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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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June 28, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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From: Philip L. Browning
Director

LOS ANGELES YOUTH NETWORK GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Los Angeles Youth Network (LAYN) in November 2011, at which time they had one 12-bed site with five placed DCFS children. LAYN is licensed to serve a capacity of 12 children, male and female, ages 12 through 17.

LAYN is located in the Third Supervisorial District and provides services to DCFS foster youth. According to LAYN's program statement, its stated goal is "to help abused, neglected and homeless adolescents become self-sufficient."

For the purpose of this review, a sample of five currently placed children and three discharged children were selected. Their case files were reviewed, and the five placed children were interviewed. The placed children's overall average length of placement was two months, and the average age was 17. The files of three discharged children 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. Five staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

None of the placed children were prescribed psychotropic medication.

SCOPE OF REVIEW

The purpose of this review was to assess LAYN's compliance with its County contract and State regulations. The visit included a review of LAYN's program statement, administrative internal policies and procedures, five DCFS placed children's case files, three discharged children's case files, and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to children, and we conducted interviews with the 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

Overall, the children reported that they were provided with good care and appropriate services, were comfortable in their environment and were treated with respect and dignity. The children further reported that they receive educational support and that they felt safe living at LAYN.

There were minor physical plant deficiencies noted during the monitoring review that LAYN needed to address. These deficiencies did not pose a safety hazard to the placed children. LAYN needed to properly complete sign-in/sign-out logs, weekly allowance logs and develop timely and comprehensive Needs and Services Plans (NSPs) to include all the required information in accordance with the County contract. Further, LAYN needed to ensure that placed children receive timely initial medical examinations, are offered the opportunity to participate in planning activities, and assist in creating and updating a life book/photo album. LAYN also needed to ensure that staff who have direct contact with children are associated with the appropriate LAYN facility through CCL, meet the work experience requirements, have a valid California driver license (CDL), CPR and First-Aid certificate, receive timely health screenings, as well as initial and on-going training per LAYN's program statement.

Based on our review, the few aforementioned deficiencies revealed the need for more thorough documentation and ensuring the group home sites are maintained in good repair in accordance with Title 22 Regulations. Overall, however, LAYN is providing good care and services to placed children.

In conclusion, LAYN's administration was receptive to implementing some systemic changes to improve compliance with regulations and the contract. The Associate Executive Director was motivated to make the necessary corrections regarding the deficiencies highlighted during the review.

NOTABLE FINDINGS

The following are the notable findings of our review:

- The resident sign-in/sign-out logs and weekly allowance logs were not always properly completed. The Associate Executive Director stated that the Case Manager and the Program Specialist will ensure the resident sign-in/sign-out logs and weekly allowance logs are adequately maintained.

- There were several deficiencies noted in the common areas and children's bedrooms. We noted the carpet in the residents' bedrooms, the hallway and stairway needed to be repaired or replaced. Upstairs residents' bedroom walls and hallway walls needed to be repainted and a bedroom door needed to be repainted. In addition, an outlet cover was missing in one of the bedrooms, and a television cable in the hallway needed to be mounted to the wall. A desk drawer in one bedroom was broken and needed to be replaced. It was also noted that all residents required boxes for storage of their personal hygiene products. The Associate Executive Director stated that all of the items noted were repaired, repainted or replaced by March 1, 2012.

- Three of six required NSPs were not done in a timely manner. The Associate Executive Director stated that all NSPs will be completed and signed within the required timeframe.

- None of the six required NSPs were comprehensive in that they did not include all the required elements in accordance with the NSP template. The NSPs did not include specific and measureable treatment goals as they related to permanency, life skills, and visitation. Some NSP quarterly sections lacked detailed information regarding the progress toward the identified treatment goals or did not update the child's status. Additionally, the identified treatment goals needed to be broken down into smaller tasks in order to be accurately implemented and assessable for future evaluation. The Compliance Director, Ann McConville and Case Manager, Jessica Vignali met with the DCFS Monitor on November 23, 2011, to receive training on proper completion of the NSPs, including documenting detailed progress toward child goals, listing measurable treatment goals, and goals being child specific.

- The review of five children's case files revealed that one of the five children did not have a timely initial medical examination; his initial medical examination was 15 days late. The Associate Executive Director stated that the Case Manager would ensure children receive timely medical examinations.

- None of the reviewed children were given the opportunity to participate in planning activities, and LAYN did not always ensure the children were encouraged and assisted in creating and maintaining photo albums/life books. The Associate Executive Director stated that LAYN has implemented a Monthly Activities Planning Form that will be distributed to the youth monthly and will allow them to list group and personal activities in which they are interested in participating. The Director of Education and Enrichment will schedule the suggested activities in the monthly activates calendar. In addition, all youth will be given the opportunity to participate in the creation and maintenance of their own personal life books at art therapy groups which are held twice a month.

- Two staff members who had transferred from the LAYN Emergency Shelter Care site were not associated with the LAYN Beachwood site. The Compliance Director stated that both staff members will be associated immediately.

- One staff member did not meet work experience requirement, per LAYN's program statement and did not have a valid CDL. Another staff member did not receive timely initial health-screenings, and three staff members did not receive the required initial and/or on-going training. Further, three staff members did not have a valid First-Aid and/or CPR certificate on file. The Compliance Director stated that LAYN will correct this issue, and it will be further addressed in their Corrective Action Plan (CAP), which is attached.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held November 23, 2011.

In attendance:

Marquita Dorsey, Associate Executive Director; Ann McConville, Compliance Director; and Jui-Ling Ho, Monitor, DCFS OHCMD.

Highlights:

LAYN's Administration was in agreement with our findings and recommendations. The Associate Executive Director stated she would ensure all the minor physical plant deficiencies are repaired and replaced immediately and all children receive initial medical examinations within 30 days of placement. The Compliance Director expressed that staff members would continue to make every effort to ensure that all NSPs were comprehensive.

LAYN provided an approved written CAP addressing each recommendation noted in this compliance report. The approved CAP is attached.

We will assess for full implementation of recommendations during our next monitoring 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:jlh

Attachment

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
David Cottrell, President, Board of Directors, Los Angeles Youth Network
Mark Supper, Executive Director, Los Angeles Youth Network
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

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: August 2011**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation	2. Full Compliance
	3. SIRs	3. Full Compliance
	4. Compliance with Licensed Capacity	4. Full Compliance
	5. Disaster Drills Conducted & Log Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Allowance Logs	7. Needs Improvement
	8. CCL Citations/OHCMD Investigation Reports on Safety and Plant Deficiencies	8. Full Compliance
	9. Sign In/Out Logs	9. Needs Improvement
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Needs Improvement
	3. Children's Bedrooms/Interior Maintained	3. Needs Improvement
	4. Sufficient Recreational Equipment	4. Full Compliance
	5. Sufficient Educational Resources	5. Full Compliance
	6. Adequate Perishable and Non Perishable Food	6. Full Compliance

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. Progressing Toward Meeting the NSP Case Goals 6. Timely Initial NSPs 7. Comprehensive Initial NSPs 8. Therapeutic Services Received 9. Recommended Assessments/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Maintaining Important Relationships 12. Timely Updated NSPs 13. Comprehensive Updated NSPs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Needs Improvement 6. Needs Improvement 7. Needs Improvement 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Needs Improvement 12. Needs Improvement 13. Needs Improvement
IV	**Education and Emancipation Services** (8 Elements) 1. Timely Enrollment 2. Attend School As Required 3. Facilitate Educational Goals 4. Academic Performance and/or Attendance Increased 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. Emancipation/Vocational Programs Provided 8. Facilitate ILP Emancipation Planning	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. Needs Improvement 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance

VI	**Psychotropic Medications** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Not Applicable
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. Consequences Fair 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Participation in Recreational Activity Planning 14. Participation in Recreational Activities 15. Participation in Extra-Curricular, Enrichment and Social Activities	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Not Applicable 11. Not Applicable 12. Full Compliance 13. Needs Improvement 14. Full Compliance 15. Full Compliance
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 Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Needs Improvement

IX	**Discharged Children** (3 Elements) 1. Discharged According to Permanency Plan 2. Make Progress Toward Meeting NSP goals 3. Stabilize Placement Prior Removal	 1. Needs Improvement 2. Needs Improvement 3. Full Compliance
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Timely Submitted 2. FBI Timely Submitted 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. Child Abuse Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Needs Improvement 6. Needs Improvement 7. Needs Improvement 8. Full Compliance 9. Needs Improvement 10. Full Compliance 11. Needs Improvement 12. Needs Improvement 13. Needs Improvement 14. Full Compliance

LOS ANGELES YOUTH NETWORK GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

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

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

CONTRACTUAL COMPLIANCE

Based on our review, Los Angeles Youth Network (LAYN) was in full compliance with one of nine sections of our contract compliance review: Education and Workforce Readiness. The Psychotropic Medication section was not applicable, as none of the placed children were prescribed psychotropic medication at the time of review. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of five children's case files and/or documentation from the provider, LAYN fully complied with seven of nine elements reviewed in the area of Licensure/Contract Requirements.

We noted that the resident sign-in/sign-out log and weekly allowance logs were not always properly completed. The Associate Executive Director stated that the Case Manager and Program Specialist will ensure the resident sign-in/sign-out logs and weekly allowance logs are adequately maintained.

Recommendations:

LAYN's management shall ensure:

1. The appropriate and comprehensive allowance logs are maintained.

2. The resident sign-in/sign-out log is always adequately completed.

FACILITY AND ENVIRONMENT

Based on our review of LAYN, a walk-through of the facility and a review of documentation from the provider, LAYN fully complied with four of six elements in the area of Facility and Environment.

We noted the carpet in the residents' bedrooms, the hallway and stairway needed to be repaired or replaced. Upstairs residents' bedroom walls and hallway walls needed to be repainted and a bedroom door needed to be repainted. In addition, an outlet cover was missing in one of the bedrooms and a television cable in the hallway needed to be mounted to the wall. A desk drawer in one bedroom was broken and needed to be replaced. It was also noted that all residents required boxes for storage of their personal hygiene products. The Associate Executive Director stated that all of the items noted were repaired, repainted or replaced by March 1, 2012.

Recommendations:

LAYN's management shall ensure:

3. The facility's common quarters are well maintained in accordance with Title 22 Regulations.

4. The children's bedrooms are well maintained in accordance with Title 22 Regulations.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

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

One of the five sampled children was not progressing toward meeting her NSP goals. The Associate Executive Director stated that the Case Manager will assist by helping the child set goals that are Specific, Measurable, Attainable, Results-oriented and Time-limited (SMART) and document these goals in the NSP.

Of the six initial and updated NSPs reviewed, three were not timely, and none were comprehensive in that they did not include all the required elements in accordance with the NSP template. The NSPs did not include specific and measureable treatment goals, as they related to permanency, life skills and visitation. Further, some updated NSPs did not include information regarding progress of children's psychological health over the previous three months and/or did not reference the identified treatment goals. Additionally, some NSPs did not include dates and lacked detail on the type of contact LAYN staff had with the CSWs regarding progress or lack of progress with the identified goals. The Associate Executive Director stated that all NSPs will be completed and signed within the required time-frame. In addition, the treatment team will make every effort to ensure NSPs are comprehensive to include the required elements in accordance with the NSP template. The Compliance Director, Ann McConville and Case Manager, Jessica Vignali met with the DCFS Monitor on November 23, 2011, to receive training on proper completion of the NSPs, including documenting detailed progress toward child goals, listing measurable treatment goals, and child specific goals.

Three of five children were offered mentoring services by LAYN to assist the children in maintaining important relationships. It was determined, however, that one child was only visited by her mentor once during the past three months. The Associate Executive Director informed the Monitor that LAYN was actively seeking a new mentor for the child.

Recommendations:

LAYN's management shall ensure:

5. NSPs are developed in a timely manner.

6. NSPs are comprehensive and include required information.

7. Children are progressing towards meeting their NSP goals.

8. Children are assisted in maintaining important relationships.

HEALTH AND MEDICAL NEEDS

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

We noted that one child did not receive his initial medical examination timely; as it was completed 15 days late. The Associate Executive Director stated that LAYN has had difficulty obtaining timely appointment slots at the affiliated adolescent clinic due to overcrowding. LAYN will ensure that if this situation arises again, the LAYN Case Manager will find another facility where the children can receive their medical assessment within the 30 day requirement.

Recommendation:

LAYN's management shall ensure:

9. All children's initial medical examinations are completed in a timely manner.

PERSONAL RIGHTS AND SOCIAL /EMOTIONAL WELL-BEING

Based on our review of five children's files and/or documentation from the provider, LAYN fully complied with 12 of 13 elements reviewed in the area of Personal Rights and Social/Emotional Well-Being. Two elements were not applicable because none of the placed children were prescribed psychotropic medication at the time of review.

During our review, the children stated that they were not given the opportunity to participate in planning activities. The Associate Executive Director stated that LAYN

has implemented a Monthly Activities Planning Form that will be distributed to the youth monthly and will allow for them to list group and personal activities in which they are interested in participating. The Director of Education and Enrichment then will schedule the suggested activities in the monthly activities calendar.

Recommendation:

LAYN's management shall ensure:

10. The children are given the opportunity to participate in planning activities.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review of five children's files and/or documentation from the provider, LAYN fully complied with seven of eight elements in the area of Personal Needs/Survival and Economic Well-Being.

We noted that children were neither encouraged, nor assisted in creating and maintaining their photo albums/life books. The Associate Executive Director stated that all youth will be offered the opportunity to participate in the creation and maintenance of their own personal life books at art therapy groups which are held twice a month.

Recommendation:

LAYN's management shall ensure:

11. All children are encouraged and assisted in creating and maintaining their photo albums/life books.

DISCHARGED CHILDREN

Based on our review of three discharged children's files and/or documentation from the provider, LAYN fully complied with one of three elements reviewed in the area of discharged children.

We found that all three reviewed discharged children were not discharged according to their permanency plan, and none of the discharged children were successfully meeting all of their NSP goals prior to discharge. The Associate Executive Director stated that LAYN always strives for its children to achieve 100% of their goals. The treatment team will continue to work together to develop and implement attainable and measurable goals for the youth.

Recommendations:

LAYN's management shall ensure:

12. All children are discharged according to the permanency plan.

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

PERSONNEL RECORDS

Based on our review of five personnel files and/or documentation from the provider, LAYN fully complied with seven of 14 elements in the area of Personnel Records.

Two staff members who had transferred from the LAYN Emergency Shelter Care facility were not associated with LAYN's Beachwood site, and one staff member whose file was reviewed did not meet the work experience requirements, and did not have a valid California Driver's License (CDL). Additionally, one staff member did not receive timely initial health-screenings, and three staff members did not receive the required initial and/or on-going training. Further, three staff members did not have a valid First-Aid and/or CPR certificate on file. The Associate Executive Director stated that LAYN will make every effort to complete all personnel record documentation in an accurate and timely fashion. In addition, the two staff members who transferred from LAYN's Emergency Shelter Care facility will be associated immediately through Community Care Licensing.

Recommendations:

LAYN's management shall ensure:

14. All staff members who have a direct contact with children are associated with the appropriate LAYN facility and meet the work experience requirements.

15. All staff members receive timely initial health screenings.

16. All staff members have a valid CDL.

17. All staff members receive the required initial training.

18. All staff members receive CPR training.

19. All staff members receive First-Aid training.

20. All staff members receive the required initial and/or ongoing training.

FOLLOW-UP FROM OHCMD'S PRIOR MONITORING REVIEW

Objective

Determine the status of the recommendations reported in the OHCMD's prior monitoring review.

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was issued on February 28, 2011.

Results

The OHCMD's prior monitoring report contained five outstanding recommendations. Specifically, LAYN was to ensure NSPs were comprehensive, including all required elements in accordance with the NSP template; all age-appropriate children were allowed to participate fully in the development of their NSPs; all new staff submitted timely criminal fingerprint cards and Child Abuse Index Clearances; and all staff members received timely initial health screenings and the required initial training.

Based on our follow-up of these recommendations, LAYN fully implemented two of five recommendations. LAYN did not implement the recommendations by the Auditor-Controller (A-C) and the OHCMD regarding development of comprehensive NSPs; all staff members receiving the required initial training and timely initial health-screenings. Corrective action was requested of LAYN to further address the recommendations that were not implemented.

Recommendation:

LAYN's management shall ensure:

21. Full implementation of the outstanding recommendations from the OHCMD's prior monitoring report, which are noted in this report as Recommendations 5, 15 and 17.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of LAYN has not been posted by the A-C.

Los Angeles Youth Network
DCFS Corrective Action Plan
Beachwood Group Home

January 17, 2012

Based on the DCFS Out-of-Home Care Group Home Monitoring Review for the Beachwood Program for the site visit conducted on November 7, 2011 and November 8, 2011 the following deficiencies were noted:

Licensure/Contract Requirements

Finding # 1: *The weekly allowance log was not always adequately completed*

Corrective Action for Finding # 1: Case Manager, [redacted] will ensure that the weekly allowance log is adequately maintained by checking that all youth and staff have signed off on the allowance amounts and that the appropriate dates are listed.

Finding # 2: *The Resident Sign-In/Sign-Out Log was not adequately completed*

Corrective Action for Finding # 2: Program Specialist, [redacted] will ensure that the Resident Sign-In/Sign-Out Log is adequately maintained by ensuring that all youth's proper exit and return times are documented, including estimated return times; that all staff sign off on the entry and that all destination information is complete and accurate.

Facility and Environment

Finding # 3: *Common quarters and children's bedrooms were not well maintained.*

Recommendation for Finding # 3: *1) Carpets need to be repaired or replaced in the stairway and second floor hallway, 2) Cable in hallway across from bedroom number 3 needs to be mounted to the wall, 3) Upstairs hallways need to be repainted, 4) Carpets need to be repaired or replaced in the client bedrooms, 5) Upstairs resident's room doors need to be replaced or repainted (especially room # 3), 6) Bedroom # 5 has a desk drawer that is broken and needs to be replaced, and 7) Resident's should have hygiene boxes that they keep their hygiene products in.*

Corrective Action for Finding # 3: The Beachwood house flooring, both on the 1st and 2nd levels, was replaced in December 2011. The loose cable on the wall outside of bedroom number 3 will be mounted by March 1, 2012. All bedroom doors will be repaired, replaced, or repainted by March 1, 2012. The upstairs hallways will also be repainted by March 1, 2012. All broken furniture will be assessed and either repaired or replaced by March 1, 2012. LAYN is currently in the process of pricing and purchasing hygiene boxes for its residents. All residents will have personal hygiene boxes by March 1, 2012. Once all repairs have been implemented, the Compliance Director, [redacted] will then notify the DCFS monitor, [redacted]

Required Documentation and Service Delivery

Finding # 4: *One out of the five client Needs and Service Plans reviewed did not show the child progressing toward meeting the NSP goals.*

Recommendation for Finding # 4: *One of the five sampled children was not progressing toward meeting their NSP goals; while this is in compliance with the group home contract Statement of Work which states that at least 62% of the placed children successfully meet the NSP goals; it must be noted that DCFS wants all children to make progress toward their NSP goals.*

Corrective Action for Finding # 4: While not a technical finding, the Los Angeles Youth Network will continue to ensure that 100% of DCFS youth are working toward their NSP goals. The case manager, [redacted] will assist by helping the child set smart goals that are measurable and within their reach and document these goals in the NSP. The treatment team, headed by Clinical Director, [redacted], will review these goals during monthly sessions to assess the youth's progress. Modifications to these goals will be made, if necessary, so that the child is able to meet 100% of their goals.

Finding # 5: *Three out of the six Needs and Service plans reviewed were not completed in a timely manner.*

Corrective Action for Finding # 5: The Los Angeles Youth Network was operating under different time parameters as explained to them by their previous monitor. LAYN will ensure that they adhere to the new NSP time parameters as explained by new monitor, [redacted]. Case Manager, [redacted], will ensure that all NSP/QPR's are completed and signed within the 30 day/3 month time frame from the client's intake/admission date. [redacted] will then ensure that all NSP/QPR's are sent to the CSW within 10 days after completion for signatures and authorization that the agency may implement the NSP.

Finding # 6: *Zero out of six Needs and Service Plans reviewed were not comprehensive.*

Corrective Action for Finding # 6: The Compliance Director, [redacted], and the Beachwood Case Manager, [redacted], met with DCFS Monitor, [redacted] on November 23, 2011 to be trained on proper completion of the Needs and Service Plans; including documenting detailed progress toward client goals, listing measurable treatment goals, and goals being client specific. [redacted] along with the Clinical Director, [redacted], will ensure that all Needs and Service Plans are accurate and comprehensive by proofreading all reports upon completion and prior to submission. [redacted] will also utilize [redacted] as a resource to review these reports when necessary, as was offered.

Finding # 7: *The agency did not assist one out of five children with maintaining important relationships.*

Corrective Action for Finding # 7: In this specific situation, the child's mentor had decided that she was unable to mentor the child any further due to other personal

responsibilities. LAYN's Director of Education and Enrichment, [redacted], will ensure that in these specific situations, the child will be re-matched as soon as possible.

Health and Medical Needs

Finding # 8: *One out of five children reviewed did not receive their initial required examination in a timely manner.*

Corrective Action for Finding # 8: LAYN has had difficulty obtaining timely appointment slots at the affiliated adolescent clinic due to overcrowding. LAYN will ensure that if this situation arises again, the case manager will find another facility that the child can go to for their medical assessment within the 30 day time limit.

Personal Rights and Social/Emotional Well-Being

Finding # 9: *Five children interviewed expressed not being given the opportunity to participate in planning activities.*

Corrective Action for Finding # 9: LAYN has implemented a Monthly Activities Planning Form that will be distributed to the youth monthly that will allow them to list group and personal activities that they are interested in participating in. This form will be collected and reviewed by the Director of Education and Enrichment, [redacted], who will then implement the youth suggestions in the monthly activities calendar.

Personal Needs/Survival and Economic Well-Being

Finding # 10: *Five children interviewed expressed not being encouraged to create a life book/photo album.*

Corrective Action for Finding # 10: All youth will be offered the opportunity to participate in the creation and development of their own personal life books at art therapy groups held twice a month and facilitated by LAYN's Intern Art Therapist, [redacted]

Discharged Children

Finding # 11: *None of the placed children's discharge summaries included all of the required information listed in the California Code of Regulations, Title 9, section 1927 I & J Exhibit FF.*

Corrective Action for Finding # 11: Compliance Director, [redacted] has recreated the discharge form to match the Title 9 regulation standard. The case manager for the program will be trained to properly and accurately complete this form for all discharged youth. A copy of this form will be kept in the youth's file upon client exit.

Finding # 12: *Of the three children discharged during the review period, none of them successfully met 100% of their NSP goals.*

Corrective Action for Finding # 12: While it was found that of the three discharged children that were reviewed had not successfully met 100% of their NSP

goals, 100% of them were working toward meeting their NSP goals. LAYN always strives for its clients to achieve 100% of their goals. The LAYN treatment team will continue to work together to develop and implement obtainable and measureable goals for the youth. The treatment team, headed by Clinical Director, [redacted], will review these goals during monthly sessions to assess the youth's progress. Modifications to these goals will be made, if necessary, so that the child is able to meet 100% of their goals.

Personnel Records

Finding # 13: It was noted by the DCFS Group Home Monitor upon inspection of the Los Angeles Youth Network personnel records that multiple employee files reviewed were missing information /documentation.

Recommendation for Finding # 13: The areas noted that need attention are timely submissions of initial health screenings performed, initial trainings hours completed, on- going employee training per LAYN program Statement, CPR & First-Aid Certification, CA Driver License, and prior youth experience per LAYN program Statement.

Corrective Action for Finding # 13: The Los Angeles Youth Network will make every effort to complete all personnel record documentation in an accurate and timely fashion. The Director of Administration, [redacted], will ensure that completion of the mandatory health screenings are completed and have it placed in their personnel record for every new hire. It is the Los Angeles Youth Network's goal to maintain timely initial and on- going trainings for employees. Therefore, the Director of Administration will work to ensure that these are completed upon hire, and will review personnel files monthly to ensure compliance with the regulatory guidelines. The Director of Administration, will ensure that new hires have a CA Driver License, and prior work experience before hire, per our program statement. The Los Angeles Youth Network will set up a CPR/FIRST-AID training certification, in the next two months to ensure that all employees have current and new certification. The Director of Administration will ensure that these items are completed and will review personnel files monthly in order to maintain compliance.

This report has been completed by [redacted], Compliance Director, and approved by [redacted], Associate Executive Director. Please feel free to direct any questions or suggestions regarding this CAP to [redacted].

Thank you,

[redacted]
Associate Executive Director
Los Angeles Youth Network