



NEW YORK CITY COMPTROLLER  
**BRAD LANDER**

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Deputy Comptroller for Audit

**Follow-up Audit Report on the  
New York City Department of  
Youth and Community  
Development's Oversight and  
Monitoring of Its Crisis  
Shelters**

**MH22-073F | October 26, 2022**



THE CITY OF NEW YORK  
OFFICE OF THE COMPTROLLER  
BRAD LANDER

October 26, 2022

To the Residents of the City of New York:

My office has audited the New York City Department of Youth and Community Development (DYCD) to determine the extent to which the seven recommendations made in the *Department of Youth and Community Development's Oversight and Monitoring of Its Crisis Shelters* (MJ18-054A), issued on August 6, 2019, have been implemented. We conduct audits such as this to determine whether agencies are implementing recommendations made in prior audit reports.

I am very pleased to report that this follow-up audit found that DYCD has improved its oversight of crisis shelters to help ensure compliance with key provisions of their contracts and with applicable rules and regulations. Of the seven recommendations made in the initial audit, this follow-up audit found that five have been implemented, and two have been partially implemented.

This follow-up audit recommends that DYCD take reasonable efforts to: (1) confirm the evaluation reports completed by staff contain all necessary information and reconcile with information documented elsewhere, and (2) make certain that providers take appropriate steps to safeguard against uncleared employees having unsupervised contact with youths. The audit also recommends that DYCD provide more detailed instructions for how reviews are to be conducted and documented.

The results of the audit have been discussed with DYCD officials and their comments have been considered in preparing this report. DYCD's complete written response is attached to this report.

If you have any questions concerning this report, please email my Audit Bureau at [audit@comptroller.nyc.gov](mailto:audit@comptroller.nyc.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "B. Lander".

Brad Lander  
New York City Comptroller

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# AUDIT IMPACT

## Summary of Findings

This was a follow-up audit conducted to assess recommendations made following an earlier audit, issued on August 6, 2019, of the *Department of Youth and Community Development's Oversight and Monitoring of Its Crisis Shelters* (Audit # MJ18-054A). The follow-up audit found that the Department of Youth and Community Development (DYCD) has improved its oversight of crisis shelters to help ensure compliance with key provisions of their contracts and with applicable rules and regulations.

DYCD provides emergency shelter and crisis intervention services for young people between the ages of 16 and 20, or Homeless Young Adult (HYA) sites for those between the ages of 21 through 24. These services are intended to reunite youths with their families or, if family reunification is not possible, arrange for appropriate transitional and long-term placements.

Of the seven recommendations made in the initial audit, this follow-up audit found that five have been implemented and two have been partially implemented.

This follow-up audit recommends that DYCD take reasonable efforts to (1) confirm the evaluation reports completed by staff contain all necessary information and reconcile with information documented elsewhere, and (2) make certain that providers take appropriate steps to safeguard against uncleared employees having unsupervised contact with youths. The audit also recommends that DYCD provide more detailed instructions for how reviews are to be conducted and documented.

## Intended Benefits

The audit assessed whether there have been improvements to DYCD's oversight over providers since an earlier audit, issued in 2019, resulted in issuance of several recommendations. This audit also considered whether additional action to improve oversight and compliance is warranted.

# INTRODUCTION

## Background

DYCD's mission is to invest in a network of community-based programs to alleviate the effects of poverty and provide opportunities for New Yorkers and communities to flourish. DYCD provides emergency shelter and crisis intervention services for young people between the ages of 16 and 20 and HYA residential sites for those between the ages of 21 through 24. These voluntary, short-term residential programs provide emergency shelter and crisis intervention services aimed at reuniting youths with their families or, if family reunification is not possible, arranging for appropriate transitional and long-term placements.

As part of its monitoring of the crisis shelter service providers' contracts, DYCD's Runaway and Homeless Youth (RHY) Unit conducts six types of monthly reviews—Beginning of Year Administrative, Administrative, Case Management, Safety and Facilities, Workshops, and Outcomes—on each of the provider's sites. These reviews are performed by RHY program managers, and information about these reviews is recorded in DYCD's Evaluation and Monitoring System (EMS), a repository of all documented evaluations, follow-ups, action plans, and incident reports. EMS records each action taken on an evaluation, and the indicators are locked on the date the evaluation is submitted to a Deputy Director for review. Upon approval, the evaluation is forwarded to the provider. A Strategic Action Plan (SAP) is automatically triggered by any indicators that the program does not meet DYCD or New York State Office of Children and Family Services (OCFS) standards, and the SAP stays in place until the issue is cleared. If an issue remains unresolved over an extended period, DYCD creates a Corrective Action Plan (CAP), for which the provider is subject to potential penalties if the issue is not cleared.

This follow-up audit assesses the implementation of recommendations made in the *Audit Report on the Department of Youth and Community Development's Oversight and Monitoring of Its Crisis Shelters* (Audit # MJ18-054A), issued on August 6, 2019, which was conducted to determine whether DYCD had adequate controls in place over its monitoring of crisis shelter service providers to ensure compliance with key provisions of their contracts and with applicable laws and regulations. The 2019 audit found that DYCD did not have adequate controls over the agency's monitoring of the contracted crisis shelters in several key areas. Most notably, the audit found that there were inadequate supervisory reviews of the program managers' site visit reports on the crisis shelters, a lack of evidence that DYCD appropriately informed crisis shelters of the results of the site visits, and in some instances, crisis shelters' personnel files showed that the required Statewide Central Registry of Child Abuse and Maltreatment (SCR) clearances and criminal background checks—Staff Exclusion List (SEL)—were not completed until *after* employees' start dates.

The 2019 audit made seven recommendations to strengthen DYCD's monitoring, and the agency generally agreed with all of them. In its response, DYCD stated it had already implemented one recommendation (#2), partially addressed one (#5), and stated it would implement or was in the process of implementing the remaining five (#1, #3, #4, #6, and #7). In this report, we discuss the implementation status of each of the seven recommendations.

## Objective

The objective of this audit was to determine the extent to which the seven recommendations issued in the 2019 audit report have been implemented.

## Discussion of Audit Results with DYCD

The matters covered in this report were discussed with DYCD officials during and at the conclusion of this audit. An Exit Conference Summary was sent to DYCD on September 15, 2022, and discussed with DYCD officials at an exit conference held on September 22, 2022. On September 29, 2022, we submitted a draft report to DYCD with a request for written comments. We received a written response from DYCD on October 14, 2022. In its response, DYCD agreed with the audit's recommendations, stating that, "DYCD appreciates that the Comptroller's follow-up Draft report found that DYCD has improved its oversight of crisis shelters to help ensure compliance with key provisions of its contracts and with applicable rules and regulations."

The full text of the DYCD response is included as an addendum to this report.



# RESULTS OF FOLLOW-UP AUDIT

The findings in this report relate to the implementation status of the initial audit's seven recommendations. The audit found that five of the recommendations have been implemented and two have been partially implemented. The initial audit's recommendations and the current audit's findings pertaining to their implementation status are summarized below.

## Recommendation #1

*DYCD should ensure that proper and timely supervision of program manager site visit results are complete and that they accurately reflect service provider performance. Such supervision should include discussions with the program manager and if necessary, supervisory follow-up visits to crisis shelters to ensure that adequate services are provided to runaway and homeless youths.*

This recommendation has been IMPLEMENTED.

This recommendation was made in response to the 2019 audit's finding that some evaluation reports had been changed after being approved. To prevent this, DYCD has since established a process whereby an evaluation can be recalled and replaced with a new one if changes need to be made. The process is initiated once a request is made to and approved by DYCD's Chief of Staff. Upon approval, the Information Technology (IT) department is authorized to recall the evaluation.

A review of 231 crisis shelter evaluations created between July 6, 2020, and February 1, 2022, found six evaluations that were recalled and replaced with new evaluations and evaluation numbers. DYCD provided email communication chains showing that the appropriate requests were made to and approved by the Chief of Staff. Auditors also reviewed an audit log of 20 deleted crisis shelter evaluations for the same period, to verify whether they were appropriately deleted. No irregularities were identified. Finally, a review of EMS' audit history found no inappropriate edits to any evaluations sampled during the reviewed period.

## Recommendation #2

*DYCD should ensure that complete and accurate site visit results are communicated timely with the service providers. This would ensure that providers are aware of any deficiencies found during the visits so that such deficiencies can be timely addressed.*

This recommendation has been IMPLEMENTED.

The review of the 231 crisis shelter evaluations referred to above also found that 224<sup>1</sup> (97%) were "Approved & Sent to [Community Based Organization] CBO," 196 (88%) of which were sent to the crisis shelter providers within 30 days. Regarding the remaining 28 (12%) that were sent beyond the 30-day timeframe (10 of them were sent anywhere from 26 to 148 days late), the

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<sup>1</sup> There were seven evaluations that were assigned the "Created" status, in which two were created as of the EMS dataset's end date and five were created for a closed location site.

lateness was primarily due to workflow issues related to working remotely, which DYCD officials stated have been resolved.<sup>2</sup>

### Recommendation #3

*DYCD should revise its procedures to establish criteria for the selection of and the minimum number of personnel and youth files to be sampled during the site visits.*

This recommendation has been IMPLEMENTED.

The RHY site visit guide reflects a procedural change that now requires program managers to review 50% of personnel and youth files. In addition, program managers are now required to indicate the total number of personnel employed and youths currently at the program site, as well as the number of personnel and youth files reviewed (e.g., by using initials of the person to identify each file reviewed).

It should be noted that during the scope period, because of the operational impact of the COVID-19 pandemic, DYCD officials reduced the minimum percentage of files to be reviewed from 50% to 25% for both administrative reviews (personnel files) and case management reviews (youth files). Auditors were provided with internal email communications indicating that RHY program managers and crisis shelter providers were notified of the temporary 25% reduction to the case management reviews; a similar notification regarding the 25% reduction to the administrative reviews was not provided. DYCD officials have since informed auditors that as of January 12, 2022, the requirement to review 50% of the personnel and youth files was restored.

### Recommendation #4

*DYCD should require program managers to provide more detailed documentation on personnel and youth files reviewed during site visits in order to ensure that the service providers are meeting the terms of their contracts and are compliant with DYCD and [New York State Office of Children and Family Services (OCFS)] regulations. Such documentation should include, but not limited to, the total number of files reviewed, the individual identifiers (employee name and youth ID) of each file reviewed, and associated deficiencies identified, if any.*

This recommendation has been PARTIALLY IMPLEMENTED.

While most of the sampled administrative and case management reviews included details necessary to assess whether the providers were meeting the terms of their contract, a number were missing information needed to assess compliance.

The auditors' review of 20 sampled files—10 administrative reviews (personnel files) and 10 case management reviews (youth files)—found that while 12 (60%) included the detailed documentation listed in the recommendation, eight (40%) did not include the total number of personnel employed or youth currently at the program site. Auditors also noted that deficiencies found for 14 of the 20 files reviewed resulted in 172 SAPs and one CAP being generated.

After auditors shared the preliminary findings with DYCD, the agency provided an interoffice email dated August 17, 2022, in which program managers were informed that the format for Administrative and Case Management Evaluations had been updated to include, among other things, the number of files to be reviewed, individual identifiers, and any deficiencies noted.

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<sup>2</sup> Of the remaining seven evaluations, six were recalled and replaced with new evaluations that were approved by a Deputy Director in excess of 30 days after the evaluation took place. The remaining evaluation was for a site that opened after EMS generated the evaluation templates for that month, necessitating the creation of an evaluation.



Auditors believe that the enforcement of these updated instructions will facilitate full implementation of this recommendation.

## **Recommendation #5**

*DYCD should remind the Crisis Shelter service providers to obtain SCR clearances, and the fingerprint and SEL clearances (where required) for all prospective employees before the employees' start dates. In instances where it is not feasible to obtain such clearances prior to the start dates, providers should clearly note in the employees' personnel files that clearances are pending and that the employees are prohibited from having unsupervised contact with youths until the clearances are received.*

This recommendation has been IMPLEMENTED.

DYCD officials provided auditors with two emails dated November 21, 2019, and December 2, 2019, as proof that reminders were sent to providers regarding their responsibility to ensure that required clearances are completed prior to personnel start dates. In addition, the reminders included guidance that staff without final clearance are not allowed to work with any youth until their clearances have been received and placed in their files.

## **Recommendation #6**

*DYCD should ensure that it adequately reviews the service providers' records to confirm that the required clearances are obtained timely and maintained in the employees' files, and that providers have taken appropriate steps to ensure that employees do not have unsupervised contact with youths until such clearances are obtained.*

This recommendation has been PARTIALLY IMPLEMENTED.

A review of the 10 sampled administrative reviews found that three SAPs were generated in relation to 25 SCR/SEL clearances associated with 13 staff members. These lacked a notation by the program manager. The auditors found this was because the program manager was unable to review the clearances on the date of the virtual site visits. This, in turn, was because the service providers had not yet uploaded them into the virtual vault as required. DYCD provided evidence that all required clearances were obtained timely.

The interoffice email dated August 17, 2022, that DYCD shared with the auditors also included instructions to program managers that for any review for which SCR and/or SEL clearances are missing, a notation is to be included in the review reminding providers that uncleared staff are to work alongside a cleared staff member until such clearances are obtained. Auditors believe that the enforcement of this instruction will facilitate full implementation of this recommendation.

## **Recommendation #7**

*DYCD should ensure that it reviews the service providers' records to confirm that the employees receive the appropriate training and take corrective action if it is determined that the required training was not obtained.*

This recommendation has been IMPLEMENTED.

The review of the 10 sampled administrative reviews found evidence that DYCD reviewed the service providers' training records. The auditors found that DYCD program managers issued 133 SAPs, citing 926 personnel, for deficiencies in training.

## New Issue

During an examination of the implementation status of the recommendations from the 2019 audit, the auditors also found that the RHY site visit guide could be strengthened.

While the guide provides a brief overview of the different types of reviews and an outline of steps that should take place after a site visit is conducted, it does not contain details regarding the steps to be taken by program managers and their supervisors in certain circumstances. For example, the procedures do not include:

- instructions to program managers to make a notation indicating that staff may not have unsupervised contact with youths if SCR and/or SEL clearances are not observed in personnel files;
- steps to be taken by program managers if a site visit is not completed (e.g., establishing a timeframe in which the visit should be rescheduled to continue the review, establishing a deadline for the provider to submit documents for the program managers to adjust their evaluation report before it is finalized);
- clear instructions to program managers on completing the monitoring sheets (e.g., recording the staff member's hire date which is needed to determine their annual training cycle); and
- instructions to Deputy Directors on what areas should be addressed when they examine the reviews completed by program managers.

A limited review of 20 sampled administrative and case management reviews found inconsistencies in how program managers documented their reviews. Enhancing the RHY site visit guide to provide more detailed instructions on the conduct of reviews would help ensure that all parties are aware of their responsibilities.

# RECOMMENDATIONS

The auditors recommend that DYCD:

1. Make all reasonable efforts to confirm that the evaluation reports contain all necessary information, such as the total number of personnel or youth at each location site and the number of files that were reviewed during a visit. In addition, the program manager should make all reasonable efforts to ensure that the information for the personnel cited in the SAPs matches the information reflected in the evaluation and the corresponding checklists.

**DYCD Response:** DYCD agreed with this recommendation.

2. Make all reasonable efforts to ensure that providers have taken appropriate steps to safeguard against employees having unsupervised contact with youths until the required clearances have been obtained.

**DYCD Response:** DYCD agreed with this recommendation.

3. Enhance the RHY site visit guide to provide more detailed instructions on how administrative and case management reviews are to be conducted and documented.

**DYCD Response:** DYCD agreed with this recommendation.

## Recommendations Follow-up

Follow-up will be conducted periodically to determine the implementation status of each recommendation contained in this report. Status updates are reported in the Audit Recommendations Tracker available here: <https://comptroller.nyc.gov/services/for-the-public/audit/audit-recommendations-tracker/>

# SCOPE AND METHODOLOGY

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. This audit was conducted in accordance with the audit responsibilities of the City Comptroller as set forth in Chapter 5, §93, of the New York City Charter.

The scope of this audit covered the period from July 1, 2020, through February 1, 2022.

To obtain an understanding of the policies, procedures, and regulations governing DYCD's monitoring and oversight of the crisis shelter service providers, the auditors reviewed and, where applicable, used the following documents as criteria:

- New York State Office of Children and Family Services (OCFS) Runaway and Homeless Youth (RHY) Regulations, Title 9, Part 182-1;
- New York State Social Services Law § 424a;
- New York City Codes, Rules and Regulations (NYCRR), Title 14, Part 701, *Justice Center Criminal History Information Checks*;
- The Mayor's Management Report 2021;
- New York City Comptroller's Directive #1, *Principles of Internal Control*;
- *Audit Report on the Department of Youth and Community Development's Oversight and Monitoring of Its Crisis Shelters*, issued on August 6, 2019 (MJ18-054A);
- DYCD's November 12, 2020 Report on the Status of Implementation of Recommendations for the above-mentioned prior report;
- DYCD's RHY site visit guide dated July 2021;
- DYCD's Evaluation & Monitoring System (EMS) user manual for its Comprehensive After School System (COMPASS) programs<sup>3</sup>;
- Monitoring sheets (i.e., checklists) used by program managers to record the site visits for administrative reviews (Employee/Volunteer/Consultant Screening and Personnel Files), and case management reviews (Case Record Reviews for Youth in Crisis Shelters).

To obtain an understanding of DYCD's organizational structure as it relates to crisis shelter services, the auditors reviewed DYCD's organization charts for its overall agency; Youth Services; Vulnerable and Special Needs Youth Division; Bureau of Planning, Program Integration & Evaluation (PPIE); and Bureau of Information Technology (IT). The auditors also reviewed the job descriptions for the Assistant Commissioner for Vulnerable and Special Needs Youth Division, Director of RHY Programs, Deputy Director of RHY Programs, and RHY Program Manager.

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<sup>3</sup> According to the RHY team, the EMS user manual was geared towards DYCD's largest program, COMPASS, and as a result, the document refers to COMPASS and not "RHY program." In addition, it was also designed to provide guidance to the Community Based Organizations.

To obtain an understanding of the various roles and responsibilities of DYCD personnel as they relate to crisis shelter services, interviews were conducted with the Deputy Commissioner for Youth Services; Associate Commissioner for Youth Services; Assistant Commissioner for RHY Programs; Director for RHY Programs; a Deputy Director for RHY Programs; Associate Commissioner for IT; Assistant Commissioner for IT; Senior Director for the Office of Planning, Evaluation, and Analytics; and Deputy Director of Analytics and Reporting. In addition, a walkthrough was conducted with the RHY team that provided an EMS demonstration.

To determine whether DYCD revised its procedures and established criteria for the selection of the minimum number of personnel and youth files to be sampled during administrative and case management reviews, auditors reviewed the RHY site visit guide. Due to the operational impacts of the COVID-19 pandemic, the minimum percentage of files to be reviewed was reduced from 50% to 25% for both administrative and case management reviews. The auditors requested all correspondences (e.g., emails, meeting agenda, meeting minutes) sent to RHY program staff informing them that the 50% review of personnel and youth files was reduced to 25%.

In order to determine whether DYCD reminded the crisis shelter service providers to obtain Statewide Register of Child Abuse and Maltreatment (SCR) clearances, and the fingerprint and Staff Exclusion List (SEL) clearances (where required) for all prospective employees before the employees' start dates (and in instances where it is not feasible to obtain such clearances prior to the start dates, that providers should clearly note in the employees' personnel files that clearances are pending and that the employees are prohibited from having unsupervised contact with youths until the clearances are received), the auditors requested all correspondences as evidence of the reminders.

DYCD provided two Excel spreadsheets—one containing 273 internal crisis shelter evaluations (i.e., RHY site visit calendar) for Fiscal Years 2020 and 2021, and a second containing a data dump of 231 crisis shelter evaluations created in EMS between July 6, 2020, and February 1, 2022 (i.e., EMS dataset).

To test the completeness of the EMS dataset, two random samples were selected from the 131 approved evaluations during Fiscal Year 2021—30 evaluations from the EMS data dump and 30 evaluations from the RHY site visit calendar. The auditors cross-checked the evaluation identification numbers in both documents and found all 30 sampled evaluations selected from the EMS data dump were also in the RHY site visit calendar, and the 30 sampled evaluations selected from the RHY site visit calendar were also in the EMS data dump.

To determine whether administrative and case management reviews demonstrated that detailed documentation of the personnel files and youth files reviewed by the program managers exist, a random sample was selected of 10 administrative reviews<sup>4</sup> and 10 case management reviews from evaluations that were in the “Approved & Sent to CBO” status.

For the 10 sampled administrative and 10 sampled case management reviews, the auditors reviewed the evaluation reports and the associated checklists to determine whether the reviews contained the necessary notations in them and complied with procedures in the RHY site visit guide. For example, the auditors checked:

- the total number of staff employed and the total number of youths currently at the site location.

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<sup>4</sup> Auditors randomly selected a replacement administrative review since one of the sites in the initial sample was closed and therefore no files were available for review.

- the number of personnel and case files selected for review.
- whether the minimum percentage of files to be reviewed was met (i.e., 25% of both the personnel and open youth case files) as well as whether the closed case files for discharged youths had been reviewed.
- whether identifiers—such as initials of the personnel and youth whose files were reviewed—were present.
- the deficiencies observed that were the basis for an SAP or CAP to be generated in EMS.

For these sampled reviews, the auditors also determined whether the program managers confirmed:

- the SCR clearances and SEL clearances (where required) were obtained and maintained in the staff's personnel files. If the required clearances were not obtained, the auditors determined whether SAPs were given to the crisis shelter providers.
- whether the appropriate steps were taken to ensure staff did not have unsupervised contact with youths until such clearances were obtained.
- staff received 40 hours of annual training and professional development. If the required training was not obtained (by the staff's hiring anniversary date), the auditors also determined whether SAPs were issued to the providers.

To determine whether DYCD has controls in place to prevent the alteration of completed evaluation reports, an Excel spreadsheet of an EMS data dump of 231 crisis shelter evaluations created between July 6, 2020, and February 1, 2022, was reviewed. After discussing with the RHY team, the auditors determined whether there were evaluations that were recalled and replaced with new ones (i.e., new evaluation numbers). Evidence was then requested of the DYCD Chief of Staff's approval of recalling evaluation reports (i.e., emails). Additionally, DYCD provided an audit history file which was reviewed to see whether there was any indication that edits were made to any of the evaluations prepared for the sampled administrative reviews after it was approved and sent to the provider. Explanations were requested for entries that were recorded after the CBO acknowledgement date or the approval date (if there was no CBO acknowledgement date). Furthermore, another Excel spreadsheet containing an audit log of deleted crisis shelter evaluations was reviewed and discussed with the RHY team to determine whether the reasons provided by the RHY team for the deleted evaluation reports were reasonable.

The results of the above tests, while not statistically projected to their respective populations, provide reasonable assurance to assess the extent to which DYCD implemented the recommendations made in the prior audit report.





Keith Howard  
Commissioner

October 13, 2022

2 Lafayette Street  
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[www.nyc.gov/dycd](http://www.nyc.gov/dycd)

VIA EMAIL

Maura Hayes-Chaffe  
Deputy Comptroller for Audit  
Office of the Comptroller  
One Centre Street, Room 1100 North  
New York, New York 10007

**Re: Follow-up Audit Report on the Department of Youth and Community  
Development's Oversight and Monitoring of its Crisis Shelters  
MH22073F (Draft Report)**

Dear Ms. Hayes-Chaffee:

The Department of Youth and Community Development appreciates this opportunity to review and provide the attached response to each Recommendation to the Draft Report. It is respectfully requested that the response be attached as part of the Final Report.

If you have questions regarding the response or wish to discuss the audit further, please do not hesitate to let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith Howard". The signature is stylized and written over the word "Sincerely,".

Keith Howard

Attachment

c: Mary Ann Schaefer, Audit Manager Office of the Comptroller  
Doug Guiliano, Mayor's Office of Operations  
Christopher Lahey, Acting Auditor General  
Caroline Press, General Counsel  
Susan Haskell, Deputy Commissioner, Youth Services  
Darry Rattray, Associate Commissioner, Youth Services  
William Kamen, Senior Director of Internal Review and Revenue Compliance

**RESPONSE TO THE  
DRAFT FOLLOW-UP AUDIT REPORT  
ON THE DEPARTMENT OF YOUTH AND  
COMMUNITY DEVELOPMENT'S (DYCD) OVERSIGHT  
AND MONITORING OF ITS CRISIS SHELTERS  
MH22-073F (DRAFT REPORT)**

As stated in the Draft Report, the objective of this follow-up audit was to determine the extent to which the seven recommendations issued in the 2019 audit report have been implemented. DYCD appreciates that the Comptroller's follow-up Draft Report found that DYCD has improved its oversight of crisis shelters to help ensure compliance with key provisions of its contracts and with applicable rules and regulations. Of the seven recommendations made in the initial audit, the follow-up audit found that five (#1, #2, #3, #5 and #7) have been implemented and that two (#4 and #6) have been partially implemented. Following the exit conference, DYCD provided the auditors with additional information regarding the two partially implemented recommendations and DYCD appreciates that the Draft Report now indicates that the Auditors believe that the enforcement of these updated instructions will facilitate full implementation of these recommendation. Accordingly, DYCD's position is that it has now implemented all seven of the recommendations issued in the 2019 audit report that was the scope of this follow-up audit.

The Draft Report raised a **new issue** found that the RHY Site Visit Guide could be strengthened and issued the following three new recommendations that DYCD:

- 1) Make all reasonable efforts to confirm that the evaluation reports contain all necessary information, such as the total number of personnel or youth at each location site and the number of files that were reviewed during a visit. In addition, the program manager should make all reasonable efforts to ensure that the information for the personnel cited in the SAPs matches the information reflected in the evaluation and the corresponding checklists.

**DYCD Response:**

DYCD has revised the RHY Site Visit Guide to include an evaluation format for Case Management and Administrative Evaluations. The updated Case Management and Administrative Evaluation format was emailed to the auditors after the Exit Conference. This updated format includes the recommended information such as the total number of personnel or youth files reviewed at each site and the number of files reviewed during the visit. The Supervisory Review of Evaluations guide was also updated after the Exit Conference and includes the requirement that the Strategic Action Plans (SAP) and Corrective Action Plans (CAP) match the indicators and monitoring tool.

- 2) Make all reasonable efforts to ensure that providers have taken appropriate steps to safeguard against employees having unsupervised contact with youths until the required clearances have been obtained.

**DYCD Response:**

DYCD added the following language to the Administrative and Case Management Evaluation document:

*“Staff missing SCR and or SEL Clearances, must not work alone. Staff who are not cleared must be scheduled to work alongside a designated SCR/SEL cleared staff until such clearances are obtained.”*

As noted above, the updated Case Management and Administrative Evaluation format was emailed to the auditors after the Exit Conference.

- 3) Enhance the RHY site visit guide to provide more detailed instructions on how administrative and case management reviews are to be conducted and documented.

**DYCD Response:**

As indicated above DYCD has begun updating its RHY Site Visit guide with its Case Management and Administrative Evaluations. DYCD will continue to review and update its RHY Site Visit Guide as appropriate and to include the following to provide more detailed instructions on the conduct of reviews so that applicable DYCD staff and provider staff are aware of their responsibilities:

- Instructions to program managers to make a notation indicating that staff may not have unsupervised contact with youth if SCR and and/or SEL clearances are not observed in personnel files;
- Steps to be taken by program managers if a site visit is not completed (e.g. establishing a timeframe in which the visit should be rescheduled to continue the review, establishing a deadline for the provider to submit documents for the program managers to adjust their evaluation report before it is finalized);
- Clear instructions to program managers on completing the monitoring sheets (e.g., recording the staff member’s hire date which is needed to determine their annual training cycle); and
- Instructions to Deputy Directors on what areas should be addressed when they examine the reviews completed by program managers.



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**BRAD LANDER**

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