County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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March 22, 2016

To: Supervisor Hilda L. Solis, Chair
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From: Philip L. Browning
Director

HUMAN SERVICES NETWORK DBA YOUTH SERVICES NETWORK GROUP HOME FISCAL COMPLIANCE ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Fiscal Compliance Assessment and Contract Compliance Review of Human Services Network dba Youth Services Network (the Group Home) in February and March 2015. The Group Home has three licensed offices, one in the Third Supervisorial District and two in the Fifth Supervisorial District and provides services to the County of Los Angeles DCFS placed children and Probation placed youth. According to the Group Home's program statement, its stated purpose is "First to help children develop skills and self-esteem which will enable them to become self-sufficient and productive persons in society. And second, to help develop and promote a viable social support system for children outside the foster care system."

The Group Home has three 6-bed licensed offices to serve a capacity of 18 male youths, ages 11 through 17. At the time of the review, the Group Home served 18 DCFS placed children. The children's overall average length of placement was six months and their average age was 16.

SUMMARY

CAD conducted a Fiscal Compliance Assessment which included an agency-wide review of the Group Home's financial records, such as financial statements, bank statements, check register and personnel files to determine their compliance with the terms, conditions and requirements of the Group Home contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The Group Home did not comply with 5 of the 5 areas of the Fiscal Compliance Assessment. CAD noted deficiencies in the areas of: Financial Overview, related to untimely completion and submittal of the semi-annual expenditure reports; Loans, Advances and Investments, related to non-FDIC insured investment; Board of Directors and Business Influence, related to Board meeting minutes not certified by the Board Secretary; Cash/Expenditures, related to absence of a second signature on checks payable to the authorized check signer, checks made payable to petty cash, incomplete bank reconciliations and fixed assets inventory; and Payroll and Personnel, related to incomplete personnel files.

During CAD's Contract Compliance 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 placement environment and treated with respect and dignity.

The Group Home was in full compliance with 6 of 10 areas of our Contract Compliance Review: 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.

CAD noted deficiencies in the areas of: Licensure/Contract Requirement, related to Community Care Licensing (CCL) citations; Facility and Environment, related to the grounds and common areas not being well maintained and the not maintaining a sufficient and appropriate selection of recreational equipment; Maintenance of Required Documentation and Service Delivery, related to not obtaining the County Children's Social Worker's (CSW's) signature on Needs and Service Plans (NSPs), children not progressing toward meeting the NSP goals, and initial and updated NSPs not timely developed; Education and Workforce Readiness, related to one child not enrolled in school within three school days of placement and four children did not improve in their academic performance.

Attached are the details of CAD's review.

REVIEW OF REPORT

On May 19, 2015 Chinelo Maduike, DCFS CAD and Mary Espinoza, Out-of-Home Care Management Division (OHCMD), held an Exit Conference with the Group Home representatives: Miriam Korn, Executive Director; Art Thomas, Program Director; Tamecia Citizen, Operations Director; and Kelly Choi, Supervising Case Manager. On May 12, 2015, Helga Kiaian, CAD, held the fiscal Exit Conference with Miriam Corn, Executive Director, and Tamecia Citizen, Operations Director. The Group Home representatives were in agreement with the review findings and recommendations, were receptive to implementing systemic changes to improve the Group Home's compliance with regulatory standards and were in agreement with addressing the noted deficiencies in a compliance Corrective Action Plan (CAP) and a Fiscal Corrective Action Plan (FCAP).

A copy of this compliance report has been sent to the A-C and CCL.

CAD fiscal staff verified implementation of the FCAP in July 2015. OHCMD provided technical assistance to the Group Home on May 19, 2015, to assist the Group Home with implementing their CAP.

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

PLB:EM:LTI:cm

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Miriam Korn, Executive Director, Human Services Network dba Youth Services Network
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

HUMAN SERVICES NETWORK DBA YOUTH SERVICES NETWORK
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014 –2015

SCOPE OF REVIEW

The Fiscal Compliance Assessment included a review of Human Services Network dba Youth Services Network's (the Group Home's) financial records for the period of January 1, 2013 through December 31, 2014. CAD reviewed the financial statements, bank statements, check register and personnel files to determine the Group Home's compliance with the terms, conditions and requirements of the Group Home contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State and County regulations and guidelines.

The on-site Fiscal Compliance Assessment review focused on five key areas of internal controls:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The Group Home did not comply with any of the 5 areas of the Fiscal Compliance Assessment.

FISCAL COMPLIANCE

CAD found the following five areas out of compliance:

Financial Overview

- The semi-annual expenditure report for the period of July to December 2013 was due to the Department of Children and Family Services (DCFS) on March 1, 2014 and was not received until March 25, 2014.

The Executive Director will ensure that the semi-annual expenditure report is timely submitted.

Recommendation:

The Group Home's management shall ensure that:

1. Semi-annual expenditure reports are timely submitted to DCFS.

Loans, Advances and Investments

- The audited financial statements for the Fiscal Year ending December 31, 2013, have $426,869 in marketable securities.

The Executive Director and President of the Board of Directors will ensure that funds paid by the County are not invested in marketable securities.

Recommendation:

The Group Home's management shall ensure that:

2. County funds are not utilized for investments where there is a risk of loss.

Board of Directors, and Business Influence

- The Board secretary did not certify the Board meeting minutes dated January 20, 2015, October 14, 2014 and August 26, 2014.

The President of the Board of Directors will ensure that the minutes of all Board of Directors meetings are certified by the secretary of the Board or authorized designee.

Recommendation:

The Group Home's Board of Director's shall ensure that:

3. The Board secretary certifies all Board meeting minutes.

Cash/Expenditures

- Checks were made payable to the Executive Director with no second signature.

Effective immediately, the Board of Directors will ensure that a policy and procedure is implemented that a payee will not be a signor on the check.

- All petty cash replenishment checks were made payable to "Petty Cash".

Effective immediately, the Operations Director, under supervision of the Executive Director will ensure that all petty cash checks will be written to employees and supported by receipts and invoices.

- One bank reconciliation was not completed within 30 days of the bank statement date. Three bank reconciliations reviewed were not signed by the preparer and the reviewer. One check was outstanding longer than six months.

Effective immediately, the Operations Director, under supervision of the Executive Director will ensure that monthly bank reconciliations are prepared within 30 days of the bank statement date. The reconciliations will be prepared by an independent certified public accountant, reviewed by the Executive Director, signed and dated by both the preparer and the reviewer. All reconciling items will be timely resolved.

- The Group Home did not maintain a fixed assets inventory list.

The Operations Director, under supervision of the Executive Director, will create and maintain a fixed asset inventory list for each facility and the administrative office. The fixed asset inventory list will include all required elements.

Recommendations:

The Group Home's management shall ensure that:

4. Another authorized check signor signs checks payable to the authorized check signor.

5. Checks are not made payable to cash.

6. Monthly bank reconciliations are prepared within 30 days of the bank statement date, signed and dated by both the preparer and the reviewer.

7. A fixed asset inventory list is maintained that includes all required elements.

Payroll and Personnel

- Current position and job description were not available in two personnel files reviewed.

The Operations Director, under supervision of the Executive Director will ensure that the personnel files contain the current position and job description for all employees.

Recommendation:

The Group Home's management shall ensure that:

8. Personnel files include current position and job description information.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A recent fiscal review of the Group Home has not been conducted by the A-C.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next Fiscal Compliance Assessment of the Group Home will be conducted in County Fiscal Year 2015-2016.

HUMAN SERVICES NETWORK DBA YOUTH SERVICES NETWORK GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY

License Number: 191220401 **License Number: 198205892** **License Number: 191220817**
Rate Classification Level: 12 **Rate Classification Level: 12** **Rate Classification Level: 12**

	Contract Compliance Review	**Findings: March 2015**
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. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign-In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Improvement Needed
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social 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. Improvement Needed
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social 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/Progress Reports Maintained 4. Children's Academic Performance and/or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance
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 Nutritious 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. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication 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)	Full Compliance (All)

	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in the 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/Photo Album	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	Full Compliance (All)
X	**Personnel Records** (7 Elements) 1. FBI, DOJ, 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	Full Compliance (All)

HUMAN SERVICES NETWORK DBA YOUTH SERVICES NETWORK GROUP HOME
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" visit. This compliance report addresses findings noted during the March 2015 review. The purpose of this review was to assess Human Services Network dba Youth Services Network's (the Group Home's) 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 compliance review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Education 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 placed children were selected for the sample. The Contracts Administration Division (CAD) 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 placed child was prescribed psychotropic medication. The child's case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five 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

CAD found the following four areas out of compliance:

Licensure/Contract Requirements

- Community Care Licensing (CCL) citation.

CCL cited the Group Home due to a complaint received on March 10, 2014. CCL substantiated a lack of supervision violation. CCL requested a Plan of Correction (POC) which included the Group Home hires additional staff. The facility manager was advised to amend the Program Statement and provide proof of staffing and training by April 4, 2014. The Group Home submitted the POC to CCL showing a staff-to-resident ratio of 1:3 would be provided from 4 p.m. to 10 p.m. All Group Home staff has been re-trained and staff received and signed a memo agreeing to adhere to the Group

Home's policy for awake/overnight supervision of youth. The Group Home submitted an in-service training log dated March 19, 2014. CCL cleared the POC on April 14, 2014.

Recommendation:

The Group Home's management shall ensure that:

1. The Group Home is in compliance with Title 22 regulations and free of CCL citations.

Facility and Environment

- The exterior of the Group Home was not well maintained.

The backyard in Group Home site #1 had a dilapidated wooden picnic table with six nails sticking out. At the same site, two bricks were being used as support to hold the broken basketball hoop in the backyard. CAD brought these items to the Group Home representative's attention for immediate remedy. The broken basketball hoop and bricks were removed from the facility immediately and the picnic table was removed from the backyard and locked in the garage (weight room) pending big bulk disposal the following week on Monday. Residents did not have access to the weight room for that week.

- The common quarters were not well maintained.

The bathroom for the residents in Group Home site #1 had a shower head that was loose and had very low water pressure. This was brought to the Group Home representative's attention and a repair order was initiated for immediate repair. Upon re-inspection of the home during the review period, the bathroom was observed to be in good repair with comfortable water pressure and temperature.

- Sufficient recreational equipment was not maintained.

Group Home site #1 had a broken basketball hoop for the children's use. CAD addressed the issue with the Group Home staff and on the same day of inspection, the broken hoop was removed. The Group Home replaced it with a brand new basketball hoop which was confirmed on May 6, 2015.

Recommendations:

The Group Home's management shall ensure that:

2. The exterior of the Group Home is well maintained.

3. The common quarters are well maintained.

4. The Group Home maintains sufficient recreational equipment.

Maintenance of Required Documentation and Service Delivery

- County Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSP) was not obtained.

In 10 of 14 NSPs reviewed, the Group Home did not timely obtain the County CSW's authorization to implement the NSP. The NSPs were sent after the due dates to the County CSWs for signature authorizing implementation. All ten NSPs did not have timely documented efforts to obtain County CSW authorization.

- Children not progressing toward meeting NSP case goals.

Two of five sampled children were not progressing toward their NSP case goals. Both children were failing their classes. Child #1 had significant decline in grades from a 3.0 grade point average (GPA) at his former school at the time of the initial NSP to a 0.42 GPA at time of the updated NSP. Child #5 was passing his classes at his former High School before placement, but was failing at the time of the updated NSP. Child #5 also had excessive absences/tardies. This was brought to the Group Home representative's attention and they indicated that they are working on implementing a systemic treatment intervention to address school difficulties/challenges for children.

During the Exit Conference, the Group Home representatives informed CAD that they implemented their systemic treatment intervention protocol which includes, but is not limited to aligning the house point level system to support academic achievements.

On July 22, 2015 CAD conducted a follow-up visit and verified that the Group Home has an in-house tutor that provides tutoring to the children and also implemented their new house point level system protocol.

- Development of initial NSPs with child's participation was not timely.

Five initial NSPs were reviewed. All five were not developed timely with the participation of the developmentally age-appropriate children. The children signed late, the dates were pre-printed and/or the dates were missing.

- Development of updated NSPs with child's participation was not timely and comprehensive.

Although the updated NSPs were developed, they were not timely developed or comprehensive. All signatures were pre-printed and sent late to the County CSWs. All the updated NSPs had the same educational goals of High School graduation, regardless of the child's current grade. In 11 of 15 updated NSPs reviewed, the goals were not Specific, Measurable, Attainable, Relevant, Time-bound (SMART) goals.

During the Exit Conference, the Group Home representative stated that a new protocol was implemented, goals will follow the SMART guidelines and pre-printed dates will not be used. Further, the Group Home will have the age-appropriate children and designated staff sign on or few days before the due date to give time for the County CSWs to review and send a signed copy for

implementation. In addition, the Group Home will ensure that all NSP signature requests to County CSWs are documented, sent timely and efforts to obtain the County CSW's signature are documented in detail. The Group Home representatives will provide additional training to the staff responsible for preparing the NSPs. The Group Home representatives attended the NSP refresher training provided by DCFS on May 8, 2015.

On July 22, 2015, CAD conducted a follow up visit and verified that the Group Home is in compliance with their protocol.

Recommendations:

The Group Home's management shall ensure that:

5. The County CSW's authorization to implement NSPs is obtained.

6. The children are progressing toward meeting their NSP case goals.

7. Initial NSPs are developed timely.

8. Updated NSPs are developed timely and are comprehensive.

Education and Workforce Readiness

- A child was not enrolled in school within three school days of placement.

One child was not enrolled in school within three school days after placement. The child was placed on October 28, 2014 and was not enrolled in school until December 1, 2014. The Group Home's first attempt for contacting the school for enrollment was on November 5, 2014, after which they documented barriers to enrolling the child.

- Children's attendance did not increase.

One child's attendance did not improve and 2 of 5 children had excessive absences/tardiness.

Child #1 and #5 had excessive absences/tardiness. This was brought to the Group Home representative's attention and it was indicated that they are working on implementing a systemic treatment intervention to address school difficulties/challenges for children.

During the Exit Conference, the Group Home representatives informed CAD that they implemented their systemic treatment intervention protocol that includes integration of a house point level system to support school attendance and academic achievements.

On July 22, 2015, CAD conducted a follow-up visit and verified that the Group Home is in full compliance with their protocol.

Recommendation:

The Group Home's management shall ensure that:

8. Children are enrolled in school within three school days.

9. Children's academic performance/attendance increases.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S GROUP HOME CONTRACT COMPLIANCE REVIEW

CAD's last compliance report dated April 2, 2015, identified 8 recommendations.

Results:

Based on CAD's follow up, the Group Home fully implemented 7 of 8 recommendations for which they were to ensure that:

- Comprehensive monetary and clothing allowance logs are maintained.
- Monthly contacts with the County CSWs are documented.
- Initial medical exams are conducted timely.
- Appropriate staffing and supervision are provided at all times.
- Employee health screenings and tuberculosis clearances are completed timely.
- All staff that transport residents have a valid driver's license.
- All staff receives the required training.

The Group Home did not implement 1 of 8 recommendations for which they were to ensure that:

- The exterior and grounds are well maintained.

Recommendation:

10. The outstanding recommendation from the prior report dated April 2, 2015, which is noted in this report as recommendation 2 is fully implemented.

During the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with Title 22 regulations and contract requirements. The Group Home supervising case manager will ensure that staff is trained in the importance of ensuring initial and updated NSPs are developed timely.

On July 22, 2015, CAD conducted a follow-up visit and reviewed six updated NSPs and verified that the Group Home was in full compliance with timely development and participation of age-appropriate children and the staff in the sample. For three of six updated NSPs reviewed, there was no documentation of the Group Home's attempts to obtain the County CSW's signature. The Group Home was advised to fully implement their updated protocol. CAD will continue to assess implementation of the recommendations during the next review. The Out-of-Home Care Management Division will provide ongoing support and technical assistance prior to the next review.

January 7, 2016

TO: Helga Kiaian
Fiscal Compliance Administrator
Department of Children and Family Services

Cc: Kristine Ovseypyan
Fiscal Compliance Unit Manager
Department of Children and Family Services

FROM: Miriam Korn
Executive Director
Human Services Network dba Youth Services Network

RE: Fiscal Compliance Assessment
Corrective Action Plan
2/24/2015 – 3/04/2015

FCAT Section 1 – Financial Overview
Question No. 6

Finding:

The Agency did not submit the Semi-Annual Expenditure Report in a timely manner. Semi-Annual Expenditure Report for the periods of July to December 2013 which were due to DCFS on March 1, 2014 we received on March 25, 2014.

The Executive Director shall ensure that the Semi-Annual Expenditure Report, along with the Group Home Cost Report, shall be mailed no later than September 1 for the semiannual report for the period ended June 30, and March 1 for the semi-annual report for the period ended December 31.

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Question No. 12

Finding:

Per audited Financial Statements as of 12/31/13, the Agency has total investments of $426,869 in marketable securities.

The Executive Director and President of the Board of Directors will ensure that all County program funds invested in marketable securities will be liquidated and moved to FDIC insured accounts, effective immediately.

FCAT Section III – Board of Directors, and Business Influence

Question No. 13

Finding:

The Board meeting minutes dated January 20, 2015, October 14, 2014 and August 26, 2014 were not certified by the Board Secretary.

The President of the Board of Directors will ensure that the Minutes of all Board of Directors meetings shall be certified by the Secretary of the Board or authorized designee.

FCAT Section IV- Cash/ Expenditures

Question No. 17

Finding:

Checks payable to executive director are signed by her only.

The Executive Director and Board of Directors shall ensure, effective immediately, that a policy and procedure is implemented that where the payee is also a signor on the check, the disbursement shall be reviewed and approved by a higher level employee, or Board member who shall also sign the check.

Question No. 18

Finding:

All Petty Cash replenishment checks were made payable to "Petty Cash."

Effective immediately, the Operations Director, under supervision of the Executive Director, will ensure that all Petty Cash checks shall be written to employees for reimbursements of out-of-pocket costs and supported by receipts and invoices.

Question No. 25

Finding:

Bank reconciliations were not prepared within 30 days of the bank statement date and were not signed by preparer and reviewer. Also, one check remained outstanding longer than six months.

Effective immediately, the Operations Director, under supervision of the Executive Director, will ensure that monthly bank reconciliations are prepared within 30 days of the bank statement. The reconciliations shall be prepared by the Independent Certified Public Accountant, reviewed by the Executive Director and be signed and dated by both the preparer and the reviewer. All reconciliations shall be resolved in a timely manner.

FCAT Section V – Payroll and Personnel

Question No. 28

Finding:

The Agency did not maintain an inventory list of fixed assets (capitalized and non-capitalized) that include item description, serial number, date of purchase, acquisition cost and source of funding.

The Operations Director, under supervision of the Executive Director, will create and maintain current a list of all fixed assets (capitalized and non-capitalized) within each facility and the administrative office, including item description, serial number, date of purchase, acquisition cost, and source of funding. An inventory will be conducted at a minimum of once a year to ensure fixed assets are accounted for and maintained in proper working order.

Question No. 29

Finding:

Current position and job description were not available in 2 of 3 personnel files sampled.

The Operations Director, under supervision of the Executive Director, will ensure that the personnel files contain the current job description and position for all personnel.

Prepared by:

Miriam Korn, Executive Director

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November 30, 2015

TO: Chinelo Maduike – Department of Children and Family Services

RE: Youth Services Network – Corrective Action Plan Addendum
Group Home Monitoring Review Field Exit Summary

I. LICENSURE/ CONTRACT REQUIREMENTS

9. Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?

CCL issued 1 citation to the group home. Site #3 was cited for 2 Neglect/ Lack of Supervision (substantiated). Group home is maintaining supervision of residents in our care as per CCL and DCFS regulations and all staff are being trained as required. Staff completes the daily logs and overnight logs on a regular basis which are being checked by the Facility Managers daily and reviewed by the Program Director on a weekly basis. The Program Director is responsible that staff are adequately trained, staffing is maintained and staff provides appropriate supervision at all times.

II. FACILITY AND ENVIORNMENT

10. Are the exterior and the grounds of the group home well maintained?

GH site #1 was reported to have a dilapidated picnic table and broken basketball hoop. Both items were removed from the facility at the time of the audit and were locked in the garage until Big Bulk disposal was able to come pick up the items on Monday 5/25/2015. The residents were not allowed access to the garage during the time the items were stored in the garage. Facility interior and exterior will be inspected daily by the Facility Supervisor or designee and will complete and sign off on a check-list daily. All maintenance needs will be reported to the administrative office immediately and any items requiring repair will be removed immediately. The Facility Supervisor under the supervision of the Program Director will ensure that all items in and around the facility are safe and in good condition. New equipment will be purchased in a timely manner.

11. Are common quarters well maintained?

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The bathroom in GH site #1 was reported to have a loose shower head with low water pressure. A repair order was placed and the shower head was repaired and the water pressure was adjusted during the time of the audit. The Facility Manager or designee will check bathroom fixtures weekly and submit repair request immediately if necessary to the administrative office.

13. Does the group home maintain sufficient recreational equipment and an appropriate selection of reading materials and educational resources and supplies, including computers, which are age appropriate, readily available to children, and in good repair?

The basketball hoop at GH site #1 was reported to be broken. The basketball hoop was removed and replaced with a new basketball hoop during the time of the audit. Program Director will ensure sports equipment will be maintained in good condition and replaced when needed.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

16. Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan?

After reviewing the Needs and Services Plan (NSP) with The Department of Children and Family Services' (DCFS) Contracts Compliance Administrator, Youth Services Network (YSN) was able to get clarification on the following and will adjust our procedures to meet DCFS compliance and requirements:

- No dates will be pre-typed into the signature page of all NSP.
- As YSN was informed that we had a 5 business day grace period to submit all NSP to the County Social Worker (CSW), from here on out, all NSP will be sent to the CSW by the due date and will note the date it was prepared up to. An addendum will be submitted if necessary.
- YSN will make 3 attempts within 5 business days of submitting the NSP to the CSW to obtain a signed signature page. The attempts will start 24 hours after the initial submission. The attempts will be documented and attached to the NSP.
- The goals in each NSP will be measurable and obtainable. A modification explanation will be written as needed.

Case Managers will be responsible under the supervision of the Supervising Case Manager that these policies and procedures are being implanted when completing all NSPs.

18. Are the sampled children progressing toward meeting the Needs and Services Plans case goals?

It was reported that Child #1 and #5 were not progressing towards their goals due to their failing grades. A systematic treatment intervention will be implemented to address school difficulties for the residents including: daily monitoring of attendance, regular contact with school administration and staff, participation in IEP and other meetings to address academic and behavioral problems, integration of house point level system to support academic achievement, coordination with mental health treatment providers, etc. Under the supervision of the Supervising Case Manager, Case Manager or designee are responsible to check attendance, grades and behaviors for each resident at their school a minimum of 2x/month or more as needed.

23. Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

Initial NSP were not developed in a timely manner, dates were pre-printed, was sent late to the CSW, and subsequently signed late most of the time. No dates will be pre-typed into the NSP, all NSPs will be submitted on or before the due date, and 3 attempts will be made to obtain the signed signature page from the CSW within 5 business days from the due date of the NSP. Under the supervision of the Supervising Case Manager, Case Managers will ensure that these policies and procedures are being followed.

24. Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

Treatment team did not develop timely updated NSPs, dates were pre-printed, sent late to CSW, and all NSPs had the same goals. The treatment team will develop timely, comprehensive goals that address individual needs, that are time specific, obtainable, and measureable, and if modified, will have clear treatment based reasons for modification. Mental health goals as developed by the mental health treatment provider will be incorporated into the NSP goals. NSP report will be developed by the Case Managers under the supervision of the Supervising Case Manager who will ensure the NSP is completed according to established policies and procedures, all necessary signatures are obtained, and is submitted to the CSW by the due date.

IV. EDUCATION AND WORKFORCE READINESS

25. Was the child enrolled in school within three school days after placement or did the GH document efforts?

Child #2 was not enrolled in school within the time frame given. It was reported that the GH subsequently provided documentation to barriers to enrolling the minor. Facility Managers under the supervision of the Program Director will continue to make every effort to enroll all youth in school within 3 business days from placement and document any barriers to enrolling a resident during this time period.

28. Based on the services provided by the facility, has the child's academic performance and/or attendance increased?

The academic performance and/or attendance for Child #1, #2, #3 and #5 did not improve even after the resources the GH provided to the youth. Case Manager or designee will be contacting school personnel, participating in school conferences with teachers, counselors or other administrators, IEP meetings as necessary and ensuring behavioral program in the GH supports academic progress. Under the supervision of the Supervising Case Manager, Case Manager or designee are responsible to check attendance, grades and behaviors for each resident at their school a minimum of 2x/month or more as needed.

Miriam Korn
Executive Director

10/19/15
Date

Cc: file

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