



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

BRANDON T. NICHOLS
Acting Director

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November 2, 2017

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: *Cynthia McCoy Miller*
Brandon T. Nichols
Acting Director

HAYNES FAMILY OF PROGRAMS FISCAL COMPLIANCE ASSESSMENT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Fiscal Compliance Assessment of the Haynes Family of Programs (the Group Home) in June 2017. The Group Home has one licensed site located in San Bernardino County and provides services to the County of Los Angeles DCFS placed children, Probation foster youth, and children from other counties. According to the Group Home's Program Statement, its stated mission is, "to strengthen the Mind and Spirit of special needs children affected by emotional challenges, abuse, neglect, and developmental disabilities by providing specialized programs in a nurturing, caring, and therapeutic environment."

At the time of the review, the Group Home served 24 DCFS placed children and 16 Probation foster youth. The placed children's overall average length of placement was three months and their average age was 14.

SUMMARY

CAD conducted a Fiscal Compliance Assessment, which included an on-site review of the Group Home's financial records: financial statements; bank statements; check register(s); and personnel files to determine their compliance with the Group Home Contract.

The Group Home was in full compliance with all areas of the Fiscal Compliance Assessment.

REVIEW OF REPORT

On August 8, 2017, Alain Iniego, DCFS CAD Fiscal, held an exit conference with the Group Home's representative, Tony Williams, Chief Financial Officer. There were no findings.

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

BTN:KR
LTI:ai

- c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Terri L. McDonald, Chief Probation Officer
Sheila Mitchell, Chief Deputy Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Sybil Brand Commission
Daniel Maydeck, Executive Director, Haynes Family of Programs
Lenora Scott, Regional Manager, Community Care Licensing Division

Haynes Family of Programs
Exit Summary and Request for Fiscal Corrective Action Plan

Fiscal Compliance Assessment – Internal Control Questionnaire Summary of Findings
On-Site Fiscal Compliance Assessment: July and August 2017
Internal Control Questionnaire (ICQ) received on March 8, 2016

Haynes Family of Programs (the Contractor) is a 501(c)3 non-profit organization that contracts with the Los Angeles County Department of Children and Family Services to provide the following services: Group Home and Wraparound Approach Services

The Contractor was in full compliance with all applicable areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors, and Business Influence, Cash/Expenditures; and Payroll and Personnel.

FCAT Section I - Financial Overview

No deficiency noted.

FCAT Section II – Loans, Advances and Investments

No deficiency noted.

FCAT Section III - Board of Directors, and Business Influence

No deficiency noted.

FCAT Section IV - Cash/Expenditures

We reviewed bank statements, cancelled checks and check registers for the months of December 2016, January and February 2017. There were a total of 3 bank accounts that were reviewed.

There was no deficiency noted.

FCAT Section V – Payroll and Personnel

No deficiency noted.


7/11/2017

By n/a (30 Calendar days from the exit conference), Haynes Family of Programs will submit to Alain Iniego of DCFS at IniegA@dcfs.lacounty.gov a written Fiscal Corrective Action Plan (FCAP) demonstrating its organization's plan to strengthen its internal controls and operational effectiveness to resolve the issues identified in the agency's Internal Control Questionnaire response and during the on-site FCAT administration.

On your FCAP, please identify and detail the organization's operational plan and required timeframes, with the protocol and or process the agency will incorporate to implement its change in approach and to prevent future findings. Please discuss the data the agency will collect and how that data will be used to improve your process. Please identify the position of the person who will be responsible for ensuring that the FCAP will be fully implemented and provide documentation to verify compliance with the FCAP. If the FCAP does not adequately address all of the issues, DCFS will require that you submit an addendum to the FCAP. The agency will only be allowed one (1) addendum. A maximum three-day timeframe will be allowed for the addendum. To ensure confidentiality, agencies are to submit FCAP's which do not include the names of children. Agencies are required to date all FCAP's and submit on agency's letterhead.

This form acknowledges that DCFS Fiscal Compliance staff and agency representative(s) discussed the above listed deficiencies and FCAP submission requirements. This form does not constitute the agency's agreement or disagreement with the findings. Failure to correct the above mentioned deficiencies, on or before the FCAP due date, may result in further corrective action.

Signature of Haynes Family of Programs Representative

Printed Name Tony Wilband, Title CFO
Signature [Signature], Date 8/8/17
Printed Name _____, Title _____
Signature _____, Date _____

Signature of DCFS Fiscal Compliance Administrator

Printed Name Alain Iniego
Signature Alain Iniego, Date 8/8/17

Signature of DCFS Compliance Manager

Printed Name Diana Flagg
Signature [Signature], Date 8/11/2017

[Signature]
DATE 8/11/2017

COUNTY USE ONLY

Exit Conference Date:	<u>8/8/17</u>
FCAP Due Date:	<u>n/a</u>
FCAP Received Date:	<u>n/a</u>
FCAP Addendum Requested:	<u>n/a</u>
FCAP Addendum Due:	<u>n/a</u>
FCAP Addendum Received:	<u>n/a</u>
Date Approved:	<u>n/a</u>

[Handwritten Signature]
[Handwritten Date: 8/11/17]