid training,
- All staff members receive the required ongoing training, and
- Full implementation of the outstanding recommendations from the OHCMD's prior monitoring report regarding timely NSP, and every staff receiving required initial training and timely initial health screenings.

The Group Home did not implement the recommendations regarding development of comprehensive initial and updated NSPs; all children are discharged according to the permanency plan; all children are making progress toward meeting their NSP goals prior to their discharge and staff members receive required initial and ongoing training.

Recommendation

The Group Home's management shall ensure that:

11. It fully implements the June 28, 2012 outstanding recommendations from the 2011-2012 fiscal year monitoring review, which are noted in this report as Recommendations 5, 6, 8, 9, 10 and 11.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

LOS ANGELES YOUTH NETWORK GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

2471 Beachwood Dr.
Los Angeles, CA 90068
License Number: 197603055
Rate Classification Level: 7

	Contract Compliance Monitoring Review	Findings: December 2012
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Improvement Needed
	2. County Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed

	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
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** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance

	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	11. Full Compliance 12. Full Compliance 13. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	1. Needs Improvement 2. Needs Improvement 3. Full Compliance
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

CORRECTIVE ACTION PLAN- ADDENDUM # 1
Department of Children and Family Services
Out of Home Care Management Division
Annual Monitoring Review- 2012
Los Angeles Youth Network
Beachwood Group Home

Initial Corrective Action Plan was completed and submitted to the Department on February 4, 2013.

February 14, 2013

The following corrective action plan is based on the Department of Children and Family Services (DCFS) Out of Home Care (OHC) Management Division's Annual Monitoring Review of the Los Angeles Youth Network Beachwood Group Home held on December 3 – December 7, 2012. The following deficiencies were noted:

LICENSURE/CONTRACT REQUIREMENTS

Finding # 1: *Not all Special Incident Reports (SIR's) were submitted in a timely manner (i.e., SIR # 309022 and SIR # 315581).*

Corrective Action: The Los Angeles Youth Network (LAYN) has instituted an internal control system as of December 7, 2012, to ensure that all Special Incident Reports (SIR's) are completed and submitted in a timely manner according to DCFS Regulations. The internal control system is as follows: 1) front line staff will complete a hard copy template of the Special Incident Report for all reportable incident cases by the end of their shift, 2) the hard copy SIR is then reviewed by the Facility Manager to ensure comprehension and accuracy of incident details, 3) if it is deemed that the report requires more information and/or follow-up, the Facility Manager will consult with the staff who wrote the initial report and obtain the needed information, 4) once the report is deemed accurate and comprehensive, the Facility Manager and/or Lead Residential Counselor will complete the SIR electronically and submit it in the ITRACK system by the next business day. The Director of Residential Services will be responsible for supervising this process. All staff members are trained on how to complete Special Incident Reports during new employee training as well as are provided with a copy of the DCFS Special Incident Report PowerPoint presentation to reference.

Finding # 2: *There is not a comprehensive clothing allowance log system which documents how much money the children spent for the month and the remaining balance.*

Corrective Action: As of December 12, 2012, LAYN has created and implemented a Monthly Clothing Allowance Tracking Log that tracks the following information: month/year the clothing allowance was distributed, amount that was received, amount that was spent, the balance remaining, youth signature verifying receipt and staff signature. Any clothing allowance distributed to a client in placement will be logged on this tracking device and maintained in the client file for review. If the youth does not

spend the full amount of the clothing allowance at one time and a balance remains, this balance will be tracked on the log for the youth's reference and will be made available to the youth at a later date. The accurate completion of the log will be monitored by the program Case Manager on a monthly basis. The Compliance Director will supervise the accurate completion of these logs during bi-monthly internal audits of the client files. A copy of this log is attached to the Corrective Action Plan.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Finding # 3: *One of five children reviewed passed beyond the age criteria for the group home.*

Corrective Action: On April 23, 2012, the Los Angeles Youth Network submitted a Letter of Intent to Implement AB12 Services to the Out of Home Care Management Division Chief (a copy of this intent letter is attached to the CAP). On December 10, 2012, LAYN contacted Community Care Licensing (CCL) and requested to change the Beachwood Group Home license status to be able to accept Non-Minor Dependents (youth ages 18-21). LAYN's Community Care Licensing Program Analyst instructed LAYN to update the Application for a Community Care License (LIC 200) to reflect that the program will accept Non-Minor Dependents. LAYN was informed that upon receipt of the updated LIC 200, LAYN will be able to start accepting NMD youth while the group home program statement is being revised. LAYN's Compliance Director revised the LIC 200 and submitted it to CCL on December 12, 2012. CCL received the application on December 13, 2012 and approved LAYN to conditionally accept Non-Minor Dependent youth while the program statement is being revised. Because the approval is considered conditional based on the requirements listed above, CCL will not draft a formal approval letter until the completed program statement has been received and reviewed. Attached you will find all correspondence between Community Care Licensing and LAYN regarding this matter, a copy of our conditional LIC 200 that reflects accepting Non-Minor Dependent youth and LAYN's intent to Provide Services to Non-Minor Dependent youth.

On February 13, 2013, LAYN's Executive Director informed the DCFS Out of Home Care Management Division that LAYN has decided not to accept AB12 youth placements at the Beachwood Group Home but instead plans to serve these youth in a different facility structure once one has been acquired. Therefore LAYN will not move forward with amending the program statement for Community Care Licensing. LAYN proposes to have the three 18 year old youth that are currently placed at the Beachwood Group Home replaced by DCFS within, and no longer than, 90 days (May 15, 2013) from this CAP submission. This 90 day time frame allows for the DCFS Child Social Workers to find appropriate and safe housing options for these youth, as well as allows more time for the youth to meet the goals they have set while in placement. LAYN's goal is to ensure that all youth transition from placement in the least traumatic way possible into a housing setting that is most appropriate for their developmental level of need. Moving forward, LAYN will ensure that no youth over the age of 18 are placed at the Beachwood Group Home. A copy of this correspondence is attached to this Corrective Action Plan.

Finding # 4: *Among the 12 Needs and Service Plans reviewed, one (1) was not signed by the CSW in a timely manner nor faxed to the CSW to authorize implementation of the NSP.*

Corrective Action: The Beachwood Group Home Case Manager will ensure that all Needs and Service Plans are faxed to the CSW in a timely manner; within 10 calendar days of the due date. The Beachwood Case Manager will be sure to obtain a fax confirmation confirming the timely submission. The Beachwood Case Manager will also document all efforts to obtain the signed Needs and Service Plan from the CSW. This process will be supervised by the Manager of Clinical Programs as well as monitored through bi-monthly internal client file audits as performed by the Compliance Director.

Finding # 5: *Among the 12 initial Needs and Service Plans (NSP's) and updated Needs and Service Plans reviewed, none of them were considered comprehensive due to 1) the reports did not include all the required elements in accordance with the NSP template, 2) some NSP quarterly sections lacked detailed information regarding progress toward the identified treatment goals and/or the child's status was not updated, 3) some of the NSP's did not include a permanency treatment goal for the placed child, 4) some of the NSP's did not include any updated information related to the permanency case plan goal, 5) not all treatment goals were attainable, 6) not all NSP treatment goals were child specific, and 7) a wrong PMA date was listed.*

Corrective Action: The Beachwood Group Home Case Manager will continue to work toward making sure that all initial and updated Needs and Service Plan reports are comprehensive in that they include child specific goals that are attainable, that goals are updated and progress is reported, that there is always a permanency goal listed, accurate dates are reflected and that all required elements of the NSP are covered. This process will be supervised by the Manager of Clinical Programs as well as monitored through bi-monthly internal client file audits as performed by the Compliance Director. On January 3, 2013, LAYN's Compliance Director, Clinical Director, and Manager of Clinical Programs met with the DCFS OHC Monitor for a Needs and Service Plan training. The information and direction provided in this training will be used in the implementation of all Needs and Service Plans written, moving forward.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Finding # 6: *One youth reported that the current discipline level system is not fair and that youth receive different consequences for the same behavior. LAYN could not provide a detailed record that tracks level increases/decreases and the points associated with it.*

Corrective Action: Upon intake, youth are made aware of and are provided a copy of the program level system and the corresponding point system. Youth are also provided with an Admission Packet that outlines house rules and the program "Discipline Policy". The change in a youth's level is contingent upon either positive or

negative behaviors the youth has expressed. The amount of points a youth receives is decided by the Treatment Team and reflects the youth's developmental level and case plan goals. The current level system for the Beachwood Group Home is monitored through weekly case conference meetings with the Treatment Team comprised of the Case Manager, Manager of Clinical Programs, Education Specialist, and members of the residential staff. Four areas of improvement are reviewed for each youth and progress is documented on a structured template. Youth receive points based on their level of improvement in time management, personal care, interpersonal skills, group attendance, and educational performance. The amount of points received then determines whether or not a youth's level increases (improvement shown), decreases (behaviors worsen) or remains the same (no change either way). The youth's progress, reason for level change and point accumulation is documented on this template. Level changes for youth are only decided on the day of a case conference meeting and youth are notified after the meeting of any changes made to their level status. This process is supervised by the Manager of Clinical Programs on a weekly basis. A copy of the level change log and behavioral point system is attached to this Corrective Action Plan. Also attached is a copy of the agency's program rules and Discipline Policy.

DISCHARGED CHILDREN

Finding # 7: *Out of three (3) discharged client files reviewed, one (1) client was not discharged according to the permanency plan and did not make progress toward meeting their NSP goals.*

Corrective Action: The LAYN Treatment Team will continue to work with all youth to help ensure that they meet their treatment goals and permanency plans upon exit from the program. While the nature of the population that the group home serves does not always lend to this, LAYN will do its part to ensure that the goals created for the youth are specific and attainable as well as that the permanency plan is safe and appropriate. If it is decided by the Treatment Team that a youth needs to be discharged in a manner that does not reflect the permanency plan (emergency removal, psychiatric hospitalization, police involvement, etc.), adequate documentation will be maintained by the Case Manager outlining the nature of this decision and its necessity. All decisions to discharge a youth from the facility are made in accordance with the youth's CSW. This process is managed by the Case Manager and supervised by the Manager of Clinical Programs.

PERSONNEL RECORDS

Finding # 8: *Two (2) out of the four (4) employee files reviewed did not receive all required training; including initial and on-going training hours as required per year.*

Corrective Action: LAYN has developed and implemented a detailed tracking log for all employee training hours. This log is maintained and updated by the Director of Administration on a monthly basis. The Director of Administration will ensure that all employees meet their required training hours as required through Community Care Licensing and the Department of Children and Family Services. LAYN also holds mandatory staff trainings monthly as well as mandatory new employee trainings to

ensure that the adequate amount of training hours are made available to all LAYN employees. A copy of this log is attached to the Corrective Action Plan.

This report has been completed in its entirety by the Los Angeles Youth Network's Compliance Director and has been approved by the Executive Director. Please feel free to contact us at (323) 467-8466 with any questions.

Respectfully,

Mark Supper
Executive Director
Los Angeles Youth Network

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
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PLEASE ADDRESS REPLY TO:
Out-of-Home Care Management Division
Attn: Patricia Bolanos-Gonzalez
9320 Telstar Ave.
El Monte, CA 91731

February 11, 2013

Ann McConville, Compliance Director
Los Angeles Youth Network
1680 N. Vine St. Suite 305
Los Angeles, CA 90028

NON-APPROVAL OF 2012 CONTRACT COMPLIANCE REVIEW CORRECTIVE ACTION PLAN (CAP)

Dear Ms. McConville:

The Out-of-Home Care Management Division (OHCMD) reviewed your Contract Compliance Review Corrective Action Plan (CAP) dated February 4, 2013 regarding the 2012 Contract Compliance Review. The CAP is not approved as written. Please submit an addendum to the CAP to include the following information:

1) Finding #1— Please describe in detail the internal control system instituted. Did the staff members receive SIR training? Who will be responsible for writing and submitting the SIRs and ensuring that the CAP will be fully implemented? Please do not indicate the person's name in the CAP, only the position of the person who is responsible for writing and submitting the SIRs.

2) Finding #3—Please provide a copy of the e-mail from Community Care Licensing (CCL) informing Los Angeles Youth Network (LAYN) of conditional approval to accept Non-Minor Dependent youth while the program statement is being revised. Additionally, per conversation with Dr. Brian Coughun on February 8, 2013, the OHCMD was informed that LAYN has made the decision not to move forward with serving AB 12 youth. Please submit a formal written letter to the OHCMD regarding LAYN's final decision on AB 12.

3) Finding #6—Please explain the reward/discipline system and how it is discussed with the youth at the time of placement. Are the behavioral consequences explained to all youth? Is a handbook provided to all residents explaining the house

rules/consequences? Please provide the procedure implemented to ensure behavioral consequences are fair and consistent for all residents.

The Out-of-Home Care Management is requesting for LAYN to address the above concerns and submit a CAP addendum no later than February 14, 2013. Please note that Agencies will only be allowed two addenda. A maximum three-day timeframe will be allowed between each addendum. If you have any questions, please contact me at (626) 569-6819, or you may contact Jul-Ling Ho, Monitor at (626) 569-6886.

Sincerely,

Patricia Bolanos-Gonzalez, CSA II, Manager
Out-of-Home Care Management Division

PBG:jlh

Los Angeles YOUTH Network

Ann McConville <amcconville@layn.org>

RE: age waivers? - NON MINOR DEPENDENTS - BEACHWOOD HOUSEwHW

4 messages

Henry, Alan@DSS <Alan.Henry@dss.ca.gov> Mon, Dec 10, 2012 at 6:58 PM
To: Ann McConville <amcconville@layn.org>
Cc: "Henry, Alan@DSS" <Alan.Henry@dss.ca.gov>, "Coleman, Kellee@DSS" <Kellee.Coleman@dss.ca.gov>

Ms Ann McConville

Compliance Director

Los Angeles Youth Network

Hello Ms McConville:

Because the youth mentioned in your e-mail is a County DCF Placement, he automatically becomes a Non-Minor Dependent if he continues to remain in a Group Home after turning 18. Assembly Bill 12 does not allow us to issue an age exception for this youth. Los Angeles Youth Network must submit a Program Statement Modification in order to continue to accept youths who turn 18 years old. You may begin the process by completing a LIC 200 Form for Beachwood House. I am attaching a Sample LIC 200 Form and instructions on how to modify your Program Statement to this e-mail. Complete the LIC 200 Form and print it. In Section 11 of the form, please write "____NON-MINOR DEPENDENTS". When you submit the LIC 200 Form, we will allow you to accept Non-Minor Dependents at Beachwood House while you are working on the Program Statement.

When your NMD Program Statement is reviewed, a new license will be generated for Beachwood House. The age range will remain 12 – 17 years, however a statement will be added in the comments showing that Beachwood accepts Non-Minor Dependents.

If you have any questions regarding this matter, please contact me at (310) 568-4580 or e-mail me.

Thank you,

Alan Henry

Licensing Program Analyst

Community Care Licensing

LA Metro & Valley Children's Residential Program

(310) 568-4580

From: Ann McConville [mailto:amcconville@layn.org]
Sent: Thursday, December 06, 2012 1:33 PM
To: Henry, Alan@DSS
Subject: age waivers?

Hello Mr. Henry,

I have an urgent matter that has been recently brought to my attention and I am hoping you can help me with it. We have a youth at our Beachwood Group Home who has recently turned 18 (Jeremy Bryant-Buchanan, DOB 10/12/1994). Our group home statement states that we serve youth ages 12-17, although in the past we have been able to receive age waivers for youth who are turning 18 because they could benefit from continuing in the program. This particular youth is still enrolled in high school, has stabilized well in our program and could definitely benefit from continued enrollment at the group home. I understand that with new AB12 legislation there are a lot of different contract stipulations between serving minors vs. non-minor dependents and that there is still some gray area surrounding the complete understanding of the legislation.

We, of course, always have the youth's best interest in mind and would like to avoid disrupting this youth's placement as much as possible. Would it be possible to receive an age waiver for this particular youth? If not, can you please provide us with some input as to how we should proceed forward? The youth's DCFS social worker has agreed to allow him to continue in placement, if possible.

Please let me know. I appreciate your assistance with this matter.

--

Ann McConville, MSW
Compliance Director

Los Angeles Youth Network
1680 N. Vine Street, Ste. 305

Los Angeles, CA 90028
Phone: (323) 391-1490

Fax: (323) 488-6400

amcconville@layn.org

www.LAYN.org

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use of the intended recipient(s) and may contain confidential or legally privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

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2 attachments

LIC200_NMD.pdf
177K

AB 12 LIC requirements letter.doc
340K

Ann McConville <amcconville@layn.org> Mon, Dec 10, 2012 at 7:16 PM
To: Marquita Dorsey <mdorsey@layn.org>, Mark Supper <msupper@layn.org>, Brian Coughlin <bcoughlin@layn.org>

See below. Please let me know how you would like me to proceed.

Sent from my iPhone

Begin forwarded message:

> **From:** "Henry, Alan@DSS" <Alan.Henry@dss.ca.gov>
> **Date:** December 10, 2012, 6:58:45 PM PST
> **To:** Ann McConville <amcconville@layn.org>
> **Cc:** "Henry, Alan@DSS" <Alan.Henry@dss.ca.gov>, "Coleman, Kellee@DSS" <Kellee.Coleman@dss.ca.gov>
> **Subject: RE: age waivers? - NON MINOR DEPENDENTS - BEACHWOOD HOUSEwHW**

[Quoted text hidden]

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2 attachments

LIC200_NMD.pdf
177K

AB 12 LIC requirements letter.doc
340K

Mark Supper <msupper@layn.org> Mon, Dec 10, 2012 at 7:24 PM
To: Ann McConville <amcconville@layn.org>
Cc: Marquita Dorsey <mdorsey@layn.org>, Brian Coughlin <bcoughlin@layn.org>, Angela Leonard <aleonard@layn.org>

Ann McConville <amcconville@layn.org>

RE: Minors and NMD youth rooming together - BEACHWOOD HOUSE - 197603055

4 messages

Henry, Alan@DSS <Alan.Henry@dss.ca.gov> Wed, Dec 12, 2012 at 3:08 PM
To: Ann McConville <amcconville@layn.org>
Cc: "Henry, Alan@DSS" <Alan.Henry@dss.ca.gov>, "mdorsey@layn.org" <mdorsey@layn.org>

Ms Ann McConville, MSW

Compliance Director

Los Angeles Youth Network

Hello Ms McConville:

Per AB 12 Interim Regulations, Section 84487 (2)(B) – Buildings & Grounds – A nonminor dependent may share a bedroom with a child under the following circumstances: If a nonminor dependent and a child have been sharing a bedroom prior to the nonminor dependent turning 18 and remain compatible. Per your e-mail both residents remain compatible and both are county placements, so they may continue rooming together. I have consulted with our Licensing Manager Kellee Coleman and Ms Coleman concurs with this interpretation of the regulation.

I have attached a section of the AB 12 Interim Regulations to this e-mail, you may access them on our Community Care Licensing Web Page: www.ccld.ca.gov

If you have any questions regarding this matter, please contact me.

Sincerely

Alan Henry

Licensing Program Analyst

Community Care Licensing

LA Metro & Valley Children's Residential Program Office

(310) 568-4580

From: Ann McConville [mailto:amcconville@layn.org]
Sent: Wednesday, December 12, 2012 2:04 PM
To: Henry, Alan@DSS
Subject: Minors and NMD youth rooming together

Hello,

We would like to place a minor youth in the same room with a non-minor youth dependent and understand that under AB12 regulations, we must obtain approval from licensing prior to doing so. We have received approval for these two male (Troy Hazelton, DOB 3/21/1996 & Jeremy Bryant Buchanan, DOB 10/12/1994) youth to room together from both youth's County social workers. The two youth had roomed together previously from August 2012 through November 2012 and only recently separated rooms. We need to move a new male youth into the facility and so that we can meet our girl/boy ratio for the rooms in the facility, we figured it best to move the two boys back in together.

Please let me know the process and/or how to proceed with obtaining approval from licensing to do so.

Thank you.

--

Ann McConville, MSW
Compliance Director

Los Angeles Youth Network
1680 N. Vine Street, Ste. 305

Los Angeles, CA 90028
Phone: (323) 391-1490

Fax: (323) 488-6400

amcconville@layn.org

www.LAYN.org

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Henry, Alan@DSS <Alan.Henry@dss.ca.gov> Wed, Dec 12, 2012 at 3:13 PM
To: Ann McConville <amcconville@layn.org>
Cc: "mdorsey@layn.org" <mdorsey@layn.org>, "Henry, Alan@DSS" <Alan.Henry@dss.ca.gov>

Sorry, I forgot to attach the Regulation.

Alan Henry

Licensing Program Analyst

From: Henry, Alan@DSS
Sent: Wednesday, December 12, 2012 3:09 PM
To: Ann McConville
Cc: Henry, Alan@DSS; mdorsey@layn.org
Subject: RE: Minors and NMD youth rooming together - BEACHWOOD HOUSE - 197603055

[Quoted text hidden]

AB12_INTERIM_REGS.pdf
227K

Ann McConville <amcconville@layn.org> Wed, Dec 12, 2012 at 3:14 PM
To: Jessica Vignali <jvignali@layn.org>, Maureen Williams <mwilliams@layn.org>, Brian Coughlin <bcoughlin@layn.org>, Kenneth Cook <kcook@layn.org>

You may move Troy and Jeremy together if you decide to. I asked him about how to proceed in the case the we need to move a minor in with a NMD youth that have not previously roomed together and he stated that they have not quite devised the process to approve this yet and that if this comes up that we need to call back and check with him. So please make sure to let me know if this ends up being the case.

---------- Forwarded message ----------
From: Henry, Alan@DSS <Alan.Henry@dss.ca.gov>
Date: Wed, Dec 12, 2012 at 3:08 PM
Subject: RE: Minors and NMD youth rooming together - BEACHWOOD HOUSE - 197603055
[Quoted text hidden]
[Quoted text hidden]

Ann McConville <amcconville@layn.org> Wed, Dec 12, 2012 at 4:17 PM
To: Jessica Vignali <jvignali@layn.org>, Maureen Williams <mwilliams@layn.org>, Brian Coughlin <bcoughlin@layn.org>, Kenneth Cook <kcook@layn.org>

Electronic copy of the AB12 Interim Regulations for Group Homes.

Please be sure to read thoroughly.

---------- Forwarded message ----------
From: Henry, Alan@DSS <Alan.Henry@dss.ca.gov>
Date: Wed, Dec 12, 2012 at 3:13 PM
Subject: RE: Minors and NMD youth rooming together - BEACHWOOD HOUSE - 197603055
[Quoted text hidden]
[Quoted text hidden]

AB12_INTERIM_REGS.pdf
227K

Intent to Provide Services to Non-minor Dependents (AB 12)

Name of Agency: Los Angeles Youth Network

SECTION I: Statement of Intent to Implement AB 12 Services

Do you intent to provide AB 12 services to non-minor dependents? Yes No

If no, please sign below and submit form to DCFS Out-of-Home Care Management Division.

If yes, please fill out Sections II and III below.

SECTION II: Specialized Contracts

Do you hold other specialized placement contracts with DCFS?	Yes	No
Do you intent to provide AB 12 services in these programs?	Yes	No
For FFAs:		
Intensive Treatment Foster Care	Yes	No
Multidimensional Treatment Foster Care	Yes	No
For Group Homes:		
Emergency Shelter Care	Yes	No
Community Treatment Facility	Yes	No
Group Homes for Probation Youth	Yes	No

SECTION III: Status of Program Statements

When do you intend to begin providing services?
Youth/s already in placement: Date:n/a
Anticipated implementation: Date: July 1, 2012

Have you submitted a revised Program Statement to Community Care Licensing? No
If yes, date of submission:
If no, date of anticipated submission: by June 1, 2012

Have you submitted a revised Program Statement to DCFS Contracts Administration Division? No
If yes, date of submission:
If no, date of anticipated submission: Upon approval, LAYN will submit approved revisions within 7 days of initial notification.

Have you submitted a revised Program Statement for the specialized programs to DCFS Contracts Administration Division? Not applicable.
If yes, date of submission:
If no, date of anticipated submission:

SECTION IV: Notice to Terminate AB 12 Services

When do you intend to stop providing services? We do not intend to cease providing services.
Anticipated Termination: n/a Date: n/a

Name (Print) Mark Suppor, Executive Director Signature: Date 4/23/2012

Please return to DCFS Out-of-Home Care Management Division
9320 Telstar Avenue, Suite 216, El Monte, CA 91731
Attn: Dr. Walter Kiang
3/15/2012

- Safeguards for Cash Resources, Personal Property and Valuables
- Reporting Requirements
- Admissions/Intake Procedures
- Criminal Record Clearance
- Needs and Services Plan
- Removal or Discharge Procedures
- Non-minor Dependents' Records
- Personal Rights
- Expectations, Alternatives and Consequences
- Telephones
- Transportation
- Health-Related Services
- Food Service
- Responsibility for Providing Care and Supervision
- Activities
- Buildings and Grounds

If you have any questions, please contact Dr. Walter Kiang at the Out-of-Home Care Management Development Section at 626-569-6803 or klangw@dcfs.lacounty.gov. Thank you for your immediate attention to this request.

Respectfully,

Karen Richardson

Karen Richardson
Division Chief

KR:wk:mn
Enclosure

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

APPLICATION FOR A COMMUNITY CARE FACILITY OR RESIDENTIAL CARE FACILITY FOR THE ELDERLY LICENSE *(See Instructions on next page)*

FOR DEPARTMENT USE ONLY

DISTRICT ____
COUNTY ____ FACILITY NUMBER ____
DATE ____ ACTION TYPE ____
REVIEWED BY ____ FACILITY TYPE ____

REPLY TO:
LA Metro & Valley Children's Residential Program
Community Care Licensing
6167 Bristol Parkway, Ste. 210
Culver City, CA 90230

1. APPLICANT(S) NAME(S) (PLEASE PRINT): Los Angeles Youth Network

2. REQUESTED ACTION (CHECK ONE):
- ☐ A. INITIAL APPLICATION
- ☐ B. CHANGE OF CAPACITY
- ☐ C. CHANGE OF LOCATION
- ☐ D. CHANGE OF FACILITY TYPE
- ☐ E. CHANGE OF AMB/NON-AMB BEDRIDDEN STATUS
- ☐ F. CHANGE WITHIN CORPORATION
- ☑ G. OTHER (Specify) Non-Minor Dep.

3. APPLICANT MAILING ADDRESS: 1680 N. Vine Street, Ste. 305 | CITY: Los Angeles | STATE: CA | ZIP CODE: 90028 | AREA CODE/TELEPHONE: (32) 467-8466

4. TYPE OF AGENCY OR FACILITY
- ☐ ADULT RESIDENTIAL FACILITIES
- ☐ FOSTER FAMILY AGENCIES
- ☐ ADULT DAY PROGRAMS
- ☐ TRANSITIONAL HOUSING PLACEMENT PROGRAMS
- ☐ SOCIAL REHABILITATION FACILITIES
- ☐ ADOPTION AGENCIES
- ☑ GROUP HOMES
- ☐ CRISIS NURSERIES
- ☐ RESIDENTIAL FACILITIES–ELDERLY
- ☐ RESIDENTIAL FACILITIES–CHRONICALLY ILL
- ☐ SMALL FAMILY HOMES
- ☐ OTHER (SPECIFY) ____

5. APPLICATION FILED BY:
- ☐ A. INDIVIDUAL
- ☐ B. PARTNERSHIP
- ☑ C. NON PROFIT CORP.
- ☐ D. PROFIT CORP
- ☐ E. COUNTY
- ☐ F. OTHER PUBLIC AGENCY
- ☐ G. LIMITED LIABILITY CORPORATION

6. FACILITY OR AGENCY NAME: Beachwood Group Home | EMAIL ADDRESS (NOT REQUIRED): | AREA CODE/TELEPHONE: (323 962-0430

7. FACILITY STREET ADDRESS: 2471 N. Beachwood Drive | CITY: Los Angeles | COUNTY: LA | ZIP CODE: 90068 | ALTERNATIVE PUBLIC TELEPHONE: ( )

8. FACILITY MAILING ADDRESS: 1680 N. Vine Street, Ste. 305 | CITY: Los Angeles | STATE: CA | ZIP CODE: 90028

9. ADMINISTRATOR OR PERSON IN CHARGE OF FACILITY: Marquita Dorsey | TITLE: Associate Executive Director

10. TOTAL REQUESTED CAPACITY: 12 | 10A. NUMBER OF NON-AMBULATORY (IF ANY): 0 | 10B. NUMBER OF BEDREDDEN UNABLE TO TURN OR REPOSITION IN BED (IF ANY): 0

11. FOR CHILDREN'S FACILITY ONLY
NUMBER OF INFANTS (AGES 0 THROUGH 2) 0 CHILDREN (AGES 3 THROUGH 17) 12 ✓ HIGH-LEVEL DEPENDENTS

12. DAYS AND HOURS OF OPERATION: Sun-Sat, 24 hours

13. PROPERTY OWNERSHIP:
- ☑ OWN
- ☐ RENT
- ☐ OTHER (SPECIFY) ____

13A. NAME, ADDRESS AND PHONE NUMBER OF PROPERTY OWNER, IF RENTING OR LEASING

14. WAS FACILITY PREVIOUSLY LICENSED?
- ☑ YES
- ☐ NO

IF YES, FACILITY NAME AND NUMBER: Beachwood Group Home- 197603055 | LICENSING AGENCY NAME: CCL-Culver City

15. IS MAJOR CONSTRUCTION REQUIRED?
- ☐ YES
- ☑ NO

DATE CONSTRUCTION TO BEGIN: ____
DATE TO BE COMPLETED: ____

16. SOURCE OF WATER FOR HUMAN CONSUMPTION
- ☑ PUBLIC
- ☐ PRIVATE

17. ENTER THE INFORMATION BELOW FOR ANY RESIDENTIAL CARE OR HEALTH CARE FACILITY PREVIOUSLY OR CURRENTLY OPERATED. REFER TO INSTRUCTIONS.

	FACILITY NAME AND NUMBER	LICENSING AGENCY NAME
A.	Taft Emergency Shelter- 197603054	CCL-Culver City
B.	Gower Emergency Shelter- 198204868	CCL- Culver City

18. *APPLICANT(S)/LICENSEE(S) RESPONSIBILITIES*
- A. *IN ADDITION TO COMPLYING WITH THE HEALTH AND SAFETY CODES AND REGULATIONS APPLICABLE TO LICENSING AND FIRE SAFETY, I/WE UNDERSTAND THAT THERE MAY BE OTHER STATE, FEDERAL AND/OR LOCAL LAWS, WHICH ARE NOT ENFORCED BY THIS AGENCY, THAT MAY NEED TO BE MET SUCH AS: ZONING, BUILDING, SANITATION AND LABOR REQUIREMENTS.*
- B. *I/WE HAVE READ AND UNDERSTAND THE STATUTES AND REGULATIONS WHICH PERTAIN TO MY/OUR LICENSING CATEGORY PRIOR TO THE ISSUANCE OF MY/OUR LICENSE.*
- C. *I/WE SHALL ENSURE THAT ALL PERSONS SUBJECT TO FINGERPRINT REQUIREMENTS SHALL HAVE A DEPARTMENT OF JUSTICE CLEARANCE OR A CRIMINAL RECORD EXEMPTION PRIOR TO EMPLOYMENT, RESIDENCE OR INITIAL PRESENCE IN THE FACILITY AS REQUIRED.*
- D. *IF I/WE OPERATE A FACILITY WHICH PROVIDES CARE AND SUPERVISION TO CHILDREN, I/WE SHALL ENSURE THAT A CHILD ABUSE INDEX CHECK FORM FOR EACH PERSON SUBJECT TO FINGERPRINT REQUIREMENTS IS SUBMITTED TO THE DEPARTMENT OF JUSTICE AS REQUIRED.*
- E. *I/WE SHALL OBTAIN APPROVAL FROM THE LICENSING AGENCY PRIOR TO MAKING ANY CHANGE(S) THAT AFFECT THE TERMS OF THE LICENSE.*

19. *I/WE UNDERSTAND THAT I/WE HAVE THE RIGHT TO APPEAL ANY DECISION REGARDING THE DISPOSITION OF THIS APPLICATION.*

20. *I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS APPLICATION AND ON THE ACCOMPANYING ATTACHMENTS ARE CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.*

21. *I/WE AM/ARE AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE NAMED APPLICANT.*

SIGNED ____ TITLE Associate Executive Director COUNTY WHERE SIGNED Los Angeles DATE 12/12/2012

SIGNED ____ TITLE Executive Director COUNTY WHERE SIGNED Los Angeles DATE 12/12/2012

Ann McConville <amcconville@layn.org>

FW: Mark SupperFW: Non-Approval of 2012 Compliance Review CAP

Mark Supper <msupper@layn.org> Wed, Feb 13, 2013 at 1:47 PM
Reply-To: msupper@layn.org
To: Elizabeth Howard DCFS <HOWell@dcfs.lacounty.gov>, Karen Richardson <slmska@dcfs.lacounty.gov>, Robbie Odom <odomr@dcfs.lacounty.gov>, Patricia Bolanos-Gonzalez <bolanp@dcfs.lacounty.gov>
Cc: Jui-Ling Ho <hojuil@dcfs.lacounty.gov>, amcconville@layn.org

Ms. Howard,

Thank you for your email and support in clarifying the details surrounding LAYN's pending Corrective Action Plan and the issue of serving AB12 youth at LAYN's Beachwood Group Home. To clarify our position on implementing AB12 regulations into our agency structure, I would like to assure you that LAYN has every intent and purpose to serve the AB12 youth population in the future. We are a big supporter of the changes to the law and understand the immense need to care for these youth.

After an in-depth internal review of AB12 guidelines, I would like to explain in more detail LAYN's position on moving forward with implementing AB12 regulations into our agency. As mentioned previously, LAYN has every intent to serve AB12 youth, however, at this point I do not feel it would be appropriate or in the youth's best interest to implement these regulations into our current Beachwood Group Home program structure. Therefore, I have decided to not accept AB12 youth at the Beachwood Group Home and will not at this point move forward with CCL to revise the Beachwood group home statement. LAYN plans to acquire additional housing sites with the hope to expand our program capabilities to be able to accommodate AB12 youth in a way that is programmatically appropriate to meet the developmental need of this population and to accurately satisfy the regulations set forth. Ultimately, LAYN's hope is to be able to create a new program that can house AB12 youth who are 18 years and older. I believe we can better serve these youth in conjunction with our TLP program structure as the youth have similar needs and outcomes.

In regards to satisfying the impending Corrective Action Plan (Finding # 3- due on Thursday, February 14, 2013) and to maintain compliance with our current group home contract, I propose the following action steps for your consideration:

1) LAYN will work diligently with the DCFS Child Social Workers who currently have 18 year olds placed with us, to begin planning for their transition out of the group home program.

2) In order to ensure that all youth transition to a safe and appropriate placement, in the least traumatic way possible, I would like to request that the Department grant LAYN 90 days to complete this process in conjunction with the youth's CSW. LAYN will also gladly consider other re-placement time

frames, if the Department so wishes.

3) Moving forward, LAYN will ensure that no youth remain in group home placement after turning 18 years old and will work diligently with all CSW's to ensure an appropriate placement is arranged for the youth to transition to prior to their 18th birthday.

It is my goal to ensure that LAYN is always in full compliance with the Department and, ultimately, to serve all youth who are in need of our services. I am hopeful we can accommodate both of these goals and I am excited about our future prospects in serving the AB12 population. I also hope that the decision to not move forward with accepting AB12 youth at the group home will not adversely affect referrals of minors to the Beachwood site.

Please provide your feedback and instruction regarding our action steps listed above to satisfy the pending Corrective Action Plan for Finding # 3.

Thank you for your time, support and consideration.

[Quoted text hidden]

"13 CARDINAL RULES"
PROGRAM RULES

All rules apply to all activities connected directly or indirectly with LAYN programs: Education and Enrichment programs, Case management, Clinical Services and House operations.

1. Follow the program requirements and all instructions given by LAYN staff.
2. No abuse, violence or threats are permitted to self or others.
   a. Includes verbal and physical abuse or threats.
   b. Exercise appropriate boundaries with peers and staff
   c. Fighting will result in immediate referral out of the program
3. Sexual contact is not permitted at any time.
   a. This includes sexual intercourse, inappropriate touching, kissing, and/or any behavior deemed sexual in content with a resident, staff or self.
4. "Staff splitting" is not permitted.
   a. If one staff gives an instruction, take that instruction without pursuing feedback or a different instruction from another staff.
5. Must attend school on time for all scheduled days, and follow enrichment program.
   a. This includes attending scheduled life skills, job skills and enrichment groups or individually scheduled sessions with staff.
6. No stealing- Respect staff and peers.
   a. Includes possessing any item that was not purchased or given to you.
   b. Not using mean or degrading terms, gestures, or actions towards others, not having a blatant disregard for others; instead willing to cooperate after given direction and able to maintain cordial interactions with staff and peers.
7. Complete all chores when instructed in a timely manner and maintain a clean personal space- Keep beds and rooms tidy at all times.
8. Must be appropriately dressed at all times.
   a. Over exposure, sagging, and/or clothing with offensive language is not permitted.
9. Inappropriate language or language deemed disrespectful is not permitted.
10. Gang involvement, affiliation or actions are not permitted in any LAYN program.
    a. This includes tagging, gang signs, gang related discussions, any reference to gang activity.

11. Weapons are not allowed.
    a. Includes commonly and uncommonly known weapons-anything used to cause physical harm to others.
12. No Smoking allowed on property-- The possession, use, abuse or influence of alcohol or drugs of any kind while engaged in LAYN services or on LAYN premises is not permitted.
    a. This includes smoking paraphernalia of any kind (i.e. cigarettes, lighters, pipes- but not limited to).
13. Playing with fire or acting out any action, behavior or intent targeted to damage LAYN services is not permitted.

I understand that my decision to disregard any of the above rules could jeopardize my opportunity to receive services from LAYN. Furthermore, I understand that I will receive appropriate consequences for my disregard of these rules.

_____ _____

CLIENT SIGNATURE DATE

_____ _____

STAFF SIGNATURE DATE

DISCIPLINE POLICY

The following discipline policy applies to all Los Angeles Youth Network programs/facilities and will be strictly adhered to. The use of discipline/consequences is subject to the contents of the youth's case plan/court order and is administered appropriately, in the youth's best interest. Major infractions are reviewed by the Treatment Team and administered appropriately.

No client shall be subjected to the following forms of discipline:

- **Corporal Punishment/Physical Abuse;** including but not limited to- rough handling, shaking, pinching, shoving, slapping, hitting, ear/hair pulling, kicking, biting, spanking, throwing/use of objects, restraints.
- **Verbal/Mental/Emotional Abuse;** including but not limited to- name calling, negative comments regarding race, religion, gender, disability, sexual orientation, culture, shaming, derogatory statements, making threats, coercion, ridicule, humiliation, being locked in a room.
- **Withholding of Basic Needs:** water, food, toilet/hygienic facilities, feminine hygiene products, clothing, lighting, mail, appropriate sleeping conditions, proper room temperature, ventilation, medical care, medications, daily living functions.
- **Restriction in Communication-** beyond safety restrictions as specified in the youth's case plan, treatment plan, Needs and Services Plan, court restriction.

The following forms of discipline/"consequences" will be used to ensure safety and/or program compliance:

- Educational "Consequence" Worksheets
- Creation of a safety plan with case manager
- Confiscation of harmful items, such as drug/drug paraphernalia and/or weapons
- Grounding/In-House Time
- Exclusion in an unlocked living, sleeping, or common area
- Decrease in weekly allowance amount
- Prohibited attendance or participation in a planned activity (other than a religious event)
- Prohibited use of entertainment devices, including but not limited to personal telephone use, computer, television, radio, gaming devices.
- Referral Out/Removal from program

I understand and agree to the following conditions regarding the agency's policy on discipline procedures. I understand that discipline/consequences used by the agency do not interfere with my personal rights.

_____ _____

CLIENT SIGNATURE DATE

_____ _____

STAFF SIGNATURE DATE

BEACHWOOD GROUP HOME
MONTHLY CLOTHING ALLOWANCE
TRACKING LOG

YOUTH NAME: _____ **DATE:** _____

MONTH/YR	AMOUNT RECEIVED	AMOUNT SPENT	BALANCE	YOUTH SIGNATURE	STAFF SIGNATURE

BEACHWOOD GROUP HOME
LEVEL SYSTEM TRACKING LOG

YOUTH NAME: _____ **ENTRANCE DATE:** _____

DATE	LEVEL +/-	REASON FOR CHANGE	STAFF SIG.

Behavior Chart
Policy and Procedures

In conjunction with the program's level system, this form outlines the policy and procedures surrounding LAYN's system of rewards. The Behavior Chart will help staff and case managers track the youth's progress by allotting them a set amount of points for each area of progress. This chart will keep track of progress in the areas of time management, interpersonal skills, education and personal care.

The point system is as follows:

Time Management:
Leaving and arriving early to appointments (50 points)
Following the schedule without prompting (50 points)
Attending all groups without prompting (50 points)

Education:
No absences and/or tardies (50 points)
Increase GPA by 1.0 (50 points)
Working on academics even when no Homework is assigned (50 points)

Interpersonal Skills:
Asking to help staff or other youth even when it is not required (50 points)
Taking initiative to represent the agency in a positive way (50 points)

Personal Care:
Having a clean room 7 days per week (50 points)
Completing extra chores without prompting (50 points)

Positive level move: 200 points

How to use the behavior chart:

The Residential Lead or Counselor is responsible for presenting the accumulated points that each resident has received. The purpose of this chart is to document pro-social behavior rewarded through positive reinforcement and incentives.

During each shift, all staff will report on these areas for each youth during the transition meetings. This form is used to document points accumulated during the week. If a staff has reported progress on a youth, they are responsible for allotting that youth the set amount of points as listed below. These points will be placed on the Behavior Chart posted on the wall in the case manager's office after the case conference. Points will also be noted on the transition forms that are placed in the transition binder. Points will be presented on a weekly basis at the case conference and the youth will be informed of their total week's advances after the case conference.

Training Tracking

[redacted]

*Part time **Relief ***No longer employed DATE: 2012-2013

Hire date	Last Name	First Name	Harrassment & Bullying Crisis Intervention/July 2011	T. prostitution/ Sexual Exploitation- August 2011	Ethics, confidentiality, power struggles- Sept. 2011	Pro- Act/Part 1 Oct. 2011	Pro- Act Part 2 - Nov. 2011	Basic Pro Act/ Nov. 2011	HIV / Aids Nov. 2011	Cultural Awareness/February 2012	Positive Youth Development/ March 2012	Anger & Self Esteem/ April 2012	Child Abuse& Substance Abuse/May 2012	Juvenile Dependency System/June 2012	total Hours for fiscal year 2011- 2012	Total Needed hours