North Los Angeles County Regional Center
Main 818-778-1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | www.nlacrc.org

MEMORANDUM

Date: September 24, 2026

To: **Executive Finance Committee:**
Juan Hernandez, Sharmila Brunjes, Anna Hurst, Jeremy Sunderland, Curtis Wang, Tal Segalovitch, Jacquie Colton, Jason Taketa, and Laura Monge

From: Lindsay Granger, Executive Administrative Assistant

Re: Information for the next Executive Finance Committee meeting on **Thursday, September 24, 2026, at 5:00 pm**

Attached is information for the next Executive Committee meeting. Please review this information prior to the meeting.

Please click the link below to join the Zoom webinar as an attendee.

Join Zoom Meeting
https://us06web.zoom.us/j/89144554985

Meeting ID: 891 4455 4985

If you have any questions, or **if you are unable to attend the meeting,** please send us an email to boardsupport@nlacrc.org.

Thank you!

c: Angela Pao-Johnson, Executive Director, Evelyn McOmie, Deputy Director, Vini Montague, Chief Financial Officer, Dr. Carlo DeAntonio, Director of Clinical Services, Karen Waters, Human Resources Director,

Attachments

Executive Finance Committee Meeting

September 24, 2026

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North Los Angeles County Regional Center
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EXECUTIVE FINANCE COMMITTEE

Thursday, September 24, 2026, at 5:00 pm - Zoom

Executive Committee Members: Sharmila Brunjes – President, Juan Hernandez – Vice President, Anna Hurst – Treasurer, Curtis Wang – Secretary, Jeremy Sunderland – ARCA Rep., Jacquie Colton, Laura Monge, Jason Taketa, Tal Segalovitch – VAC Rep.

Staff: Angela Pao-Johnson, Executive Director, Vini Montague, Chief Financial Officer, and Lindsay Granger, Exec. Admin.

~AGENDA ~

I. Call to Order and Introductions *(1 min)*

II. Committee Member Attendance/Quorum *(1 min)*

III. Agenda *(1 min)*

A. Approval of Agenda for the September 24, 2026, Meeting

IV. Public Input – Agenda Items *(3 min per person / 3 attendees max)*

V. Consent Items *(2 min)*

All Consent Items are to be approved in one motion unless a Committee Member or a member of the public requests separate action or discussion on a specific item.

A. Approval of the Minutes from the August 27, 2026, Executive Finance Committee Meeting

VI. Action Items

A. Approval to Authorize an Officer to Secure Worker's Compensation for Calendar Year 2027 – Vini Montague *(5 min)*
B. Approval of Operations Contracts – Vini Montague *(6 min)*
   1. Sheridan Group
   2. Semetra
   3. Photo Scan of Los Angeles
C. Approval of Strategic Plan – Angela Pao-Johnson *(20 min)*
D. Approval of Executive Finance Committee Reflection Guidelines – Lindsay Granger *(2 min)*

VII. Committee Business

A. Review Center's Contract Changes with DDS – Vini Montague *(3 min)*
B. Financial Reports – Vini Montague (*5 min*)
C. Admin vs. Direct Allocation Report – Vini Montague (*5 min*)
D. Outstanding Authorizations Report – Vini Montague (*3 min*)
E. Audits Update *(5 min)*
   1. DDS Audit FY2025
   2. Lindquist, Von Husen & Joyce Audit FY2026
F. Annual Reporting of FY25-26 Whistleblower Complaints – Karen Waters *(5 min)*

G. Monthly Whistleblower Logs – Karen Waters *(3 min)*
   1. August 16, 2026 – September 15, 2026
H. Human Resources Report – Karen Waters *(3 min)*
   1. Monthly Human Resources Report – August

VIII. Center Operations – Angela Pao-Johnson *(20 min)*
   A. Discuss Executive Director's Center Operations Report

IX. Closed Session *(5 min)*
   A. Personnel

X. Announcements / Public Input/Information Items *(3 min per person)*
   A. November 19, 2026, at 6:05 p.m.
   B. Committee Attendance

XI. Adjournment

Please refer to NLACRC's website for the Calendar of Events, which includes a link for the Family Focus Resource Center, for information regarding more support groups, training opportunities, dates, times, and links – www.nlacrc.org

North Los Angeles County Regional Center

Executive Finance Committee Meeting Minutes

August 27, 2026

Present: Board of Trustees President Sharmila Brunjes, Vice President Juan Hernandez, Board Treasurer Anna Hurst, Board Secretary Curtis Wang, Jeremy Sunderland, ARCA Delegate, Jacquie Colton, Jason Taketa– Committee Members

Executive Director Angela Pao-Johnson, Deputy Director Evelyn McOmie, Chief Financial Officer Vini Montague, Director of Clinical Services Dr. Carlo DeAntonio, Human Resources Director Karen Waters, Executive Administrative Assistant Lindsay Granger, Controller Justice Agonoy – Staff Members

Guests: Simone Khanna, Gallagher Insurance

Absent: Laura Monge

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1. CALL TO ORDER

There being a quorum present, and adequate and proper notice of the meeting having been given, the meeting was called to order at 5:07 p.m. Sharmila Brunjes, Board President, reminded members to identify themselves prior to making a motion and reviewed the NLACRC Board of Trustees Civility Code.

2. COMMITTEE MEMBER ATTENDANCE

3. AGENDA

The agenda was amended to include a review of Insurance Coverage for FY26-27 as the first item under Committee Business.

Absent objection the August 27, 2026, amended meeting agenda was approved. Motion carried.

4. PUBLIC INPUT – AGENDA ITEMS

Clarification was provided regarding public comment. Public input at the beginning of the meeting is limited to agenda items, with an additional opportunity for general public comment scheduled at the end of the meeting.

There was no public input regarding the agenda.

5. ORIENTATION

A. Bylaws
B. Board Audit Section
C. Committee Priorities
D. Meeting Schedule for FY2026-27

Sharmila Brunjes reviewed the role and responsibilities of the Executive Finance Committee (EFC), which combines the former Executive and Administrative Affairs Committees. Sharmila Brunjes explained that the EFC reviews bylaws, the annual audit and management letter, and certain contracts exceeding $250,000. In circumstances requiring immediate contract approval before a regularly scheduled Board meeting, the EFC may approve the contract subject to ratification by the full Board.

Sharmila Brunjes reviewed the composition of the EFC and limitations on the Committee's authority under the Bylaws. Sharmila Brunjes noted that the EFC generally reviews matters and makes recommendations to the full Board rather than making final decisions. The EFC also provides oversight related to the Strategic Plan and annual performance contract, including reviewing goals and objectives and identifying gaps in the service delivery system.

The Committee discussed FY 2026–27 priorities. Sharmila Brunjes noted that the existing priorities were developed during the September 2025 Board retreat and suggested reviewing the priorities following the upcoming goals and priorities training. Anna Hurst recommended aligning the Committee's priorities with the developing Strategic Plan.

Sharmila Brunjes reviewed the FY 2026–27 EFC meeting schedule and explained that the schedule varies during months when the Board does not meet and around holidays. Committee members may propose schedule changes for future consideration.

6. CONSENT ITEMS

A. Approval of Minutes of the May 26, 2026, Executive Finance Committee Meeting

Absent objection the minutes of the May 26, 2026, Executive Finance Committee Meeting were approved. Motion carried.

7. ACTION ITEMS

7.1 Review and Approve Committee Schedule for FY2026-27

Sharmila Brunjes reviewed the proposed Executive Finance Committee meeting schedule. Anna Hurst moved to approve the schedule, and Curtis Wang seconded the motion.

During discussion, Jeremy Sunderland noted a scheduling conflict with the September 24 meeting and indicated availability on September 23. Anna Hurst noted that when an EFC meeting cannot be held within the usual timeframe, matters may proceed directly to the full Board. Sharmila Brunjes clarified that the schedule may occasionally require special Board meetings if time-sensitive matters arise.

On a motion made by Anna Hurst and seconded by Curtis Wang, it was resolved to approve the Executive Finance Committee schedule for FY2026-27. Motion carried.

7.2 Approval to Sunset Committee Audit Section

The Committee discussed sunsetting the existing committee audit practice. Anna Hurst explained that the audit documents were originally intended as a self-reflection tool to help Committee members evaluate whether the appropriate questions were being asked and whether the Committee was fulfilling its responsibilities. Anna Hurst noted that the documents remain valuable as a reference for Committee members but that reviewing the documents in their entirety during Committee meetings was not an effective use of meeting time.

Sharmila Brunjes clarified that the proposal was not to eliminate the documents, but to discontinue the practice of using them as a formal self-evaluation audit. The documents would remain available to Committee members as educational and reference materials. Sharmila Brunjes noted that the existing

documents were created separately for the former Executive Committee and Administrative Affairs Committee, which have since been combined into the Executive Finance Committee.

Following discussion with Angela Pao-Johnson, Sharmila Brunjes further clarified that the previous audit process consisted of reviewing the documents and determining whether the Committee was performing the listed responsibilities. Sharmila Brunjes proposed transitioning the documents into guidelines or a reflection tool and noted that the Committee could consider developing a more meaningful evaluation process in the future.

On a motion made by Anna Hurst and seconded by Jeremy Sunderland, the Committee approved sunsetting the practice of using the existing documents as a committee audit. Motion carried.

On a motion made by Anna Hurst, seconded by Curtis Wang, it was resolved to rename the documents from audit documents to reflection guideline documents. Motion carried.

ACTION: The documents will be titled EFC Reflection Guidelines, and staff will combine the existing Executive Committee and Administrative Affairs Committee documents for presentation at the next Committee meeting.

7.3 Sunset Late Bill Report

Vini Montague reviewed the Late Bill Report, which has historically been presented to the Committee and Board to show the amount of late bills processed each month and the percentage of total Purchase of Service (POS) payments represented by late bills. Vini Montague explained that the report was originally developed when late billing was less common and there was greater interest from DDS in monitoring late bill processing.

Vini Montague noted that late bills have become increasingly common due to factors such as rate implementation, rate adjustments, and health and safety rates subsequently approved by DDS. As a result, the report is no longer necessarily reflective of service provider billing practices or regional center processing and may provide limited value to the Committee and Board.

On a motion made by Anna Hurst and seconded by Jacquie Colton, the Committee approved sunsetting the Late Bill Report. Motion carried.

8. COMMITTEE BUSINESS

8.1 Review of Insurance Coverage for FY 26-27

Vini Montague introduced Simone Khanna, Area Vice President with Gallagher, NLACRC's insurance broker. Simone Khanna provided an overview of NLACRC's insurance program and summer renewals and briefly discussed the upcoming workers' compensation renewal. Simone Khanna noted that Gallagher works with many regional centers throughout California and monitors insurance market trends affecting nonprofit organizations and regional centers.

Simone Khanna reported that overall insurance costs decreased slightly or remained relatively flat for the current renewal. General liability, professional liability, auto, and executive coverage had no significant changes. Property premiums decreased despite increases in personal property values at several locations. Earthquake premiums decreased by approximately 8%, representing an improvement compared with recent years when regional centers experienced annual earthquake premium increases of approximately 20% to 30%.

Cyber insurance represented one of the more significant changes for the year. Simone Khanna reported that the cyber premium increased due to a significant claim that had initially been projected at approximately $2 million and currently totals approximately $865,000. Simone Khanna noted that despite

the premium increase, the cyber insurance market is beginning to soften. Coverage for social engineering and phishing-related incidents has also increased after insurers reduced this coverage during previous years.

Simone Khanna reviewed workers' compensation coverage and reported that the previous increase in premiums was influenced by approximately 20% payroll growth, an increase in NLACRC's experience modifier, claims experience, and broader insurance market conditions. Simone Khanna reported that the Workers' Compensation Insurance Rating Bureau of California recommended statewide rate increases of up to 20% due to increasing claims expenses and other market pressures.

Simone Khanna explained that Quality Comp, NLACRC's self-insured workers' compensation group, elected to increase rates by 10% as a conservative measure rather than because of concerns regarding the program's financial health. Gallagher plans to explore additional insurance markets during the upcoming renewal to identify competitive options while continuing to consider Quality Comp based on cost, service, and claims handling.

Simone Khanna concluded with a six-year overview of NLACRC's insurance program. Insurance costs have remained relatively stable over the past year, with most coverage costs decreasing or remaining flat. The primary increases were associated with cyber insurance due to the significant claim and workers' compensation due to claims experience, organizational growth, and increased payroll resulting from additional hiring. No questions were raised following the presentation.

No further questions were raised.

8.2 Discuss Request for Proposal for Independent Audit Firm

Vini Montague reported that regional centers are prohibited from using the same independent audit firm for more than five consecutive years. NLACRC has contracted with Lindquist for five years, with FY 2026 representing the firm's fifth and final year.

Vini Montague stated that NLACRC will issue a Request for Proposal (RFP) within the next few weeks to select a new independent audit firm beginning with the FY 2027 audit. The RFP review committee will consist of Vini Montague, Controller Justice Agonoy, and Board Treasurer Anna Hurst.

Over the next five to six months, the committee will review proposals, interview applicants, and select a firm to recommend to the Executive Finance Committee and full Board for approval. No questions were raised.

8.3 Status Report on Credit Line and Cash Flow

Vini Montague provided an update on NLACRC's credit line and cash flow. The Board-approved line of credit is $110 million during July, August, March, and June, when the risk of needing to borrow is highest at the beginning and end of the fiscal year. During the remaining months, the credit line is $80 million.

Vini Montague reported that NLACRC completed FY 2026 and began FY 2027 without borrowing against the line of credit. DDS worked with regional centers to help prevent the need for borrowing, and NLACRC received the FY 2027 cash advance shortly before a large Purchase of Service (POS) payment run. No questions were raised.

8.4 Review Center's Contract Changes with DDS

Vini Montague reported that the review of NLACRC's contract with DDS will be deferred to the next meeting because there are currently no contract language changes to review.

Vini Montague stated that NLACRC received the FY 2027 C1 allocation from DDS, formerly referred to as the preliminary allocation, with no changes to the contract language. The C2 allocation is expected within the next few weeks. If the C2 allocation includes contract amendments or language changes, the changes will be presented to the Executive Finance Committee for review.

8.5 Financial Reports

a. FY2025-2026

b. FY2026-2027

Vini Montague presented the FY 2025–26 financial report through the June 2026 service month, representing the first 12 months of expenditures. NLACRC received its B5 allocation, with approximately $119.2 million in operations funding and $1.3 billion in Purchase of Services (POS) funding, for a total allocation of approximately $1.42 billion. Year-to-date expenditures totaled approximately $1.35 billion, with annual expenditures projected at approximately $1.43 billion. Based on current projections, NLACRC anticipates an estimated POS deficit of $11.5 million.

Vini Montague reviewed the supporting financial schedules included in the packet, which provide additional detail on DDS allocations and expenditures by line item. The reports include breakdowns for general operations, POS, community resource development, and operations projects, including the Family Resource Center, Language Access, and Cultural Competency.

Anna Hurst asked whether FY 2025–26 operations funding was generally consistent with the prior fiscal year or included significant new funding sources. Vini Montague reported that FY 2025–26 was similar to FY 2024–25, with the primary increase attributable to caseload growth. Vini Montague noted that there were no significant new one-time funding sources or grants and that existing funding for programs such as Language Access and Cultural Competency had also been received in prior fiscal years. Anna Hurst summarized that funding remained generally consistent with the prior year, with increases based primarily on the funding formula and increased caseloads, and Vini Montague confirmed the summary.

Vini Montague then presented the FY 2026–27 financial report and C1 allocation. NLACRC received approximately $106.2 million for operations and $1.29 billion for POS. Vini Montague explained that the C1 allocation was formerly referred to as the preliminary allocation and that, in previous years, the initial operations allocation generally represented approximately 80% to 85% of anticipated operations funding.

Vini Montague explained that FY 2026–27 represents the first year that DDS is using a new staffing methodology to replace the longstanding core staffing formula. The previous formula had been used for decades and had not been substantially updated since the 1990s, including salary assumptions other than adjustments necessary to meet the state minimum wage. Vini Montague noted that the outdated methodology resulted in regional centers being underfunded for staffing needs and contributed to efforts beginning in FY 2022–23 to provide additional funding to reduce caseload ratios.

Vini Montague reported that regional centers, ARCA, and DDS have worked collaboratively to develop the new staffing methodology. The new model is intended to calculate the amount of funding each regional center needs to operate and provide a clearer measure of the difference between calculated need and actual funding. Vini Montague emphasized that use of the new methodology does not mean regional centers are currently receiving the full amount calculated under the model.

Based on the draft staffing model under review, Vini Montague reported that current funding is approximately 85% of the calculated amount needed to operate regional centers. The new methodology is not expected to provide additional funding beyond what would have been received under the previous model for FY 2026–27, but it provides a simplified method for identifying and quantifying the funding gap.

NLACRC expects to receive the C2 allocation, which will provide the remaining operations funding information and a more complete picture of FY 2026–27 funding. The remaining financial schedules in

the packet provide additional breakdowns of expenditures and DDS allocations. No additional questions were raised.

8.6 Admin vs. Direct Allocation Report

a. FY2025-2026
b. FY2026-2027

Vini Montague presented the Administrative vs. Direct Expenditures Report, which is used to monitor compliance with the statutory requirement that regional center administrative costs not exceed 15% of total expenditures.

For FY 2025–26, administrative expenditures were 10.4%, below the 15% limit. For FY 2026–27, administrative expenditures were currently 28.6%; however, Vini Montague explained that the higher percentage is due to the early stage of the fiscal year and the timing of certain expenses, including insurance costs paid at the beginning of the year.

Vini Montague also noted that some rent expenses were incorrectly classified as administrative and will be reallocated. Vini Montague expressed confidence that the administrative expenditure percentage will fall below 15% within the next one to two months as additional expenditures are recorded and the necessary reallocations are completed. No questions were raised.

8.7 Outstanding Authorizations Report

Vini Montague presented the Vendor Outstanding/Escalated Authorizations Report. From June to July, the number of vendors on the report increased from 50 to 73, while outstanding authorizations increased from 77 to 89. Vini Montague explained that the increase reflects expanded tracking as NLACRC pilots a new service ticketing system for vendor payment and authorization issues.

Vini Montague explained that vendor issues were previously handled primarily through direct emails to assigned Accounts Payable staff, limiting management's ability to track the overall number, type, and status of issues. Under the new system, vendor inquiries will be centralized through a shared email address or forwarded by staff into the ticketing system. This will allow supervisors to monitor open and resolved tickets, identify recurring issues, and ensure concerns are addressed timely. The report will also expand beyond escalated matters to include all vendor issues, which may initially result in higher reported numbers. Vini Montague noted that an outstanding FY 2022–23 item has since been resolved and will be removed from a future report.

Anna Hurst asked whether the Vendor Advisory Committee (VAC) had experienced any impact from the new process. Vini Montague explained that the system is still being piloted and was recently introduced to the VAC, with a full launch targeted for October 1. Tal Segalovitch noted that the system generated interest and discussion when presented to the VAC.

Justice Agonoy provided additional information on the pilot and reported that the increased visibility has already helped staff expedite vendor issues, including resolution of an issue that had been outstanding for approximately nine months. Justice Agonoy explained that the system allows supervisors to proactively identify unresolved matters and categorize inquiries so they can be assigned to the appropriate teams, improving efficiency for both vendors and staff. Additional system licenses are expected prior to the targeted October 1 launch.

No further questions were raised.

8.8 POS Late Bill Report

Vini Montague reviewed the Purchase of Services (POS) Late Bill Report. For FY 2024–25, late bills represented 36.95% of POS payments, with the higher percentage attributed in part to rate implementation activities during the fiscal year.

Vini Montague also reported that FY 2023–24 is now closed, with late bills representing 31.58% of POS payments for the year. No questions were raised.

8.9 Review of Board Budget

a. **FY 2025-2026**
b. **FY 2026-2027**

Vini Montague reviewed the Board budget and expenditures for FY 2025–26 and FY 2026–27. For FY 2025–26, the Board's budget was approximately $196,700, with year-to-date expenditures of approximately $82,200 and approximately $114,000 remaining.

For FY 2026–27, Vini Montague reported that the approved Board budget is $101,500. As the fiscal year had recently begun, only $149 in expenditures had been recorded at the time of the report.

As part of the FY 2026–27 budget discussion, Sharmila Brunjes asked about the anticipated cost of the future requirement for legal counsel to attend Board meetings and whether the expense would be paid from the Board budget. Vini Montague confirmed that the requirement has been delayed until 2028. Anna Hurst noted that the requirement is expected to represent a significant additional expense, and the Committee acknowledged that the cost will need to be considered in future Board budget planning.

8.10 Quarterly Fees for PRMT and UAL

a. **4th Quarter PRMT Fees Report; and**
b. **4th Quarter CalPERS UAL Fees Report**

Vini Montague reviewed the fourth-quarter fees for the Post-Retirement Medical Trust (PRMT) and CalPERS Unfunded Accrued Liability (UAL) accounts.

For FY 2025–26, total PRMT fees were approximately $209,000. Vini Montague explained that PRMT fees are based on the account balance and noted that the higher fees reflect the growth of the account. Vini Montague also expressed satisfaction with the current PRMT funding ratio and noted the significant improvement in the account's funded position over the past several years.

Vini Montague reported that fourth-quarter CalPERS UAL fees totaled $108,962. The report included additional information explaining the various fees associated with the account.

Sharmila Brunjes recognized the management of the PRMT and UAL accounts and the progress reflected in their funding. No questions were raised.

8.11 Audits Update

a. **DDS Audit FY2024**
b. **DDS Audit FY2025**
c. **Lindquist, Von Husen & Joyce Audit FY2026**
d. **CalPERS Audit**

Vini Montague provided an update on the DDS audit for FY 2023–24. NLACRC received the final audit report in July after responding to the draft findings, and many of the findings have been resolved. Remaining recommendations include revising vendor payment rates to ensure providers are paid correctly, closing trust accounts associated with inactive cases, and ensuring all Board conflict-of-interest statements are reviewed and appropriate follow-up actions are completed.

Vini Montague also discussed a repeat finding related to equipment inventory. NLACRC maintains

approximately 6,300 assets, including laptops, servers, furniture, and cell phones. Because some assets could not be located or had not been properly removed from the inventory system, DDS requested status updates every six months. NLACRC conducts a full inventory and a separate inventory of sensitive equipment annually and is continuing to clean up its asset records. The final FY 2023–24 DDS audit report will be posted on NLACRC's website.

Juan Hernandez asked about the types of assets that could not be located and the steps being taken to strengthen inventory controls. Vini Montague explained that examples included a laptop that was not returned by a former employee and older equipment that should have been removed from the inventory system. NLACRC has strengthened controls by installing cameras in inventory and storage rooms, requiring assets to be scanned when removed from storage and again when deployed to a new location, and conducting weekly reviews of the inventory database to identify items that may not have been properly scanned or assigned.

The FY 2024–25 DDS audit remains in progress, with NLACRC continuing to provide requested documentation. Vini Montague explained that special contract language had previously required annual DDS audits; however, that requirement was removed in FY 2025–26. Following completion of the FY 2024–25 audit, NLACRC will return to the regular audit cycle of every other year, covering two fiscal years at a time.

Vini Montague also provided an update on the independent FY 2025–26 audit by Lindquist. The planning meeting had been completed, document requests had been received, and fieldwork was scheduled to begin September 14 and continue through the end of October. A draft audit report is anticipated in mid-January.

Finally, Vini Montague reported that the CalPERS review has been completed and all findings are closed. One outstanding finding involved the classification of certain wages, which CalPERS required to be reported as special compensation rather than regular wages. NLACRC corrected several years of wage reporting and made related corrections to pay schedules. With those corrections completed, CalPERS closed the review, and the item will be removed from future Committee agendas.

8.12 Monthly Whistleblower Logs

- **a. May 16, 2025 – June 15, 2026**
- **b. June 16, 2026 – July 15, 2026**
- **c. July 16, 2026 – August 15, 2026**

Karen Waters reviewed the monthly whistleblower reports submitted to DDS for three reporting periods. For May 16 through June 15, 2026, 28 cases were reported, with 19 open and nine closed at the time of submission. Of the 28 cases, 23 were under Community Services.

For June 15 through July 15, 2026, 23 cases were reported, with 14 open and nine closed. Of the 23 cases, 18 were under Community Services.

Karen Waters also reviewed the July 15 through August 15 reporting period. The transcript states that 28 cases were listed, but the subsequent breakdown identifies 23 cases, with 14 open, nine closed, and 18 under Community Services. Karen Waters noted that the individual reports provide additional details on each case.

8.13 Human Resources Report

- **a. 4th Quarter Human Resources Report**
- **b. Monthly Human Resources Report**
  - **i. May 2026**
  - **ii. June 2026**
  - **iii. July 2026**

Karen Waters presented the fourth-quarter Human Resources Report. During the quarter, NLACRC had 54 new hires, 10 promotions, 28 separations, and two hires on hold. The fourth-quarter turnover rate was 2.89%, which was slightly higher than the second and third quarters and notably higher than the first quarter.

Karen Waters noted that the supporting reports provide additional detail on separations by month, regional office, and department. Regarding reasons for separation, employees generally provided limited information, most commonly identifying personal reasons or "other."

Anna Hurst asked whether the increased fourth-quarter turnover reflected any common trends. Karen Waters explained that the available exit data does not identify a clear trend because departing employees often choose not to provide detailed reasons for leaving. More specific information is generally available for retirements, while employees leaving for other employment frequently provide limited details about their reasons or new positions.

8.14 Annual Reporting of Program Closures

Arshalous Garlanian presented the annual program closures report for FY 2025–26. A total of 26 programs closed during the fiscal year, with a significant number of closures occurring at the request of vendors. Other reasons included provider retirements and businesses relocating outside of NLACRC's catchment area.

Arshalous Garlanian reported that several program closures were related to rate reform and the sunsetting of certain service codes. These programs transitioned to other service codes that more appropriately align with rate reform; therefore, the closures did not result in a significant impact on services provided.

The report also included several Supplemental Residential Program Services under service codes 109 and 110. Arshalous Garlanian explained that some vendors may close these services when the associated one-to-one support is no longer needed for a specific individual. No questions were raised.

8.15 Semi-Annual Reporting CIE/PIP

Arshalous Garlanian presented the fourth-quarter and annual Competitive Integrated Employment (CIE) and Paid Internship Program (PIP) report for FY 2025–26. Arshalous Garlanian explained that CIE incentive payments are available to service providers that support individuals in obtaining and maintaining competitive integrated employment, with payments available after 30 days, six months, and 12 months of continued employment. NLACRC continues outreach and collaboration with service providers to support participation, noting that CIE incentive payments depend on providers submitting the required documentation.

Arshalous Garlanian reported continued growth in the Paid Internship Program. During FY 2025–26, 525 individuals participated in paid internships compared with 489 in FY 2024–25, representing a 7% increase.

Paid Internship Program funding has also increased significantly. Payments increased from approximately $1.6 million in FY 2023–24 to approximately $3.6 million in FY 2025–26. NLACRC continues to collaborate with service providers to expand employment experiences and support individuals in progressing toward competitive integrated employment in the community. No questions were raised.

8.16 Review Board Member Conflict of Interest

Sharmila Brunjes reviewed Board member conflict-of-interest requirements and noted that Jacquie Colton disclosed a conflict of interest during the annual reporting process. Sharmila Brunjes explained

that conflict-of-interest requirements are established under the Lanterman Act and Title 17 and may include financial interests, certain employment or affiliations, and circumstances involving family members providing paid services.

Sharmila Brunjes reviewed the annual conflict-of-interest process. Trustees submit conflict-of-interest statements, which are reviewed to determine whether a conflict exists. When necessary, a conflict-of-interest resolution plan is developed and presented to the Board for review and approval. The resolution plan identifies limitations on the trustee's participation, including matters on which the trustee may not vote, express an opinion, or otherwise participate.

Sharmila Brunjes emphasized that trustees with an approved resolution plan are responsible for monitoring their participation and complying with the identified restrictions, with the Board also supporting compliance. Conflict-of-interest resolution plans are public information and are posted online for public review.

Sharmila Brunjes also noted that additional Board training on conflict-of-interest requirements is planned during the first half of 2027. No questions were raised.

9. CENTER OPERATIONS

Angela Pao-Johnson provided Center Operations updates, including upcoming Family Expos, legislative developments related to regional center Board composition, recruitment and consumer statistics, and the content of future Executive Director reports to the Executive Finance Committee.

Angela Pao-Johnson announced two upcoming Family Expos. The Santa Clarita Family Expo is scheduled for September 12 from 9:00 a.m. to 12:00 p.m. at The Centre, followed by lunch and a dance for individuals served. The Antelope Valley Family Expo is scheduled for October 24 at the Antelope Valley Fair and Event Center and will include a disco-themed event. Board members were encouraged to attend.

Angela Pao-Johnson provided a legislative update regarding SB 163 and proposed requirements affecting regional center Board composition and Consumer Advisory Committees. The proposed provisions discussed would require regional center boards to establish an advisory group, such as the Consumer Advisory Committee, and would create requirements for members of that committee and a family member or legal guardian to serve on the Board. The proposal would also require a designee to serve as a voting member of the Board's recruiting and nominating committee.

Angela Pao-Johnson explained that concerns have been raised regarding how the proposed process would interact with existing Board composition requirements and NLACRC's current Consumer Advisory Committee structure. NLACRC currently does not select Consumer Advisory Committee members; individuals served become members through participation in the committee. Under the proposal as discussed, the Board would have greater involvement in selecting Consumer Advisory Committee members, who could then be considered for Board service. Concerns discussed included Board influence over the advisory committee, the creation of a separate pathway to Board membership, and whether the proposed structure supports the goals of equity and integration.

Jeremy Sunderland shared additional context from discussions at the recent ARCA meeting. Jeremy Sunderland reported that concerns expressed by some ARCA delegates centered primarily on the process for appointing family members to regional center boards rather than on representation by individuals served. Angela Pao-Johnson also reported that members of NLACRC's Consumer Advisory Committee initially viewed increased representation positively but expressed concerns about giving the Board authority to select members of the advisory committee.

Angela Pao-Johnson clarified that the legislative provisions were still under discussion and could be amended. Discussions with DDS and within the regional center community have been ongoing. Angela

Pao-Johnson raised the possibility of the Board and Consumer Advisory Committee providing joint input if both groups identify similar concerns. Sharmila Brunjes suggested that the government-related component of the Community Services Committee review the proposed requirements, discuss their potential impact, and consider drafting a letter for presentation to the Board.

Angela Pao-Johnson also provided organizational statistics, reporting that NLACRC had 987 filled positions, including 13 new hires in August, and was serving 43,111 individuals within the catchment area.

Angela Pao-Johnson concluded by discussing the purpose and content of future Executive Director reports to the Executive Finance Committee. Due to the timing and proximity of Committee and Board meetings, similar information is sometimes presented repeatedly to different groups. Angela Pao-Johnson asked Committee members to consider what information would be most useful specifically for the Executive Finance Committee, noting that organizational personnel information may be more appropriately addressed through Human Resources reporting. The Committee agreed to continue the discussion as Committee business at the next meeting.

10. CLOSED SESSION

The committee entered Closed Session to receive the quarterly legal update.

Absent objection, the committee entered closed session at 7:04 p.m.

Absent objection, it was resolved to leave Closed Session at 7:19 p.m.

11. BOARD MEETING AGENDA ITEMS/ACTION ITEMS

- Board Support will add the approved action items to the September board meeting agenda for full board approval.
- The new reflection guidelines for the Executive Finance Committee will be added to the September EFC agenda.
- The regional center's contract changes with DDS will be added to the September EFC agenda.

12. ANNOUNCEMENTS / PUBLIC INPUT / INFORMATION ITEMS

Sharmila Brunjes opened the floor for general public input. No public comments were received.

Sharmila Brunjes announced that the next Executive Finance Committee meeting is scheduled for September 24, 2026, at 5:00 p.m. Sharmila Brunjes also reminded Committee members of the two upcoming NLACRC Family Expos and encouraged members to attend if available.

13. NEXT MEETING

The next Executive Finance Committee meeting is scheduled for September 24, 2026 at 5:00 p.m. over Zoom.

14. ADJOURNMENT

Absent objection the meeting adjourned at 7:21 p.m.

DISCLAIMER

The above minutes should be used as a summary of the motions passed and issues discussed at the meeting. This document shall not be considered a verbatim copy of every word spoken at the meeting.

Submitted by:
Lindsay Granger
Executive Administrative Assistant—Board Relations Liaison

North Los Angeles County Regional Center

Main 818-778-1900 • Fax 818-756-6140 9200 Oakdale Avenue #100, Chatsworth, CA 91311 www.nlacrc.org

Executive Finance Committee Recommendation to the Board

The North Los Angeles County Regional Center, Inc. ("NLACRC") Executive Finance Committee is recommending the Board of Trustees to authorize the Executive Director, Chief Financial Officer or Deputy Director to execute insurance binders and purchase workers compensation insurance for the period of January 1, 2027 through December 31, 2027.

_____ September 24, 2026

Sharmila Brunjes, Board President Date

Board Resolution for Workers Compensation Insurance

The following resolution was adopted at a meeting of The North Los Angeles County Regional Center, Inc. Board of Trustees held on the 4th day of November 2026, in accordance with the laws and by-laws of the above organization.

RESOLVED that the Board of Trustees of the North Los Angeles County Regional Center authorizes the Executive Director, Chief Financial Officer or Deputy Director to execute insurance binders and purchase workers compensation insurance for the period of January 1, 2027 through December 1, 2027.

CERTIFICATION BY SECRETARY: I certify that (1) I am the Secretary of the North Los Angeles County Regional Center; (2) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by the North Los Angeles County Regional Center Board of Trustees; and (3) the Resolution is in full force and has not been revoked or changed in any way.

_____ November 4, 2026

Curtis Wang, Board Secretary Date

North Los Angeles County Regional Center
Main 818-778-1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | www.nlacrc.org

Executive Finance Committee Reflection Guidelines

I. Knowledge

A. Lanterman Act.

B. Other major laws concerning regional centers.

C. Applicable contract provisions.

D. Basic understanding of sound financial, nonprofit business and administrative practices.

E. Understanding committee duties and responsibilities.

II. Skills

A. Conducting effective meetings.

B. Constructing effective agendas.

III. Dangers

A. Taking actions on behalf of the Board without specific delegation.

B. Not keeping the full Board well informed.

C. Assuming all issues are operational.

IV. Executive Finance Committee Questions

A. Board Governance and Oversight

1. Has the Board adopted a mission statement, vision statement and business principles to guide the center's actions? (review annually)
2. Has the committee reviewed the Board activities to assure they are aligned with the priorities and directions of the Board?
3. Are the committee agendas coordinated to pace policy issues that will be acted upon by the Board through the fiscal year?
4. Is there a procedure for the executive director's evaluation? Is it adequate?
5. Are the bylaws current and do they meet the needs of the center?
6. Are members regular in attendance?
7. Does the Board have a comprehensive training program for new members?
8. Does the Board have a succession plan for its members and key staff?

B. Contract and Amendments with the Department of Developmental Services (DDS)

1. Has the committee received and reviewed the center's contract with DDS?
2. Has the contract or amendments been signed?
3. Are there any changes to the contract that require committee attention?

C. Finance

1. Has the committee reviewed the center's budget allocation from DDS?
2. Has the committee received and reviewed a report on the center's projected operating expenditures compared with the center's operating budget?
3. Has the committee reviewed the Purchase of Service Expenditure Projection (PEP) report and has the committee received a report on the center's projected purchase of service (POS) expenditures compared with the center's POS budget?
4. Does the center have a sufficient credit line? Will it be required in the current fiscal year?
5. Has the committee received and reviewed the annual independent audit report prepared by the center's certified public accounting (CPA) firm?
6. Is there a management letter included with the audit report and has the committee reviewed the letter?
7. Has the committee reviewed management's response to the letter?
8. Did management's response satisfy the auditor's questions?
9. Has the committee received and reviewed the IRS Form 990 prepared by the center's CPA firm?
10. Does the center have sufficient cash or credit line to meet its financial obligations?

D. Committee Operations

1. In May of each year, a planning calendar is established for the next fiscal year.
2. Is the planning calendar monitored and updated as needed?
3. Has the committee and all new committee members received committee orientation and training?

E. Insurance

1. Did the committee receive and review an annual report on the center's insurance coverage?
2. Are the current limits and coverage sufficient?

F. Legal

1. Has the committee been apprised of potential and pending litigation involving the center?
2. Does any litigation necessitate a review of Board policy or follow-up by the executive director?

G. Human Resources

1. Are the center's compensation, benefit programs, and personnel practices appropriate for our industry?
2. Are personnel policies in compliance with current law?
3. Are personnel policies consistent with the DDS contract?
4. Has the committee been advised of any significant change in employment practices or procedures that could affect the level of services provided or employee morale?
5. Are union-related issues being monitored and reported?
6. Is staff turnover reasonable or exceptional?
7. Does the center have a staff development plan that supports the Board's vision of service provision? (review annually)

H. Contracts over $250,000

1. Has the committee reviewed and discussed the service provider contracts?
2. Has the committee received sufficient information to make a recommendation to the Board to approve or not approve the contract?

I. Audits

1. Has the committee received and reviewed the biennial DDS audit of NLACRC?
2. Has the committee received and reviewed the biennial DDS audit of family home agencies?
3. Has the committee received and reviewed the biennial DDS home and community-based services waiver audit?
4. Has the committee received and reviewed the annual summary of service provider audits conducted by the center?
5. Has the committee been updated on any miscellaneous audits of the center (e.g. Social Security)?

J. Leases

1. Has the committee received and reviewed an annual report of the center's facility leases?

Administrative Affairs Committee

I. Knowledge

A. Lanterman Act.
B. Applicable contract provisions.
C. Basic understanding of sound financial, nonprofit business and administrative practices.
D. Understanding committee duties and responsibilities.

II. Skills

A. Conducting effective meetings.

III. Dangers

A. Assuming all issues are operational.

IV. Administrative Affairs Committee Questions:

A. Contract and amendments with the Department of Developmental Services (DDS).

1. Has the committee received and reviewed the center's contract with DDS?
2. Has the contract or amendments been signed?
3. Are there any changes to the contract that require committee attention?

B. Finance

1. Has the committee reviewed the center's budget allocation from DDS?
2. Has the committee received and reviewed a report on the center's projected operating expenditures compared with the center's operating budget?
3. Has the committee reviewed the Purchase of Service Expenditure Projection (PEP) report and has the committee received a report on the center's projected purchase of service (POS) expenditures compared with the center's POS budget?

	4. Does the center have a sufficient credit line? Will it be required in the current fiscal year? 5. Has the committee received and reviewed the annual independent audit report prepared by the center's certified public accounting (CPA) firm? 6. Is there a management letter included with the audit report and has the committee reviewed the letter? 7. Has the committee reviewed management's response to the letter? 8. Did management's response satisfy the auditor's questions? 9. Has the committee received and reviewed the IRS Form 990 prepared by the center's CPA firm? 10. Does the center have sufficient cash or credit line to meet its financial obligations?
C.	Committee Operations 1. In May of each year, a critical calendar is established for the next fiscal year. 2. Is the critical calendar monitored and updated as needed? 3. Has the committee and all new committee members received committee orientation and training?
D.	Insurance 1. Did the committee receive and review an annual report on the center's insurance coverage? 2. Are the current limits and coverage sufficient?
E.	Legal 1. Has the committee been apprised of potential and pending litigation involving the center? 2. Does any litigation necessitate a review of Board policy or follow-up by the executive director?
F.	Human Resources 1. Are the center's compensation, benefit programs, and personnel practices appropriate for our industry? 3. Are personnel policies in compliance with current law? 4. Are personnel policies consistent with the DDS contract?

5. Has the committee been advised of any significant change in employment practices or procedures that could affect the level of services provided or employee morale?
6. Are union-related issues being monitored and reported?
7. Is staff turnover reasonable or exceptional?
8. Does the center have a staff development plan that supports the Board's vision of service provision? (review annually)

G. Contracts over $250,000.

1. Has the committee reviewed and discussed the service provider contracts?
2. Has the committee received sufficient information to make a recommendation to the Board to approve or not approve the contract?

H. Audits

1. Has the committee received and reviewed the biennial DDS audit of NLACRC?
2. Has the committee received and reviewed the biennial DDS audit of family home agencies?
3. Has the committee received and reviewed the biennial DDS home and community-based services waiver audit?
4. Has the committee received and reviewed the annual summary of service provider audits conducted by the center?
5. Has the committee been updated on any miscellaneous audits of the center (e.g. Social Security)?

I. Leases

1. Has the committee received and reviewed an annual report of the center's facility leases?

North Los Angeles County Regional Center
Board of Trustees

BOARD AUDIT

Executive Committee

I. Knowledge

A. Lanterman Act.
B. Other major laws concerning regional centers.
C. Understanding committee duties and responsibilities.

II. Skills

A. Conducting effective meetings.
B. Constructing effective agendas.

III. Dangers

A. Taking actions on behalf of the Board without specific delegation.
B. Not keeping the full Board well informed.

IV. Executive Committee Questions

A. Has the Board adopted a mission statement, vision statement and business principles to guide the center's actions? (review annually)
B. Has the committee reviewed the Board activities to assure they are aligned with the priorities and directions of the Board?
C. Are the committee agendas coordinated to pace policy issues that will be acted upon by the Board through the fiscal year?
D. Is there a procedure for the executive director's evaluation? Is it adequate?
E. Are the bylaws current and do they meet the needs of the center?
F. Are members regular in attendance?
G. Does the Board have a comprehensive training program for new members?
H. Does the Board have a succession plan for its members and key staff?

NORTH LOS ANGELES COUNTY REGIONAL CENTER
FINANCIAL REPORT-MONTHLY RECAP
FISCAL YEAR 2026-2027
JULY 2026

BUDGET CATEGORY	Annual C-2 Allocation	Month Exp	Y-T-D Expenditures	Projected Annual Expenditures	Projected Annual Surplus/(Deficit)	Percent Under(Over) Budget
Operations						
Salaries & Benefits	$101,738,007	$8,680,783	$8,698,043	$101,738,007	$0	0.00%
Operating Expenses	$21,476,866	$763,796	$2,292,187	$21,476,866	$0	0.00%
Subtotal OPS General	$123,214,873	$9,444,579	$10,990,230	$123,214,873	$0	0.00%
Salaries & Benefits - CPP Regular	$575,350	$102,608	$102,730	$575,350	$0	0.00%
Operating Expenses - CPP Regular	$0	$0	$0	$0	$0	0.00%
Subtotal OPS CPP Regular	$575,350	$102,608	$102,730	$575,350	$0	0.00%
Salaries & Benefits - DC Closure/Ongoing Workload	$422,280	$45,685	$45,749	$422,280	$0	0.00%
Operating Expenses - DC Closure/Ongoing Workload	$0	$0	$0	$0	$0	0.00%
Subtotal OPS DC Closure/Ongoing Workload	$422,280	$45,685	$45,749	$422,280	$0	0.00%
Family Resource Center (FRC)	$227,357	$0	$0	$227,357	$0	0.00%
Self Determination Program (SDP) Participant Supports	$0	$0	$0	$0	$0	0.00%
Social Recreation Projects	$0	$0	$0	$0	$0	0.00%
Services Access & Equity (Disparities)	$0	$0	$0	$0	$0	0.00%
Language Access & Cultural Competency	$1,080,819	$0	$0	$1,080,819	$0	0.00%
Subtotal OPS Projects	$1,308,176	$0	$0	$1,308,176	$0	0.00%
Total Operations:	$125,520,679	$9,592,872	$11,138,709	$125,520,679	$0	0.00%
Purchase of Services						
Purchase of Services ("POS") (General, HCBS & ICF/SPA)	$1,397,790,941	$92,303,739	$93,043,718	$1,397,790,941	$0	0.00%
CPP Regular and DC Closure/Ongoing Workload	$290,295	$0	$0	$290,295	$0	0.00%
Total Purchase of Services:	$1,398,081,236	$92,303,739	$93,043,718	$1,398,081,236	$0	0.00%
Total NLACRC Budget:	**$1,523,601,915**	**$101,896,611**	**$104,182,427**	**$1,523,601,915**	**$0**	**0.00%**

NORTH LOS ANGELES COUNTY REGIONAL CENTER
FISCAL YEAR 2026-2027
JULY 2026

TOTAL BUDGET SOURCES FISCAL YEAR 2026-2027	
C-1 (Preliminary) from DDS for OPS	$105,535,520
C-2 from DDS for OPS, Projects, and CRDP/CPP	$19,255,159
C-3 from DDS for OPS, Projects, and CRDP/CPP	
C-4 from DDS for OPS, Projects, and CRDP/CPP	
C-5 from DDS for OPS, Projects, and CRDP/CPP	
C-6 from DDS for OPS, Projects, and CRDP/CPP	
C-7 from DDS for OPS, Projects, and CRDP/CPP	
C-1 (Preliminary) from DDS for POS	$1,172,252,756
C-2 from DDS for POS-CRDP/CPP/HCBSW	$208,828,480
C-3 from DDS for POS-CRDP/CPP/HCBSW	
C-4 from DDS for POS-CRDP/CPP/HCBSW	
C-5 from DDS for POS-CRDP/CPP/HCBSW	
C-6 from DDS for POS-CRDP/CPP/HCBSW	
C-7 from DDS for POS-CRDP/CPP/HCBSW	
Subtotal - Total Budget received from DDS	**$1,505,871,915**
Projected Revenue	730,000
Subtotal - Projected Revenue Operations	**$730,000**
Projected ICF/SPA Transportation/Day Program Revenue	$17,000,000
Subtotal - Projected Revenue Purchase of Services	**$17,000,000**
Total Budget	**$1,523,601,915**

OPERATIONS BUDGET SOURCES FISCAL YEAR 2026-2027	
GENERAL OPERATIONS (Excludes Projects, CPP Regular, CRDP/CPP)	
C-1 (Preliminary), General Operations (OPS)	$104,454,701
Reduce Caseload Ratio for Children through Age 5 (1:40)	
Reduce Other Caseload Ratios	
C-2, OPS Allocation	$18,030,172
C-3, OPS Allocation	$0
C-4, OPS Allocation	$0
C-5, OPS Allocation	$0
C-6, OPS Allocation	
Total General OPS	**122,484,873**
Projected Interest Income	$500,000
Projected Other Income	$50,000
Projected ICF/SPA Admin Fee	$180,000
Total Other Revenue	$730,000
TOTAL GENERAL OPS	**$123,214,873**
C-1 (Preliminary) Community Resource Development Plan ("CRDP") /Community Placement Plan ("CPP")	
C-2, OPS CRDP/CPP	$575,350
C-3, OPS CRDP/CPP	
Total CRDP/CPP Regular	**$575,350**
C-1 (Preliminary) Developmental Center ("DC") Closure/Ongoing Workload	
C-2, OPS DC Closure/Ongoing Workload	$422,280
C-3, OPS DC Closure/Ongoing Workload	
Total CPP DC Closure/Ongoing Workload	**$422,280**
Family Resource Center ("FRC")	$227,357
SDP Participant Supports	
Services Access & Equity (Disparities)	
Language Access & Cultural	$1,080,819
Total OPS PROJECTS	**$1,308,176**
Total Operations Budget	**$125,520,679**

PURCHASE OF SERVICES (POS) BUDGET SOURCES FISCAL YEAR 2026-2027	
POS (CPP-POS Regular, CRDP/CPP)	
C-1 (Preliminary) POS	$1,172,252,756
C-2, POS Allocation	$208,828,480
C-3, POS Allocation	
C-4, POS Allocation	
C-5, POS Allocation	
Total General POS Allocation	**$1,381,081,236**
ADD:	
Projected ICF SPA Revenue	$17,000,000
Total Budget, General POS	**$1,398,081,236**

NORTH LOS ANGELES COUNTY REGIONAL CENTER
CONSOLIDATED LINE ITEM REPORT
FISCAL YEAR 2026-2027
JULY 2026

	0 Annual C-2 Allocation	Net Month	Expended Y-T-D	Projected Remaining Expenses	Proj Annual Expenses	Projected Surplus/ (Deficit)
PURCHASE OF SERVICE						
POS (General)						
3.2 Out of Home	232,871,971	16,610,246	16,610,246	216,261,725	232,871,971	0
4.3 Day Programs	141,176,885	6,666,852	6,666,852	134,510,033	141,176,885	0
4.3 Habilitation Programs	7,548,071	706,602	706,602	6,841,469	7,548,071	0
5.4 Transportation	49,901,137	3,808,811	3,820,210	46,080,927	49,901,137	0
6.5 Other Services	966,292,878	64,511,228	65,239,809	901,053,069	966,292,878	0
Total POS (General):	**1,397,790,941**	**92,303,739**	**93,043,718**	1,304,747,223	1,397,790,941	0
CRDP & CPP						
CRDP & CPP Placements	280,295	0	0	280,295	280,295	0
CRDP & CPP Assessments	10,000	0	0	10,000	10,000	0
CRDP & CPP Start Up	0	0	0	0	0	0
Deflection CRDP & CPP	0	0	0	0	0	0
Total CRDP & CPP:	290,295	0	0	290,295	290,295	0
HCBS Compliance Funding	0	0	0	0	0	0
Total HCBS:	0	0	0	0	0	0
Total Purchase of Service:	**1,398,081,236**	**92,303,739**	**93,043,718**	**1,305,037,518**	**1,398,081,236**	**0**
OPERATIONS						
25010 Salaries/Benefits	102,135,637	8,767,775	8,784,732	93,350,905	102,135,637	0
25010 Tuition Reimbursement Program	0	0	0	0	0	0
25020 Temporary Staffing Agencies	600,000	61,301	61,790	538,210	600,000	0
25020 PRMT & CalPERS UAL Deposits	0	0	0	0	0	0
Total Salaries/Benefits:	**102,735,637**	**8,829,076**	**8,846,522**	**93,889,115**	**102,735,637**	**0**
OPERATING EXPENSE						
30010 Equipment Rental	209,125	16,513	16,513	192,612	209,125	0
30020 Equipment Maint	100,000	17,920	17,920	82,080	100,000	0
30030 Facility Rent	7,978,041	529,676	1,059,676	6,918,365	7,978,041	0
30040 Facility.Maint. AV	48,857	1,970	3,344	45,513	48,857	0
30041 Facility Maint. SFV	328,563	13,196	16,071	312,491	328,563	0
30042 Facility Maint. SCV	41,065	1,206	1,256	39,809	41,065	0
30050 Communication	537,704	29,001	32,987	504,716	537,704	0
30060 General Office Exp	997,452	8,312	8,312	989,141	997,452	0
30070 Printing	68,500	0	0	68,500	68,500	0
30080 Insurance	990,110	0	941,010	49,100	990,110	0
30090 Utilities	203,074	0	226	202,847	203,074	0
30100 Data Processing	350,000	0	942	349,058	350,000	0
30110 Data Proc. Maint	134,656	46,362	46,362	88,294	134,656	0
30120 Interest Expense	78,839	0	1,153	77,686	78,839	0
30130 Bank Fees	289,805	0	0	289,805	289,805	0
30140 Legal Fees	950,000	0	0	950,000	950,000	0
30150 Board of Trustees Exp	101,500	186	335	101,165	101,500	0
30151 ARCA Dues	192,740	0	0	192,740	192,740	0
30160 Accounting Fees	125,408	0	0	125,408	125,408	0
30170 Equipment Purchases	4,018,693	16,039	61,735	3,956,959	4,018,693	0
30180 Contr/Consult-Adm	1,387,323	11,520	11,520	1,375,803	1,387,323	0
30220 Mileage/Travel	692,082	56,898	56,898	635,183	692,082	0
30240 General Expenses	1,653,330	14,997	15,928	1,637,402	1,653,330	0
30240 ABX2-1	0	0	0	0	0	0
Total Operating Expenses:	21,476,866	763,796	2,292,187	19,184,679	21,476,866	0
Total Operations:	124,212,503	9,592,872	11,138,709	113,073,794	124,212,503	0
Total Gross Budget :	1,522,293,739	101,896,611	104,182,427	1,418,111,312	1,522,293,739	0
OPS Projects:	1,308,176	0	0	1,308,176	1,308,176	0
Total Gross Budget with Projects:	**1,523,601,915**	**101,896,611**	**104,182,427**	**1,419,419,488**	**1,523,601,915**	**0**

NORTH LOS ANGELES COUNTY REGIONAL CENTER
GENERAL OPERATIONS (OPS) and PURCHASE OF SERVICES (POS) LINE ITEM REPORT
FISCAL YEAR 2026-2027
JULY 2026

	- Annual C-2 Allocation	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus / (Deficit)
PURCHASE OF SERVICE						
POS (General)						
3.2 Out of Home	232,871,971	16,610,246	16,610,246	216,261,725	232,871,971	-
4.3 Day Programs	141,176,885	6,666,852	6,666,852	134,510,033	141,176,885	-
4.3 Habilitation Programs	7,548,071	706,602	706,602	6,841,469	7,548,071	-
5.4 Transportation	49,901,137	3,808,811	3,820,210	46,080,927	49,901,137	-
6.5 Other Services	966,292,878	64,511,228	65,239,809	901,053,069	966,292,878	-
Total POS (General):	**1,397,790,941**	**92,303,739**	**93,043,718**	**1,304,747,223**	**1,397,790,941**	**-**
OPERATIONS						
25010 Salaries/Benefits	101,138,007	8,619,482	8,636,253	92,501,755	101,138,007	-
25010 Tuition Reimbursement Program	-	-	-	-	-	-
25020 Temporary Staffing Agencies	600,000	61,301	61,790	538,210	600,000	-
25020 PRMT & CalPERS UAL Deposits	-	-	-	-	-	-
Total Salaries:	**101,738,007**	**8,680,783**	**8,698,043**	93,039,964	101,738,007	-
OPERATING EXPENSE						
30010 Equipment Rental	209,125	16,513	16,513	192,612	209,125	-
30020 Equipment Maint	100,000	17,920	17,920	82,080	100,000	-
30030 Facility Rental	7,978,041	529,676	1,059,676	6,918,365	7,978,041	-
30040 Facility Maint. AV	48,857	1,970	3,344	45,513	48,857	-
30041 Facility Maint. SFV	328,563	13,196	16,071	312,491	328,563	-
30042 Facility Maint. SCV	41,065	1,206	1,256	39,809	41,065	-
30050 Communication	537,704	29,001	32,987	504,716	537,704	-
30060 General Office Exp	997,452	8,312	8,312	989,141	997,452	-
30070 Printing	68,500	-	-	68,500	68,500	-
30080 Insurance	990,110	-	941,010	49,100	990,110	-
30090 Utilities	203,074	-	226	202,847	203,074	-
30100 Data Processing	350,000	-	942	349,058	350,000	-
30110 Data Proc. Maint	134,656	46,362	46,362	88,294	134,656	-
30120 Interest Expense	78,839	-	1,153	77,686	78,839	-
30130 Bank Fees	289,805	-	-	289,805	289,805	-
30140 Legal Fees	950,000	-	-	950,000	950,000	-
30150 Board of Trustees Exp	101,500	186	335	101,165	101,500	-
30151 ARCA Dues	192,740	-	-	192,740	192,740	-
30160 Accounting Fees	125,408	-	-	125,408	125,408	-
30170 Equipment Purchases & Software	4,018,693	16,039	61,735	3,956,959	4,018,693	-
30180 Contr/Consult	1,387,323	11,520	11,520	1,375,803	1,387,323	-
30220 Mileage/Travel	692,082	56,898	56,898	635,183	692,082	-
30240 General Expenses	1,653,330	14,997	15,928	1,637,402	1,653,330	-
30240 ABX2-1 Admin	-	-	-	-	-	-
Total Operating Expenses:	**21,476,866**	**763,796**	**2,292,187**	**19,184,679**	**21,476,866**	-
Total Operations:	**123,214,873**	**9,444,579**	**10,990,230**	**112,224,643**	**123,214,873**	-
Gross Budget:	1,521,005,814	101,748,318	104,033,948	1,416,971,866	1,521,005,814	-
% of Budget:	100%	6.69%	6.84%	93.16%	100.00%	0.00%

NORTH LOS ANGELES COUNTY REGIONAL CENTER
Community Resource Development Plan ("CRDP") & Community Placement Plan ("CPP") Line Item Report
Regular CPP
FISCAL YEAR 2026-2027
JULY 2026

	0 Annual C-2 Allocation	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/(Deficit)
PURCHASE OF SERVICE						
CPP Regular						
CPP Placements	280,295	0	0	280,295	280,295	0
CPP Assessments	10,000	0	0	10,000	10,000	0
CPP Start Up		0	0	0	0	0
Deflection CPP		0	0	0	0	0
Total CPP Regular:	290,295	0	0	290,295	290,295	0
OPERATIONS						
25010 Salaries/Benefits	575,350	102,608	102,730	472,620	575,350	0
Total Salaries:	575,350	102,608	102,730	472,620	575,350	0
OPERATING EXPENSE						
30010 Equipment Rental	0	0	0	0	0	0
30020 Equipment Maint	0	0	0	0	0	0
30030 Facility Rental	0	0	0	0	0	0
30040 Facility Maint. AV	0	0	0	0	0	0
30041 Facility Maint. SFV	0	0	0	0	0	0
30042 Facility Maint. SCV	0	0	0	0	0	0
30050 Communication	0	0	0	0	0	0
30060 General Office Exp	0	0	0	0	0	0
30070 Printing	0	0	0	0	0	0
30080 Insurance	0	0	0	0	0	0
30090 Utilities	0	0	0	0	0	0
30100 Data Processing	0	0	0	0	0	0
30110 Data Proc. Maint	0	0	0	0	0	0
30120 Interest Expense	0	0	0	0	0	0
30130 Bank Fees	0	0	0	0	0	0
30140 Legal Fees	0	0	0	0	0	0
30150 Board of Trustees Exp	0	0	0	0	0	0
30151 ARCA Dues	0	0	0	0	0	0
30160 Accounting Fees	0	0	0	0	0	0
30170 Equipment Purchases	0	0	0	0	0	0
30180 Contr/Consult CPP	0	0	0	0	0	0
30220 Mileage/Travel	0	0	0	0	0	0
30240 General Expenses	0	0	0	0	0	0
Total Operating Expenses:	0	0	0	0	0	0
Total Operations:	575,350	102,608	102,730	472,620	575,350	0
Gross Budget:	865,645	102,608	102,730	762,915	865,645	0
% of Budget:	100.00%	11.85%	11.87%	88.13%	100.00%	0%

NORTH LOS ANGELES COUNTY REGIONAL CENTER
Community Resource Development Plan ("CRDP") & Community Placement Plan ("CPP") Line Item Report
Developmental Center ("DC") Closure/Ongoing Workload
FISCAL YEAR 2026-2027
JULY 2026

	0 Annual C-2 Allocation	Net Month	Expended Y-T-D	Projected Remaining Expenses	Projected Annual Expenses	Projected Surplus/(Deficit)
PURCHASE OF SERVICE						
CRDP/CPP						
CRDP & CPP Placements	0	0	0	0	0	0
CRDP & CPP Assessments	0	0	0	0	0	0
CRDP & CPP Start Up	0	0	0	0	0	0
Deflection CRDP & CPP	0	0	0	0	0	0
Total CRDP/CPP:	0	0	0	0	0	0
OPERATIONS						
25010 Salaries/Benefits	422,280	45,685	45,749	376,531	422,280	0
Total Salaries:	422,280	45,685	45,749	376,531	422,280	0
OPERATING EXPENSE						
30010 Equipment Rental	0	0	0	0	0	0
30020 Equipment Maint	0	0	0	0	0	0
30030 Facility Rental	0	0	0	0	0	0
30040 Facility Maint. AV	0	0	0	0	0	0
30041 Facility Maint. SFV	0	0	0	0	0	0
30042 Facility Maint. SCV	0	0	0	0	0	0
30050 Communication	0	0	0	0	0	0
30060 General Office Exp	0	0	0	0	0	0
30070 Printing	0	0	0	0	0	0
30080 Insurance	0	0	0	0	0	0
30090 Utilities	0	0	0	0	0	0
30100 Data Processing	0	0	0	0	0	0
30110 Data Proc. Maint	0	0	0	0	0	0
30120 Interest Expense	0	0	0	0	0	0
30130 Bank Fees	0	0	0	0	0	0
30140 Legal Fees	0	0	0	0	0	0
30150 Board of Trustees Exp	0	0	0	0	0	0
30151 ARCA Dues	0	0	0	0	0	0
30160 Accounting Fees	0	0	0	0	0	0
30170 Equipment Purchases	0	0	0	0	0	0
30180 Contr/Consult CPP	0	0	0	0	0	0
30220 Mileage/Travel	0	0	0	0	0	0
30240 General Expenses	0	0	0	0	0	0
Total Operating Expenses:	0	0	0	0	0	0
Total Operations:	422,280	45,685	45,749	376,531	422,280	0
Gross Budget:	422,280	45,685	45,749	376,531	422,280	0
% of Budget:	100.00%	10.82%	10.83%	89.17%	100.00%	0.00%

NORTH LOS ANGELES COUNTY REGIONAL CENTER

Operations ("OPS") Project Line Item Report

FISCAL YEAR 2026-2027

JULY 2026

	0 Annual C-2 Allocation	EXPENDED MONTH	EXPENDED Y-T-D	BALANCE REMAINING	PROJECTED EXPENDITURES	SURPLUS/ (DEFICIT)
Family Resource Center ("**FRC**")	$227,357	$0	$0	$227,357	$227,357	$0
Self Determination Program ("**SDP**") Participant Support	$0	$0	$0	$0	$0	$0
Language Access & Cultural Competency	$1,080,819	$0	$0	$1,080,819	$1,080,819	$0
TOTAL:	**$1,308,176**	**$0**	**$0**	**$1,308,176**	**$1,308,176**	**$0**

Family Resource Center: Family Resource Center provides services and support for families and infants and toddlers, under the age of three years, that have a developmental delay, disability, or condition that places them at risk of a disability. Services include, as specified in Government Code 95024(d)(2), parent-to-parent support, information dissemination, public awareness, and family-professional collaboration activities; and per Government Code 95001(a)94), family-to-family support to strengthen families' ability to participate in service planning.

Self Determination Program Participant Support: The SDP allows for regional center consumers and their families more freedom, control, and responsibility in choosing services, supports, and providers to help meet the objectives in their individual program plans. The SDP Participant Support is for regional centers, in collaboration with the local volunteer advisory committees, to assist selected participants in their transition to SDP.

NORTH LOS ANGELES COUNTY REGIONAL CENTER

Purchase of Services ("POS") Project Line Item Report

FISCAL YEAR 2026-2027

JULY 2026

	0 Annual C-2 Allocation	EXPENDED MONTH	EXPENDED Y-T-D	BALANCE REMAINING	PROJECTED EXPENDITURES	SURPLUS/ (DEFICIT)
HCBS Provider Funding for Compliance Activities	$0	$0	$0	$0	$0	$0
TOTAL:	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**

Home and Community-Based Services ("HCBS") Compliance Funding: The HCBS Rules require that programs funded through Medicaid (called Medi-Cal in California) provide individuals with disabilities full access to the benefits of community living and offer services and supports in settings that are integrated in the community. This could include opportunities to seek employment in competitive and integrated settings, control personal resources, and engage in the community to the same degree as individuals who do not receive regional center services. The HCBS rules focus on the nature and quality of the individuals' experience and not just the setting where the services are delivered.

North Los Angeles County Regional Center
Administrative vs. Direct Allocation Report - Consolidated
Fiscal Year 2026-2027 (Service Month of July 2026 as of August 21, 2026 State Claim)

	Current Month			YTD		
Description	Administrative Operating Expenses	Direct Operating Expenses	Total Operating Expenses	Administrative Operating Expenses	Direct Operating Expenses	Total Operating Expenses
Salaries & Wages	818,962.76	6,679,551.38	7,498,514.14	819,452.36	6,679,551.38	7,499,003.74
Benefits **	109,062.04	1,221,499.92	1,330,561.96	112,646.30	1,234,872.0	1,347,518.29
Subtotal Salaries & Benefits	**928,024.80**	**7,901,051.30**	**8,829,076.10**	**932,098.66**	**7,914,423.37**	**8,846,522.03**
Salaries & Benefits Allocation	**10.5%**	**89.5%**	**100.0%**	**10.5%**	**89.5%**	**100.0%**
Equipment Rental	1,401.95	15,110.96	16,512.91	1,401.95	15,110.96	16,512.91
Equipment Maintenance	17,920.00	Not Allowable	17,920.00	17,920.00	Not Allowable	17,920.00
Facility Rent	28,230.48	501,445.53	529,676.01	243,451.27	816,224.86	1,059,676.13
Facility Maintenance-AV	1,969.65	Not Allowable	1,969.65	3,343.65	Not Allowable	3,343.65
Facility Maintenance-Van Nuys	13,196.07	Not Allowable	13,196.07	16,071.24	Not Allowable	16,071.24
Facility Maintenance-SCV	1,206.00	Not Allowable	1,206.00	1,256.00	Not Allowable	1,256.00
Communication	2,407.88	26,593.46	29,001.34	2,698.81	30,288.38	32,987.19
General Office Expenses	621.69	7,689.84	8,311.53	621.69	7,689.84	8,311.53
Printing	0.00	0.00	0.00	0.00	0.00	0.00
Insurance	0.00	0.00	0.00	213,653.73	727,356.27	941,010.00
Insurance-Deductible	0.00	0.00	0.00	0.00	0.00	0.00
Utilities-AV	0.00	0.00	0.00	0.00	226.16	226.16
Data Processing-Payroll Fees	0.00	Not Allowable	0.00	941.80	Not Allowable	941.80
Data Processing-Outside Svcs	0.00	Not Allowable	0.00	0.00	Not Allowable	0.00
Data Processing-Misc	0.00	Not Allowable	0.00	0.00	Not Allowable	0.00
Data Processing Maint.	46,362.05	Not Allowable	46,362.05	46,362.05	Not Allowable	46,362.05
Interest Expense	0.00	0.00	0.00	1,153.18	0.00	1,153.18
Bank Fees	0.00	0.00	0.00	0.00	0.00	0.00
Bank Fees-PRMT	0.00	0.00	0.00	0.00	0.00	0.00
Legal Fees	0.00	0.00	0.00	0.00	0.00	0.00
Legal Fees-Insurance Deductible	0.00	0.00	0.00	0.00	0.00	0.00
Brd. of Director Exp.	185.55	0.00	185.55	334.68	0.00	334.68
ARCA Dues	0.00	0.00	0.00	0.00	0.00	0.00
Accounting Fees	0.00	0.00	0.00	0.00	0.00	0.00
Equipment Purchases	1,044.10	11,253.89	12,297.99	1,044.10	11,253.89	12,297.99
Software and Licenses	317.65	3,423.85	3,741.50	2,733.84	29,466.86	32,200.70
Equipment - AV Loan Principle Payments	0.00	0.00	0.00	0.00	17,235.95	17,235.95
Contractor/Consultant	978.05	10,541.95	11,520.00	978.05	10,541.95	11,520.00
Contr./Consult.: FFRC Library	0.00	0.00	0.00	0.00	0.00	0.00
Contr./Consult.: CPP	0.00	0.00	0.00	0.00	0.00	0.00
Mileage	1,326.42	50,994.88	52,321.30	1,326.42	50,994.88	52,321.30
Travel	345.94	4,230.82	4,576.76	345.94	4,230.82	4,576.76
General Expenses	1,117.24	13,880.07	14,997.31	1,139.90	14,788.08	15,927.98
General Expenses-Remodel AV	0.00	0.00	0.00	0.00	0.00	0.00
General Expenses-Remodel SCV	0.00	0.00	0.00	0.00	0.00	0.00
General Expenses-Remodel SFV	0.00	0.00	0.00	0.00	0.00	0.00
ABX2-1 Admin Expenses	0.00	0.00	0.00	0.00	0.00	0.00
ARPA Social Recreation Project	0.00	0.00	0.00	0.00	0.00	0.00
Equity/Disparity Projects	0.00	0.00	0.00	0.00	0.00	0.00
CalFRESH Project	0.00	0.00	0.00	0.00	0.00	0.00
Restricted: Language Access & Cultural Comp	0.00	0.00	0.00	0.00	0.00	0.00
Restricted: SDP-Participants Support	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Operating Expenses	**118,630.72**	**645,165.25**	**763,795.97**	**556,778.30**	**1,735,408.90**	**2,292,187.20**
Operating Expenses Allocation	**15.5%**	**84.5%**	**100.0%**	**24.3%**	**75.7%**	**100.0%**
Total Salaries & Operating Expenses	**1,046,655.52**	**8,546,216.55**	**9,592,872.07**	**1,488,876.96**	**9,649,832.27**	**11,138,709.23**
Salaries & Operating Exp. Allocation	**10.9%**	**89.1%**	**100.0%**	**13.4%**	**86.6%**	**100.0%**
Project Funds: Family Resource Center	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Income Not from DDS (i.e. Interest)	**(130,162.25)**	**0.00**	**(130,162.25)**	**(130,188.35)**	**0.00**	**(130,188.35)**
Total Expenses Less Other Income	**916,493.27**	**8,546,216.55**	**9,462,709.82**	**1,358,688.61**	**9,649,832.27**	**11,008,520.88**
Total Expenses Admin vs Direct Allocation	**9.69%**	**90.31%**	**100.00%**	**12.3%**	**87.7%**	**100.0%**

Summary of Vendors with Outstanding Authorization Issues

Vendors with Outstanding Authorization Issues As of July 31, 2026		
Fiscal Year	**Unique Vendor**	**No. of O/S Auth's**
Prior to FY22	0	0
FY22	0	0
FY23	4	14
FY24	0	0
FY25	14	19
FY26	36	37
FY27	19	19
	73	**89**

Change from July 31, 2026 to August 31, 2026			
New Vendors	**New Auths**	**Resolved Vendors**	**Resolved Auths**
0	0	0	0
0	0	0	0
0	0	-4	-14
0	0	0	0
0	0	-2	-2
10	10	-5	-5
10	10	-2	-2
20	**20**	**-13**	**-23**

Vendors with Outstanding Authorization Issues As of August 31, 2026		
Fiscal Yr	**Unique Vendor Numbers**	**No. of O/S Auth's**
Prior to FY22	0	0
FY22	0	0
FY23	0	0
FY24	0	0
FY25	12	17
FY26	41	42
FY27	27	27
	80	**86**

Committee Attendance 2026-2027

FY 2026-27	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	Total Absences	Total Hours
Executive Finance Committee			**Dark**		**Dark**						**Dark**		
Sharmila Brunjes	P											**0**	2.25
Juan Hernandez	P											**0**	2.25
Anna Hurst	P											**0**	2.25
Curtis Wang	P											**0**	2.25
Jeremy Sunderland	P											**0**	2.25
Jacquie Colton	P											**0**	2.25
Jason Taketa	P											**0**	2.25
Laura Monge	Ab											**1**	0.00
Tal Segalovitch	P											**0**	2.25
	Meeting Time	2.25											

P = Present Ab = Absent

Attendance Policy: In the event a Trustee shall be absent from three (3) consecutive regularly-scheduled Board meetings or from three (3) consecutive meetings of any one or more committees on which he or she may be serving, or shall be absent from five (5) regularly-scheduled Board meetings or from five (5) meetings of any one or more Committees on which he or she may be serving during any twelve (12) month period, then the Trustee shall, without any notice or further action required of the Board, be automatically deemed to have resigned from the Board effective immediately. The secretary of the Board shall mail notice of each Trustee's absences during the preceding twelve (12) month period to each Board member following each regularly-scheduled Board meeting. (policy adopted 2-10-99)

Annual Reporting of FY25-26 Whistleblower Complaints

ATTACHMENT 1

NLACRC Whistleblower Complaint Log

Fiscal Year 2024-25

Time Period: 7/16/2025 - 8/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Entity That is Target of Complaint	Nature of Complaint	Investigation Allegation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Complaint Investigation Duration (in Days)	Submitted/Logged by
12/12/2024	Community Member	2024-SPWB-013	12/12/2024	Service Provider - IF	Vendors have not been paid through FMS vendor; Conflict of interest . SDP Funds not being managed appropriately.	Complainant alleges: 1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds.	1. Vendors have not been paid through FMS vendor, rather funding is transferred to a vendored company owned by the Independent Facilitator (IF) who is paying for services provided to client. 2. Conflict of interest as Independent Facilitator owns the vendored business serving family. 3. Payments are being withheld during Winter break by IF. Parent has not authorized gap in services. 4. IF is diverting SDP funds to their vendored account causing budgeting discrepancies and missing funds. *Referred to SDP Ombudsmen; CM meeting with DDS to further review*	N/A	8/14/2025 Closed Pending outcome of DDS Investigation	245	Arshalous Garlanian, Community Services Director
4/4/2025	Family Member	2025-SPWD-07	4/4/2025	Service Provider - Residential	Failure to provide services; Allegation of Abuse/Neglect; Allegation of Substance Abuse; Allegation of Theft & Personal Safety	Complainant alleges: 1. Abuse and Neglect: Client reportedly being emotionally, physically, and financially abused; facility is allegedly billing for services 1:1 not being delivered; client confined to his room for most of the day and only taken out for brief errands or occasional outings. 2. Substance Abuse and Enabling Behavior: client began taking medications six months ago, which is a significant change given his history of never having been medicated. This was done against the family's wishes: Since starting medication, client has reportedly suffered from: An 80-pound weight gain; Depression; Deterioration of his teeth; Presence of body fungus; He has also reportedly started using cannabis and other hard drugs while in the home; Staff are allegedly aware of and facilitating this drug use, including taking him to purchase cannabis; The facility is reportedly retaining drug paraphernalia (e.g., a pipe) in the event of an audit. 3. Theft and Personal Safety Concerns: Client feels unsafe in the home and reports that personal belongings, including items from his room and wallet, have been stolen (*Substantiated/CAP*); When he addresses these concerns with staff, they allegedly gaslight him; Family report being denied visitation when they advocate on his behalf; Staff reportedly do not engage with or speak to client regularly.	1. Abuse and Neglect: Client reportedly being emotionally, physically, and financially abused; facility is allegedly billing for services 1:1 not being delivered - *Unsubstantiated* 2. Client confined to his room for most of the day and only taken out for brief errands or occasional outings - *Unsubstantiated* 3. Substance Abuse and Enabling Behavior: client began taking medications six months ago, which is a significant change given his history of never having been medicated. This was done against the family's wishes - *Unsubstantiated* 4. Since starting medication, client has reportedly suffered from: a. An 80-pound weight gain - *Unsubstantiated* b. Depression - *Inconclusive* c. Deterioration of his teeth - *Inconclusive* d. Presence of body fungus - *Unsubstantiated* 5. He has also reportedly started using cannabis and other hard drugs while in the home - *Unsubstantiated* 6. Staff are allegedly aware of and facilitating this drug use, including taking him to purchase cannabis - *Substantiated* 7. The facility is reportedly retaining drug paraphernalia (e.g., a pipe) in the event of an audit - *Substantiated* 8. Theft and Personal Safety Concerns: Client feels unsafe in the home - *Unsubstantiated* 9. Reports that personal belongings, including items from his room and wallet, have been stolen - *substantiated/CAP;* 10. When he addresses these concerns with staff, they allegedly gaslight him - *Inconclusive*	Correction Action Plan item 9	8/11/2025	129	Arshalous Garlanian, Community Services Director
4/11/2025	NLACRC Employee	2025 -EWB - 02	4/14/2025	NLACRC Employee(s)	Allegation of unprofessional conduct, discriminatory behavior, improper systems' use	Complainant(s) allege: 1. NLACRC staff improperly followed established SOPs to create/ migrate temp/contractor system accounts to employee accounts post-conversion. 2. NLACRC staff incorrectly set access controls to prevent employees from their ability to use applications for their time-sensitive work. 3. NLACRC staff used improper methods with systems to complete work activities. 4. Employees impacted by items 1-3 were treated differently than other similarly-situated employees. *Investigation tendered to outside counsel to complete investigation.*	*Outside investigation findings:* 1. NLACRC staff improperly followed established SOPs to create/ migrate temp/contractor system accounts to employee accounts post-conversion. *Insufficient to substantiate* 2. NLACRC staff incorrectly set access controls to prevent employees from their ability to use applications for their time-sensitive work. *Insufficient to substantiate* 3. NLACRC staff used improper methods with systems to complete work activities. *Sufficient to substantiate* 4. Employees impacted by items 1-3 were treated differently than other similarly-situated employees. *Insufficient to substantiate under WB Policy; sufficient to substantiate under NLACRC policy.*	Closed Corrective actions enacted	6/17/2025	67	Betsy Monahan, HR Director
4/16/2025	NLACRC Employee	2025 -EWB - 04	4/17/2025	NLACRC Employee(s)	Allegation of improper conduct by staff to co-workers; failure to hold staff to account for their duties creating a negative work impact for co-workers	Complainant alleges: 1. Staff employee fails to complete assigned duties. 2. Supervisor fails to hold staff to account for poor performance.	1. Staff employee fails to complete assigned duties. *Substantiated* 2. Supervisor fails to hold staff to account for poor performance. *Substantiated*	Closed Corrective actions enacted	7/2/2025	77	Betsy Monahan, HR Director
5/19/2025	Family Member	2025 -EWB - 06	5/23/2025	NLACRC Employee	Lack of CSC contact or provision of services.	(Reported via USPS mail; confirmation of complaint provided via same method.) Family member of transition-age consumer alleging lack of contact or service provisions by assigned CSC.	Lack of contact/service provisions by assigned CSC - *Substantiated*	Closed Corrective actions enacted	6/16/2025	28	Betsy Monahan, HR Director

Annual Reporting of FY25-26 Whistleblower Complaints

ATTACHMENT 1

NLACRC Whistleblower Complaint Log

Fiscal Year 2024-25

5/22/2025	NLACRC Employee	2025 -EWB - 05	5/22/2025	NLACRC Employee(s)	Allegations of the following: 1. Hiring Irregularities 2. Mishandled cybersecurity/Misaligned leadership 3. Supression of internal feedback 4. Security/HIPAA violations 5. Workplace misconduct Allegations above refer to/include reference to prior DDS-referred complaints (24-102803 and 24-110101)	Complainant alleges: 1. Hiring Irregularities 2. Mishandled cybersecurity/Misaligned leadership 3. Supression of internal feedback 4. Security/HIPAA violations 5. Workplace misconduct *Investigation tendered to outside counsel to assist with additional investigation.*	1. Hiring Irregularities *Previously addressed/adjudicated by NLACRC under complaints 24-102803 and 24-110101.* 2. Mishandled cybersecurity/Misaligned leadership *Previously addressed/adjudicated by NLACRC under complaints 24-102803 and 24-110101.* 3. Supression of internal feedback *Insufficient to substantiate (investigated under 2025 - EWB -02)* 4. Security/HIPAA violations *Insufficient to substantiate (investigated under 2025 - EWB -02)* 5. Workplace misconduct *Insufficient to substantiate*	Closed Corrective actions enacted	6/27/2025	36	Betsy Monahan, HR Director
5/29/2025	Anonymous/Unknown	2025-SPWB-08	N/A	Service Provider - CIT	Staffing ratios not being met; Communication barriers between staff and participants; Participant in PIP is not being paid for hours worked.	Complainant alleges: 1. 1:1 Staffing ratio for a client is not being provided. 2. Some staff are not able to commuicate in the participants preferred language. 3. A participant in PIP is not being paid for the full 2.5 hours due to family's fear of losing benefits.	1. 1:1 Staffing ratio for a client is not being provided - *DDS notified NLACRC of audit* 2. Some staff are not able to commuicate in the participants preferred language - *Unsubstantiated* 3. A participant in PIP is not being paid for the full 2.5 hours due to family's fear of losing benefits - *Unsubstantiated*	Closed (1) Under DDS audit	8/14/2025	77	Arshalous Garlanian, Community Services Director
6/9/2025	Anonymous/Unknown	2025-UWB-01	N/A	Service Provider - ADC	Unfair work practices; Staff not being treated fairly; Failure to report; Clients not being engaged; Clients Rights Violations. Amended/re-opened from original complaint submitted 4/9/2025	Complainant alleges: 1. Physical abuse against clients by staff; 2. Program Director does not address or make reports of incidents; 3. Clients being treated unfairly & are not engaged in choosing activities; 4. Staff not treated fairly by program director; 5. Clients being asked to sign safety and emergency drill & not explain what they are signing .	1. Physical abuse against clients by staff - *Unsubstantiated* 2. Program Director does not address or make reports of incidents - *Unsubstantiated* 3. Clients being treated unfairly & are not engaged in choosing activities - *Unsubstantiated* 4. Staff not treated fairly by program director - *Unsubstantiated* 5. Clients being asked to sign safety and emergency drill & not explain what they are signing - *Unsusbtantiated*	Closed	8/8/2025	60	Arshalous Garlanian, Community Services Director
6/14/2025	Community Member	2025-SPWB-09	6/24/2025	Service Provider - Residential	Unfair work practices; Staff not being treated fairly; Concerns with billing practices.	Complainant alleges: 1. Unprofessional and Retaliatory behavior by the facility manager (disregard for staff and resident well-being) 2. Potential violations of staff rights and responsibilities. 3. Fraudulent payroll practices (being required to work shifts without being allowed to clock in or receive proper compensation).	1. Unprofessional and Retaliatory behavior by the facility manager (disregard for staff and resident well-being) - *Unsubstantiated - Outside of RC scope* 2. Potential violations of staff rights and responsibilities - *Unsubstantiated - - Outside of RC scope* 3. Fraudulent payroll practices (being required to work shifts without being allowed to clock in or receive proper compensation) - *Outside of RC scope*	Closed	8/8/2025	55	Arshalous Garlanian, Community Services Director
7/1/2025	Anonymous/Unknown	DDS 25-063001; 2025-UWB-02	N/A	Service Provider - SLS	Fradulent billing practices; Staff and consumer boundary concerns; Staffing not being provided; Clients Rights Violation	Complainant alleges: 1. Staff has been billing for services that are not provided to consumer and has been using fradulent documentation (i.e., timesheets). 2. Consumer lives at staff's private residence in Chatsworth. 3. Consumer has not been receiving 24-hour supervision or care. 4. Staff has been neglecting and mistreating individual for the past 4 years.	1. Staff has been billing for services that are not provided to consumer and has been using fradulent documentation (i.e., timesheets) - *Referred to accounting for audit; Received approval from DDS; Engagement letter sent to vendor* 2. Consumer lives at staff's private residence in Chatsworth - *Pending* 3. Consumer has not been receiving 24-hour supervision or care - *referred to accounting for audit* 4. Staff has been neglecting and mistreating client for the past 4 years - *Pending*	Open			Arshalous Garlanian, Community Services Director
7/2/2025	Community Member	2025-SPWB-10	N/A	Service Provider - Home Health	Client's Rights Violation	Complainant alleges sexual abuse by licensed care staff.	1. Allegations of Sexual Abuse by licensed care staff - *Inconclusive*	Closed Under investigation by LAPD	8/8/2025	37	Arshalous Garlanian, Community Services Director

7/9/2025	Community Member	DDS 25-070801; 2025-SPWB-11	TBA	Service Provider - ADC	Client's Rights Violation; Lack of supervision; Health & Safety; Failure to report incidents; Staffing policies and protocals.	Complainant alleges: 1. Individuals served are treated poorly by the program director and staff. Examples include: -Individuals are yelled at, called names, harassed, and verbally and physically abused. -Individuals are excluded from group activities/socializing with other individuals served. - Staff are leaving individuals unattended while using their cellphones and/or when individuals are upset, not ensuring the individuals are safe, and not considering the individuals' wants, needs, and goals. -Individuals are being provoked, potentially resulting in aggressive behaviors. 2. Individuals served are signing documents without receiving explanations on what is being signed (i.e., safety meeting and emergency drill documents). 3. Incidents are ignored by this provider and are not reported. 4. Staff are attempting to have client(s) removed from the program. 5. Staff use their cellphones (i.e., text messaging, video calling) while driving individuals and other staff in the company van. 6. Staff prohibit individuals from making purchases. 7. Staff cover the deficiencies within the program to prevent licensing from observing what is occurring. 8. Staff prevented a client from entering the company van to be taken home (names not provided). 9. Staff are inappropriately holding individuals and mocking them. 10. Staff did not report an incident where an individual had a seizure and fell on the ground. 11. The provider is not using funds towards the clients' activities and is profiting from selling soda to individuals in the program. 12. Company vans are dirty, have broken parts, including seat belts, and the provider will not repair the vehicles. 13. Former staff who are prohibited from being near the program have been seen nearby.	Open	Open			Arshalous Garlanian, Community Services Director
7/10/2025	Anonymous/Unknown	2025-UWB-03	N/A	Service Provider - Speclzd Residential	Client's Rights Violation; Failure to report.	Complainant alleges: 1. The house administrator verbally abused resident. 2. The incident was reported to upper management, but no action was taken to address it.	1. The house administrator verbally abused resident. - *Unsubstantiated* 2. The incident was reported to upper management, but no action was taken to address it. - *Unsubstantiated*	Closed Pending Letter			Arshalous Garlanian, Community Services Director
7/18/2025	Anonymous/Unknown	DDS 25-062602; amended to 2025 -EWB - 05	N/A	NLACRC Employee(s)	Fiscal malfeasance; violation of Board/regional center policy	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Open	Open			Betsy Monahan, HR Director
7/22/2025	Anonymous/Unknown	DDS 24-110801 re-opened: new information	N/A	NLACRC Employee	Alleged sexual harassment (hostile work environment)	Original complaint alleges: 1. NLACRC Management individual is intimidating, bullying, harassing and sexually harassing NLACRC staff. New allegation: 2. Type 4 Workplace Violence perpertrator allegedly verbally, digitally and physically harassed NLACRC staff member due to improper relationship/association with NLACRC Management individual.	Open	Open			Betsy Monahan, HR Director

Annual Reporting of FY25-26 Whistleblower Complaints

ATTACHMENT 1

NLACRC Whistleblower Complaint Log

Fiscal Year 2025-26

Time Period: 8/16/2025 - 9/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Entity That is Target of Complaint	Nature of Complaint	Investigation Allegation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Complaint Investigation Duration (in Days)	Submitted/Logged by
7/1/2025	Anonymous/Unknown	DDS 25-063001; 2025-UWB-02	N/A	Service Provider - SLS (896)	Fradulent billing practices; Staff and consumer boundary concerns; Staffing not being provided; Clients Rights Violation	Complainant alleges: 1. Staff has been billing for services that are not provided to consumer and has been using fradulent documentation (i.e., timesheets). 2. Consumer lives at staff's private residence in Chatsworth. 3. Consumer has not been receiving 24-hour supervision or care. 4. Staff has been neglecting and mistreating individual for the past 4 years.	1. Staff has been billing for services that are not provided to consumer and has been using fradulent documentation (i.e., timesheets) - *Referred to accounting for audit; Recevied approval from DDS; Audit in progress* 2. Consumer lives at staff's private residence in Chatsworth - *Unsubstantiated* 3. Consumer has not been receiving 24-hour supervision or care - *Referred to accounting for audit; Recevied approval from DDS; Engagement letter sent to vendor* 4. Staff has been neglecting and mistreating A.C. for the past 4 years - *Unsubstantiated*	Closed Plan for Improvement 8/22/2025	8/22/2025	52	Venus Rodriguez-Khorasani Community Services Manager
7/9/2025	Community Member	DDS 25-070801; 2025-SPWB-11	TBA	Service Provider - ADC (510)	Client's Rights Violation; Lack of supervision; Health & Safety; Failure to report incidents; Staffing policies and protocals.	Complainant alleges: 1. Individuals served are treated poorly by the program director and staff. Examples include: -Individuals are yelled at, called names, harassed, and verbally and physically abused. -Individuals are excluded from group activities/socializing with other individuals served. - Staff are leaving individuals unattended while using their cellphones and/or when individuals are upset, not ensuring the individuals are safe, and not considering the individuals' wants, needs, and goals. -Individuals are being provoked, potentially resulting in aggressive behaviors. 2. Individuals served are signing documents without receiving explanations on what is being signed (i.e., safety meeting and emergency drill documents). 3. Incidents are ignored by this provider and are not reported. 4. Staff are attempting to have client(s) removed from the program. 5. Staff use their cellphones (i.e., text messaging, video calling) while driving individuals and other staff in the company van. 6. Staff prohibit individuals from making purchases. 7. Staff cover the deficiencies within the program to prevent licensing from observing what is occurring. 8. Staff prevented a client from entering the company van to be taken home (names not provided). 9. Staff are inappropriately holding individuals and mocking them. 10. Staff did not report an incident where an individual had a seizure and fell on the ground. 11. The provider is not using funds towards the clients' activities and is profiting from selling soda to individuals in the program. 12. Company vans are dirty, have broken parts, including seat belts, and the provider will not repair the vehicles. 13. Former staff who are prohibited from being near the program have been seen nearby.	Reopened 8/25/2025 NLACRC received additional information requiring additional follow-up	Open		Initial Complaint 64 daya Will reassess when investigation is again completed	Venus Rodriguez-Khorasani Community Services Manager
7/10/2025	Anonymous/Unknown	2025-UWB-03	N/A	Service Provider - Speclzd Residential (113)	Client's Rights Violation; Failure to report.	Complainant alleges: 1. The house administrator verbally abused resident. 2. The incident was reported to upper management, but no action was taken to address it.	1. The house administrator verbally abused resident. - *Unsubstantiated* 2. The incident was reported to upper management, but no action was taken to address it. - *Unsubstantiated*	Closed	8/25/2025	63	Venus Rodriguez-Khorasani Community Services Manager
7/18/2025	Anonymous/Unknown	DDS 25-062602; amended to 2025 -EWB - 05	N/A	NLACRC Employee(s)	Fiscal malfeasance; violation of Board/regional center policy	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Pending Direction - Submitted Responses to DDS on 8/18/2025 , 09/02/2025, and 09/04/2025			Betsy Monahan HR Director

Time Period: 8/16/2025 - 9/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Entity That is Target of Complaint	Nature of Complaint	Investigation Allegation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Complaint Investigation Duration (in Days)	Submitted/Logged by
7/22/2025	Anonymous/Unknown	DDS 24-110801 re-opened: new information	N/A	NLACRC Employee	Alleged sexual harassment (hostile work environment)	Original complaint alleges: 1. NLACRC Management individual is intimidating, bullying, harassing and sexually harassing NLACRC staff. New allegation: 2. Type 4 Workplace Violence perpertrator allegedly verbally, digitally and physically harassed NLACRC staff member due to improper relationship/association with NLACRC Management individual.	Open	Open			Betsy Monahan HR Director
9/3/2025	Community Member	2025-SPWB-13	9/3/2025	Service Provider - Residential (915)	Unapproved behavioral restraint; Staff not cleared or associated by CCL; Licensee falsifies personnel records; Lack of supervision due to staff sleeping during NOC shift; Residents needs are not met.	Complainant alleges: 1. Staff chemically restrained a client. 2. Uncleared adults are working at the facility. 3. Licensee falsifies personnel records. 4. Residents are not adequately supervised due to staff sleeping during the overnight shift. 5.Licensee does not ensure that the needs of the residents in care are met.	Open CCL Lead	Open			Venus Rodriguez-Khorasani Community Services Manager
9/10/2025	Service Provider	2025-SPWB-12	9/10/2025	Service Provider - Residential (915)	Alleged Client Safety and Well-being Endangerment - Delayed Response Alleged Inaccurate Incident Reporting Alleged Insufficient Staffing and Inaccurate Staffing Reports	Complainant alleges: 1. Service Provider delayed medical emergency response for a served individual. 2. Service Provider did not accurately report the emergency incident details in their reporting. 3. Service Provider lacks the sufficient staffing required. 4. Service Provider is inaccurately reporting staffing levels.	Open	Open			Betsy Monahan HR Director

Annual Reporting of FY25-26 Whistleblower Complaints

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NLACRC Whistleblower Complaint Log

Fiscal Year 2024-25

Time Period: 9/16/2025 - 10/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Entity That is Target of Complaint	Nature of Complaint	Investigation Allegation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Complaint Investigation Duration (in Days)	Submitted/Logged by
7/1/2025	Anonymous/Unknown	DDS 25-063001; 2025-UWB-02	N/A	Service Provider - SLS	Fradulent billing practices; Staff and consumer boundary concerns; Staffing not being provided; Clients Rights Violation	1. Staff has been billing for services that are not provided to consumer and has been using fraudulent documentation (i.e., timesheets). 2. Consumer lives at staff's private residence in Chatsworth 3. Consumer has not been receiving 24-hour supervision or care 4. Staff has been neglecting and mistreating consumer for the past 4 years	1. Deferred to accounting 2. Unsubstantiated 3. Deferred to accounting 4. Unsubstantiated	Plan for Improvement 8/22/2025	8/22/2025 * Reopened 9/19/2025	53	Arshalous Garlanian, Community Services Director
7/9/2025	Community Member	DDS 25-070801; 2025-SPWB-11	N/A	Service Provider - ADC	Client's Rights Violation; Lack of supervision; Health & Safety; Failure to report incidents; Staffing policies and protocals.	1. Individuals served are treated poorly by the program director and staff. Examples include: -Individuals are yelled at, called names, harassed, and verbally and physically abused. -Individuals are excluded from group activities/socializing with other individuals served. - Staff are leaving individuals unattended while using their cellphones and/or when individuals are upset, not ensuring the individuals are safe, and not considering the individuals' wants, needs, and goals. -Individuals are being provoked, potentially resulting in aggressive behaviors. 2. Incidents are ignored by this provider and are not reported. 3. Staff are attempting to have client(s) removed from the program. 4. Staff use their cellphones (i.e., text messaging, video calling) while driving individuals and other staff in the company van. 5. Staff prohibit individuals from making purchases. 6. Staff cover the deficiencies within the program to prevent licensing from observing what is occurring. 7. Staff prevented a client from entering the company van to be taken home (names not provided). 8. Staff are inappropriately holding individuals and mocking them. 9. Staff did not report an incident where an individual had a seizure and fell on the ground. 10. The provider is not using funds towards the clients' activities and is profiting from selling soda to individuals in the program 11. Company vans are dirty, have broken parts, including seat belts, and the provider will not repair the vehicles. 12. Former staff who are prohibited from being near the program have been seen nearby.	1. Unsubstantiated 2. Unsubstantiated 3. Unsubstantiated 4. Unsubstantiated 5. Inconclusive 6. Unsubstantiated 7. Unsubstantiated 8. Unsubstantiated 9. Unsubstantiated 10.Unsubstantiated 11. Substantiated 12.Unsubstantiated	n/a	8/12/2025 **Reopened 8/25/2025	35	Arshalous Garlanian, Community Services Director
8/25/2025	Community Member	DDS 25-070801; 2025-SPWB-11	N/A	Service Provider - ADC	Client's Rights Violation; Lack of supervision; Health & Safety; Failure to report incidents; Staffing policies and protocals.	1. Allegations stated in the anonymous letter occurred. 2. Staff were rude to participants.	1. Unsubstantiated 2. Inconclusive **Additional allegations to complaint DDS 25-070801		9/25/2025	32	Arshalous Garlanian, Community Services Director
7/10/2025	Anonymous/Unknown	2025-UWB-03	N/A	Service Provider - Speclzd Residential	Client's Rights Violation; Failure to report.	Complainant alleges: 1. The house administrator verbally abused resident. 2. The incident was reported to upper management, but no action was taken to address it.	1. The house administrator verbally abused resident. - *Unsubstantiated* 2. The incident was reported to upper management, but no action was taken to address it. - *Unsubstantiated*	Letter Sent	8/25/2025	47	Arshalous Garlanian, Community Services Director
7/18/2025	Anonymous/Unknown	DDS 25-062602; amended to 2025 -EWB - 05	N/A	NLACRC Employee(s)	Fiscal malfeasance; violation of Board/regional center policy	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Pending Direction - Submitted Responses to DDS on 8/18/2025 , 09/02/2025, and 09/04/2025			Betsy Monahan, HR Director
7/22/2025	Anonymous/Unknown	DDS 24-110801 re-opened: new information	N/A	NLACRC Employee	Alleged sexual harassment (hostile work environment)	Original complaint alleges: 1. NLACRC Management individual is intimidating, bullying, harassing and sexually harassing NLACRC staff. New allegation: 2. Type 4 Workplace Violence perpertrator allegedly verbally, digitally and physically harassed NLACRC staff member due to improper relationship/association with NLACRC Management individual.	Open	Open			Betsy Monahan, HR Director
9/3/2025	Community Member	2025-SPWB-13	9/3/2025	Service Provider - Residential (915)	Unapproved behavioral restraint; Staff not cleared or associated by CCL; Licensee falsifies personnel records; Lack of supervision due to staff sleeping during NOC shift; Residents needs are not met.	Complainant alleges: 1. Staff chemically restrained a client. 2. Uncleared adults are working at the facility. 3. Licensee falsifies personnel records. 4. Residents are not adequately supervised due to staff sleeping during the overnight shift. 5.Licensee does not ensure that the needs of the residents in care are met.	Open CCL Lead	Open			Venus Rodriguez-Khorasani Community Services Manager
9/10/2025	Service Provider	2025-SPWB-12	9/10/2025	Service Provider - TBD	Alleged Client Safety and Well-being Endangerment - Delayed Response Alleged Inaccurate Incident Reporting Alleged Insufficient Staffing and Inaccurate Staffing Reports	Complainant alleges: 1. Service Provider delayed medical emergency response for a served individual. 2. Service Provider did not accurately report the emergency incident details in their reporting. 3. Service Provider lacks the sufficient staffing required. 4. Service Provider is inaccurately reporting staffing levels.	1. Substantiated 2. Substantiated 3. Substantiated 4. Substantiated	CAP 10/10/2025	10/10/2025	31	Betsy Monahan, HR Director

Annual Reporting of FY25-26 Whistleblower Complaints

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NLACRC Whistleblower Complaint Log

Fiscal Year 2024-25

9/19/2025	Anonymous/Unknown	DDS 25-063001; 2025-UWB-02	N/A	Service Provider - SLS	Fraudulent billing practices; Staff and consumer boundary concerns; Staffing not being provided; Clients Rights Violation	1. Staff hired do not actually provide services. Identity is used to fraudulently bill for services that are not provided. 2. Vendor tells parents to request respite services from NLACRC and will bill for services that are not provided. Money is split between staff., parents, and staff. Agency does not provide respite. 3. Staff locks Consumer's refrigerator and restricts access to food. 4. Staff is verbally and physically abusive towards consumer. 5. Staff creates an unsafe/ destructive environment for Consumer. 6. Staff takes control of Consumer's SSI checks and keeps money from him.	1. Deferred to accounting 2. Unsubstantiated 3. Unsubstantiated 4. Unsubstantiated 5. Substantiated 6. Unsubstantiated *Additional allegations to complaint DDS 25-063001	Plan for Improvement 8/22/2025	10/14/2025	26	Arshalous Garlanian, Community Services Director
10/1/2025	Anonymous/Unknown	2025-SPWB-14	N/A	Service Provider - SLS	Failure to adhere to state and federal requirements as a business and non-profit	1. Operating illegally . 2. Suspended by the Department of Justice for failing to file taxes and to complete a required audit of their financial records for several years. 3. The Internal Revenue Service has revoked agency's non-profit status for failing to file their federal taxes for more than three consecutive years.	1. Unsubstantiated 2. Unsubstantiated 3. Unsubstantiated		10/6/2025	6	Arshalous Garlanian, Community Services Director

Annual Reporting of FY25-26 Whistleblower Complaints

ATTACHMENT 1

NLACRC Whistleblower Complaint Log

Time Period: 11/16/2025 -12/15/2025

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Entity That is Target of Complaint	Nature of Complaint	Investigation Allegation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Complaint Investigation Duration (in Days)	Submitted/Logged by
7/1/2025	Anonymous/Unknown	DDS 25-063001; 2025-UWB-02	N/A	Service Provider - SLS	Fradulent billing practices; Staff and consumer boundary concerns; Staffing not being provided; Clients Rights Violation	1. Staff has been billing for services that are not provided to consumer and has been using fraudulent documentation (i.e., timesheets). **Deferred to Accounting for Financial Audit** 2. Consumer lives at staff's private residence in Chatsworth - **Unsubstantiated** 3. Consumer has not been receiving 24-hour supervision or care - **Deferred to Accounting for Financial Audit** 4. Staff has been neglecting and mistreating consumer for the past 4 years - **Unsubstantiated**	**1. Deferred to accounting** **2. Unsubstantiated** **3. Deferred to accounting** **4. Unsubstantiated**	Plan for Improvement 8/22/2025	8/22/2025 * Reopened 9/19/2025 10/17/2025	53/59	Arshalous Garlanian, Community Services Director
7/9/2025	Community Member	DDS 25-070801; 2025-SPWB-11	N/A	Service Provider - ADC	Client's Rights Violation; Lack of supervision; Health & Safety; Failure to report incidents; Staffing policies and protocals.	1. Individuals served are treated poorly by the program director and staff. Examples include: -Individuals are yelled at, called names, harassed, and verbally and physically abused. -Individuals are excluded from group activities/socializing with other individuals served. - Staff are leaving individuals unattended while using their cellphones and/or when individuals are upset, not ensuring the individuals are safe, and not considering the individuals' wants, needs, and goals. -Individuals are being provoked, potentially resulting in aggressive behaviors. **Unsubstantiated** 2. Incidents are ignored by this provider and are not reported. **Unsubstantiated** 3. Staff are attempting to have client(s) removed from the program. **Unsubstantiated** 4. Staff use their cellphones (i.e., text messaging, video calling) while driving individuals and other staff in the company van. **Unsubstantiated** 5. Staff prohibit individuals from making purchases. **Inconclusive** 6. Staff cover the deficiencies within the program to prevent licensing from observing what is occurring. **Unsubstantiated** 7. Staff prevented a client from entering the company van to be taken home (names not provided). **Unsubstantiated** 8. Staff are inappropriately holding individuals and mocking them. **Unsubstantiated** 9. Staff did not report an incident where an individual had a seizure and fell on the ground. **Unsubstantiated** 10. The provider is not using funds towards the clients' activities and is profiting from selling soda to individuals in the program. **Unsubstantiated** 11. Company vans are dirty, have broken parts, including seat belts, and the provider will not repair the vehicles. **Substantiated** 12. Former staff who are prohibited from being near the program have been seen nearby. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Inconclusive** **6. Unsubstantiated** **7. Unsubstantiated** **8. Unsubstantiated** **9. Unsubstantiated** **10.Unsubstantiated** **11. Substantiated** **12.Unsubstantiated**	n/a	8/12/2025 **Reopened 8/25/2025 10/15/2025	35/61	Arshalous Garlanian, Community Services Director
7/18/2025	Anonymous/Unknown	DDS 25-062602; amended to 2025 -EWB - 05	N/A	NLACRC Employee(s)	Fiscal malfeasance; violation of Board/regional center policy	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Pending Direction - Submitted Responses to DDS on 8/18/2025 , 09/02/2025, and 09/04/2025			Betsy Monahan, HR Director
7/22/2025	Anonymous/Unknown	DDS 24-110801 re-opened: new information	N/A	NLACRC Employee	Alleged sexual harassment (hostile work environment)	Original complaint alleges: 1. NLACRC Management individual is intimidating, bullying, harassing and sexually harassing NLACRC staff. New allegation: 2. Type 4 Workplace Violence perpertrator allegedly verbally, digitally and physically harassed NLACRC staff member due to improper relationship/association with NLACRC Management individual.	Open	Open			Betsy Monahan, HR Director
11/4/2025	Client	2025-SPWB-15	11/4/2025	Service Provider	Unprofessional conduct; Client's Rights Violation	1. Vendor Staff went to consumer's residence stating "her supervisor sent her to hand me sixty dollars ($60) in cash". Instead of issuing a proper reimbursement through the vendor's HR/accounting department or via NLACRC, she demanded I sign her notebook as "proof," and insisted on taking photographs of me while I held the cash. 2. On October 24, consumer observed the same woman taking photographs of her building without notice or consent. 3. Vendor Staff has repeatedly called consumer and coordinated others to pressure consumer to continue services, despite clear, repeated requests to terminate services with with the vendor and to stop contacting consumer.	**Open** **OOA Vendor** **Referred to vendoring center** **Joint investigation**	Open		41	Arshalous Garlanian, Community Services Director

Annual Reporting of FY25-26 Whistleblower Complaints

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10/31/2025 11/5/2025	Anonymous/Unknown	2025-SPWB-16	N/A	Service Provider	Retaliation against staff; Failure to report; Failure to provide proper medical care.	1. Employees who report suspected client abuse, neglect, or other serious incidents are being terminated shortly after making those reports. **Unsubstantiated** 2. Failure to report and concealment of abuse. In some cases, employees were instructed not to document or even alter the documentation. **Unsubtantiated** 3. Licensed staff, leads, and administrator failed to provide or seek medical care to the individuals. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated**		12/12/2025	45	Arshalous Garlanian, Community Services Director
11/10/2025	Family Member	2025-BDWB-17	N/A	NLACRC	Ongoing issues with services and access to required planning documents.	1. Denial of access to consumer IPP 2. Pattern of Retaliatory Denial of Social-Recreation Services	**Open. Referred to Board Legal Counsel for response and investigation**	Open			Sheila King, HR Manager
12/11/2025	Community Member	2025-SPWB-18	N/A	Service Provider	Unprofessional conduct; Fraudlent billing (cross reported from another RC)	1. Staff providing direct services not being paid. 2. Staff does not have clearance. 3.Fraudulent billing		Open		4	

NLACRC Whistleblower Complaint Log

ATTACHMENT 1

	Time Period:	12/16/2025 -01/15/2026									
Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Entity That is Target of Complaint	Nature of Complaint	Investigation Allegation Details	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Complaint Investigation Duration (in Days)	Submitted/Logged by
7/18/2025	Anonymous/Unknown	DDS 25-062602; amended to 2025 - EWB - 05	N/A	NLACRC Employee(s)	Fiscal malfeasance; violation of Board/regional center policy	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Pending Direction - Submitted Responses to DDS on 8/18/2025 , 09/02/2025, and 09/04/2025		182	Betsy Monahan, HR Director
7/22/2025	Anonymous/Unknown	DDS 24-110801 re-opened: new information	N/A	NLACRC Employee	Alleged sexual harassment (hostile work environment)	Original complaint alleges: 1. NLACRC Management individual is intimidating, bullying, harassing and sexually harassing NLACRC staff. New allegation: 2. Type 4 Workplace Violence perpertrator allegedly verbally, digitally and physically harassed NLACRC staff member due to improper relationship/association with NLACRC Management individual.	Open			178	Betsy Monahan, HR Director
11/4/2025	Client	2025-SPWB-15	11/4/2025	Service Provider	Unprofessional conduct; Client's Rights Violation	1. Vendor Staff went to consumer's residence stating "her supervisor sent her to hand me sixty dollars ($60) in cash". Instead of issuing a proper reimbursement through the vendor's HR/accounting department or via NLACRC, she demanded I sign her notebook as "proof," and insisted on taking photographs of me while I held the cash. 2. On October 24, consumer observed the same woman taking photographs of her building without notice or consent. 3. Vendor Staff has repeatedly called consumer and coordinated others to pressure consumer to continue services, despite clear, repeated requests to terminate services with with the vendor and to stop contacting consumer.	**Open** **OOA Vendor** **Referred to vendoring center** **Joint investigation**			73	Arshalous Garlanian, Community Services Director
11/10/2025	Family Member	2025-BDWB-17	N/A	NLACRC	Ongoing issues with services and access to required planning documents.	1. Denial of access to consumer IPP 2. Pattern of Retaliatory Denial of Social-Recreation Services	**Open. Referred to Board Legal Counsel for response and investigation**			67	Sheila King, HR Manager
12/11/2025	Community Member	2025-SPWB-18	N/A	Service Provider	Unprofessional conduct; Fraudlent billing (cross reported from another RC)	1. Staff providing direct services not being paid. 2. Staff does not have clearance. 3.Fraudulent billing	**OPEN**			36	Arshalous Garlanian, Community Services Director
12/17/2025	Community Member	2025-SPWB-19	N/A	Service Provider	Financial abuse/exploitation; neglect; possible retaliatory behavior.	1. Staff have had long-term unauthorized access to her bank accounts. Reports of missing funds and unexplained negative balances. 2. Consumer passwords are repeatedly changed without her consent. 3. Consumer felt manipulated and pressured by staff.	**OPEN**			30	Arshalous Garlanian, Community Services Director
1/2/2026	Community Member	2026-SPWB-20	1/2/2026	Service Provider	Unprofessional Conduct; Fraudulent Billing	1. DDS received additional information from WB alleging two additional individuals were aware of fraudulent practices that were previously looked into and addressed in a WB complaint received on 9/19/25	**1. Inconclusive**	Closed	1/13/2026	11	Arshalous Garlanian, Community Services Director
1/4/2026	NLACRC Employee	2026-EWB-21	1/8/2026	NLACRC	Leadership/Governance practices	1. Leadership Conduct. 2. Governance Practices. 3. Conflicts of Interest and Operational Integrity.	**Open. Referred to Board Legal Counsel for response and investigation**			12	Sheila King, HR Manager
1/5/2026	Community Member	2026-SPWB-22	N/A	Service Provider	Consumer rights and financial exploitation.	1. Interference with mail: a. CSC instructed vendor to "withhold her SSI check..."; b. Vendor withheld mail from resident. 2. Professional boundaries and oversight concerns.	**1a. Unsubstantiated** **1b. Unsubstantiated** **2. Outside of CS Scope, Referred to CM**	Closed	1/13/2026	8	Arshalous Garlanian, Community Services Director
1/5/2026	Community Member	2026-SPWB-23	N/A	Service Provider	Unprofessional Conduct; Staff did not meet job requirements.	1. Vendor did not provide adequate level of support. 2. Staff were not LVN certified	**OPEN**			11	Arshalous Garlanian, Community Services Director
1/5/2026	Community Member	2026-SPWB-24	N/A	Service Provider	Violations of consumer due process rights, unlawful service termination, vendor retaliation, Failure of regional center oversight.	1. Consumer was not provided with a proper written 30-day notice as required by Title 17.	**OPEN**			11	Arshalous Garlanian, Community Services Director
1/5/2026	Community Member	2026-SPWB-25	1/6/2026	Service Provider	Clients Rights Violation	1. Staff not treating resident with respect. 2. Home staff appeared to make resident uncomfortable.	**OPEN**			11	Arshalous Garlanian, Community Services Director
1/5/2026	Community Member	2026-SPWB-26	N/A	Service Provider	Unlawful service termination; denial of due process; failure to provide 30-day notice; consumer retaliation from vendor.	1. Consumer was removed from day program without a clear explanation of reason for termination. 2. Vendor failed to provide transparency and accountability despite having received multiple requests as to the nature of his termination. 3. Consumer alleges he was treated differently after an incident involving himself and another consumer.	**OPEN**			11	Arshalous Garlanian, Community Services Director

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1/7/2026	Community Member	2026-SPWB-27	N/A	Service Provider	Suspected healthcare fraud; falsification of service records' and potential financial exploitation	1. Billing for services not rendered while consumer was out of town. 2. Falsification of documents.	**OPEN**			9	Arshalous Garlanian, Community Services Director
1/7/2026	Community Member	2026-SPWB-28	1/7/2026	Service Provider	Health and safety risks; suspected neglect, fraud, and financial exploitation.	1. SLS worker failed to provide required support, including meal preparation. 2. Consumer has fallen out of her chair while staff are outside in their car. 3. SLS worker hired an individual to work with staff, individual was not authorized to provide support. Potential HIPPA violation. 4. Consumer is threatened by staff to not say anything due to potential threats of losing services. 5. Program owners are aware of these issues but have not addressed them.	**OPEN**			9	Arshalous Garlanian, Community Services Director
1/7/2026	Community Member	2026-SPWB-29	1/7/2026	Service Provider	Health and safety risks; allegations of abuse and neglect.	1. Staff member allegedly sexually abused and harassed residents and staff members at their home. 2. Staff member was observed to have gone into a consumers room and the consumer was heard screaming and yelling to stop. 3. Staff 2 hit resident in the head. 4. Residents are not fed properly causing a resident to develop diabetes. 5. Staff are instructed to pay for resident food and hygiene materials out of pocket.	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Unsubstantiated**	Closed	1/13/2026	7	Arshalous Garlanian, Community Services Director
1/8/2026	Community Member	2026-SPWB-30	N/A	Service Provider	Wage and labor violations	1. Staff did not receive training stipend for completing DSP training.	**OPEN**			8	Arshalous Garlanian, Community Services Director
1/9/2026	Community Member	2026-SPWB-31	N/A	Service Provider	Suspected neglect; timecard fraud.	1. Job Coach left consumer unattended during work hours. Job Coach reportedly left work early on multiple occasions and was observed sitting in their car instead of providing on-site support.	**OPEN**			7	Arshalous Garlanian, Community Services Director
1/9/2026	Community Member	2026-SPWB-32	1/9/2026	Service Provider	Health and safety risks; suspected abuse, neglect, and rights violations; Staff misconduct.	1. An incident occurred (date not provided) in which staff forcibly removed a protective glove for an open wound on the hand of a resident causing bleeding. It was reported to management, but no action was taken, and no incident report was filed. 2. Management is prohibiting resident from using her personal phone or the house phone to call her father. 3. Staff members (including but limited to a staff) routinely smoke marijuana on their break and come in after laughing, smelling like marijuana, and work with residents while under the influence. 4. Staff (potentially staff) bring family members into the home to cook food for the residents and themselves against home policies/requirements. Resident has reportedly stated that this makes her uncomfortable which may be leading to behavioral escalations.	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Substantiated**	Closed	1/13/2026	5	Arshalous Garlanian, Community Services Director
1/9/2026	Community Member	2026-SPWB-33	1/9/2026	Service Provider	Services not rendered; health and safety; time fraud; Lack of clearance.	1. Staff clocks in and documents overtime but does not show up to work, sits outside the home in her car, or does not support client. as required (e.g., not cooking meals). On numerous occasions, resident has fallen out of her chair while staff is outside in her car. 2. SLS staff hired a woman to support client. but this individual is not authorized to work and has not been fingerprinted. Client does not say anything because staff buys her things she wants (e.g., amazon purchases). Staff also threatens client by stating she won't receive help if she fires her. 3. The program owners, are aware of these issues but do not address them.	**OPEN**			7	Arshalous Garlanian, Community Services Director
1/13/2026	Community Member	2026-SPWB-34	1/23/2026	Service Provider	Client Rights	1. Resident was being accused of spitting on staff. Staff members in a harsh tone/raised voice to go to their room. When resident did not go to their room, staff collided with resident., pushing him. This resulted in resident feeling distressed and stating out loud, "call cops, go to cops, go to hospital". Resident was hitting and slamming his hands into the windows and staff members were laughing at him. 2. Supervisor is aware of staff behaviors and does not act; instead, she responds by saying how and resident have known each other for a while.	**OPEN**			3	Arshalous Garlanian, Community Services Director
1/13/2026	Community Member	2026-SPWB-35	1/13/2026	Service Provider	Client Rights	1. Alleged that home staff and/or NLACRC staff may be withholding resident's SSI check.	**OPEN**			3	Arshalous Garlanian, Community Services Director

Annual Reporting of FY25-26 Whistleblower Complaints

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	Time Period:	01/16/2025 -02/15/2026									
Date Complaint Received	**Complainant Type**	**Investigation Case No.**	**Date Acknowledgment Sent to Complainant**	**Entity That is Target of Complaint**	**Nature of Complaint**	**Investigation Allegation Details**	**Investigation Results**	**Corrective Action Taken (if applicable)**	**Date Complaint Closed**	**Complaint Investigation Duration (in Days)**	**Submitted/Logged by**
7/18/2025	Anonymous/Unknown	DDS 25-062602; amended to 2025 -EWB - 05	N/A	NLACRC Employee(s)	Fiscal malfeasance; violation of Board/regional center policy	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Pending Direction - Submitted Responses to DDS on 8/18/2025 , 09/02/2025, and 09/04/2025		182	Betsy Monahan, HR Director
7/22/2025	Anonymous/Unknown	DDS 24-110801 re-opened: new information	N/A	NLACRC Employee	Alleged sexual harassment (hostile work environment)	Original complaint alleges: 1. NLACRC Management individual is intimidating, bullying, harassing and sexually harassing NLACRC staff. New allegation: 2. Type 4 Workplace Violence perpertrator allegedly verbally, digitally and physically harassed NLACRC staff [illegible]	Open			178	Betsy Monahan, HR Director
11/4/2025	Client	2025-SPWB-15	11/4/2025	Service Provider	Unprofessional conduct; Client's Rights Violation	1. Vendor Staff went to consumer's residence stating "her supervisor sent her to hand me sixty dollars ($60) in cash". Instead of issuing a proper reimbursement through the vendor's HR/accounting department or via NLACRC, she demanded I sign her notebook as "proof," and insisted on taking photographs of me while I held the cash. **Unsubstantiated** 2. On October 24, consumer observed the same woman taking photographs of her building without notice or consent. **Unsubstantiated** 3. Vendor Staff has repeatedly called consumer and coordinated others to pressure consumer to continue services, despite clear, repeated requests to terminate services with the vendor and to stop contacting consumer. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated**	CLOSED	1/29/2026	73	Arshalous Garlanian, Community Services Director
11/10/2025	Family Member	2025-BDWB-17	N/A	NLACRC	Ongoing issues with services and access to required planning documents.	1. Denial of access to consumer IPP 2. Pattern of Retaliatory Denial of Social-Recreation Services	**Open. Referred to Board Legal Counsel for response and investigation**			94	Sheila King, HR Manager
12/11/2025	Community Member	2025-SPWB-18	N/A	Service Provider	Unprofessional conduct; Fraudlent billing (cross reported from another RC)	1. Staff providing direct services not being paid. **Substantiated** 2. Staff does not have clearance. **Substantiated** 3.Fraudulent billing. **Substantiated**	**1. Substantiated** **2. Substantiated** **3. Substantiated**	2/12/2026	2/12/2026	62	Arshalous Garlanian, Community Services Director
12/17/2025	Community Member	2025-SPWB-19	N/A	Service Provider	Financial abuse/exploitation; neglect; possible retaliatory behavior.	1. Staff have had long-term unauthorized access to her bank accounts. Reports of missing funds and unexplained negative balances. 2. Consumer passwords are repeatedly changed without her consent. 3. Consumer felt manipulated and pressured by staff.	**OPEN**	Open		56	Arshalous Garlanian, Community Services Director
1/4/2026	NLACRC Employee	2026-EWB-21	1/8/2026	NLACRC	Leadership/Governance practices	1. Leadership Conduct. 2. Governance Practices. 3. Conflicts of Interest and Operational Integrity.	**Open. Referred to Board Legal Counsel for response and investigation**	Open		38	Sheila King, HR Manager
1/5/2026	Community Member	2026-SPWB-22	N/A	Service Provider	Consumer rights and financial exploitation.	1. Interference with mail: a. CSC instructed vendor to "withhold her SSI check..."; b. Vendor withheld mail from resident. 2. Professional boundaries and oversight concerns.	**1a. Unsubstantiated** **1b. Unsubstantiated** **2. Outside of CS Scope, Referred to CM**	Closed	1/13/2026	8	Arshalous Garlanian, Community Services Director
1/5/2026	Community Member	2026-SPWB-23	N/A	Service Provider	Unprofessional Conduct; Staff did not meet job requirements.	1. Vendor did not provide adequate level of support. **Unsubstantiated** 2. Staff were not LVN certified. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated**	CLOSED	1/21/2026	16	Arshalous Garlanian, Community Services Director
1/5/2026	Community Member	2026-SPWB-24	N/A	Service Provider	Violations of consumer due process rights, unlawful service termination, vendor retaliation, Failure of regional center oversight.	1. Consumer was not provided with a proper written 30-day notice as required by Title 17.	**OPEN**			37	Arshalous Garlanian, Community Services Director
1/5/2026	Community Member	2026-SPWB-25	1/6/2026	Service Provider	Clients Rights Violation	1. Staff not treating resident with respect. **Unsubstantiated** 2. Home staff appeared to make resident uncomfortable. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated**	CLOSED	2/3/2026	30	Arshalous Garlanian, Community Services Director
1/5/2026	Community Member	2026-SPWB-26	N/A	Service Provider	Unlawful service termination; denial of due process; failure to provide 30-day notice; consumer retaliation from vendor.	1. Consumer was removed from day program without a clear explanation of reason for termination. 2. Vendor failed to provide transparency and accountability despite having received multiple requests as to the nature of his termination. 3. Consumer alleges he was treated differently after an incident involving himself and another consumer.	**OPEN**	OPEN		37	Arshalous Garlanian, Community Services Director
1/7/2026	Community Member	2026-SPWB-27	N/A	Service Provider	Suspected healthcare fraud; falsification of service records' and potential financial exploitation	1. Billing for services not rendered while consumer was out of town. **Substantiated** 2. Falsification of documents. **Substantiated**	**1. Substantiated** **2. Substantiated**	TBD		35	Arshalous Garlanian, Community Services Director
1/7/2026	Community Member	2026-SPWB-28	1/7/2026	Service Provider	Health and safety risks; suspected neglect, fraud, and financial exploitation.	1. SLS worker failed to provide required support, including meal preparation. **Unsubstantiated** 2. Consumer has fallen out of her chair while staff are outside in their car. **Unsubstantiated** 3. SLS worker hired an individual to work with staff, individual was not authorized to provide support. Potential HIPPA violation. **Unsubstantiated** 4. Consumer is threatened by staff to not say anything due to potential threats of losing services. **Unsubstantiated** 5. Program owners are aware of these issues but have not addressed them. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated**	N/A	2/5/2026	30	Arshalous Garlanian, Community Services Director
1/7/2026	Community Member	2026-SPWB-29	1/7/2026	Service Provider	Health and safety risks; allegations of abuse and neglect.	1. Staff member allegedly sexually abused and harassed residents and staff members at their home. 2. Staff member was observed to have gone into a consumers room and the consumer was heard screaming and yelling to stop. 3. Staff 2 hit resident in the head. 4. Residents are not fed properly causing a resident to develop diabetes. 5. Staff are instructed to pay for resident food and hygiene materials out of pocket.	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Unsubstantiated**	Closed	1/13/2026	7	Arshalous Garlanian, Community Services Director
1/8/2026	Community Member	2026-SPWB-30	N/A	Service Provider	Wage and labor violations	1. Staff did not receive training stipend for completing DSP training. **Unsubstantiated**	**1. Unsubstantiated**	CLOSED	2/6/2026	29	Arshalous Garlanian, Community Services Director
1/9/2026	Community Member	2026-SPWB-31	N/A	Service Provider	Suspected neglect; timecard fraud.	1. Job Coach left consumer unattended during work hours. Job Coach reportedly left work early on multiple occasions and was observed sitting in their car instead of providing on-site support.	**OPEN**	OPEN		33	Arshalous Garlanian, Community Services Director

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1/9/2026	Community Member	2026-SPWB-32	1/9/2026	Service Provider	Health and safety risks; suspected abuse, neglect, and rights violations; Staff misconduct.	1. An incident occurred (date not provided) in which staff forcibly removed a protective glove for an open wound on the hand of a resident causing bleeding. It was reported to management, but no action was taken, and no incident report was filed. **Unsubstantiated** 2. Management is prohibiting resident from using her personal phone or the house phone to call her father. **Unsubstantiated** 3. Staff members (including but limited to a staff) routinely smoke marijuana on their break and come in after laughing, smelling like marijuana, and work with residents while under the influence. **Unsubstantiated** 4. Staff (potentially staff) bring family members into the home to cook food for the residents and themselves against home policies/requirements. Resident has reportedly stated that this makes her uncomfortable which may be leading to behavioral escalations. **Substantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Substantiated**	Closed	1/13/2026	5	Arshalous Garlanian, Community Services Director
1/9/2026	Community Member	2026-SPWB-33	1/9/2026	Service Provider	Services not rendered; health and safety; time fraud; Lack of clearance.	1. Staff clocks in and documents overtime but does not show up to work, sits outside the home in her car, or does not support client. as required (e.g., not cooking meals). **Unsubstantiated** On numerous occasions, resident has fallen out of her chair while staff is outside in her car.**Unsubstantiated** 2. SLS staff hired a woman to support client. but this individual is not authorized to work and has not been fingerprinted. **Unsubstantiated** Client does not say anything because staff buys her things she wants (e.g., amazon purchases). Staff also threatens client by stating she won't receive help if she fires her. **Unsubstantiated** 3. The program owners, are aware of these issues but do not address them. **Unsubstantiated**	**1a. Unsubstantiated** **1b. Unsubstantiated** **2a. Unsubstantiated** **2b. Unsubstantiated** **3. Unsubstantiated**	CLOSED	2/5/2026	28	Arshalous Garlanian, Community Services Director
1/13/2026	Community Member	2026-SPWB-34	1/23/2026	Service Provider	Client Rights	1. Resident was being accused of spitting on staff. Staff members in a harsh tone/raised voice to go to their room. When resident did not go to their room, staff collided with resident., pushing him. This resulted in resident feeling distressed and stating out loud, "call cops, go to cops, go to hospital". Resident was hitting and slamming his hands into the windows and staff members were laughing at him. **Unsubstantiated** 2. Supervisor is aware of staff behaviors and does not act; instead, she responds by saying how and resident have known each other for a while. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated**	CLOSED	2/3/2026	21	Arshalous Garlanian, Community Services Director
1/13/2026	Community Member	2026-SPWB-35	1/13/2026	Service Provider	Client Rights	1. Alleged that home staff and/or NLACRC staff may be withholding resident's SSI check.	**OPEN**			29	Arshalous Garlanian, Community Services Director
1/21/2026	Community Member	DDS 26-010501 - 2026-SPWB-37	N/A	Service Provider	Clients Rights Violation	1. Resident was witnessed being abused, punched, and kicked by staff members. **Unsubstantiated** 2. Multiple instances of abuse may have occurred as recently as January 20, 2026. Staff names were not provided. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated**	CLOSED	1/22/2026	1	Arshalous Garlanian, Community Services Director
1/21/2026	Community Member	2026-SPWB-38	N/A	Service Provider	Medication Mismanagement; Unmet resident needs	1. In December (no dates provided) and January (on or around January 6 or January 7), there have been issues involving missing medications for three different residents (names not disclosed). Staff notified the home administrator and the home founder of the issues. The home administrator reportedly stated that he would handle it; however, no action was taken. **Substantiated** 2. It was also reported that a resident (name not disclosed) needs a longer bed due to leg pain, but no changes were immediately made. Last week, the administrator replaced the resident's box spring with a piece of plywood and three long boards hammered together. **Substantiated**	**1. Substantiated** **2. Substantiated**	CLOSED	1/29/2025	8	Arshalous Garlanian, Community Services Director
1/26/2026	Community Member	2026-SPWB-39	N/A	Service Provider	Client Rights	1. Consumer's mother is enabling harm and creating a dangerous environment for this individual. **Unsubstantiated** 2. Consumer's mother has a personal relationship with a caretaker from SLS agency who allegedly abused and pulled a gun on consumer. **Unsubstantiated** 3. The caretaker was reportedly fired in November because of this abuse **Unsubstantiated**; although, it's unclear if this individual is still around Consumer. **Inconclusive**	**1. Unsubstantiated** **2. Unsubstantiated** **3a. Unsubstantiated** **3b. Inconclusive**	OPEN		16	Arshalous Garlanian, Community Services Director
1/29/2026	Community Member	2026-SPWP-40	N/A	Service Provider	Staff not trained; Failure to maintain vehicles: Unprofessional	1. Staff not certified to train. 2. Vehicles not maintained. 3. Unprofessional staff	**OPEN**	OPEN		13	Arshalous Garlanian, Community Services Director
2/6/2026	Anonymous/Unknown	2026-EWB-36	2/6/2026	NLACRC Employee	Inappropriate Work Conduct	1. Inappropriate workplace conduct . 2. Making inappropriate and/or sexually explicit comments. 3. Repeated aggressive behavior. 4. Persistent and unwelcome flirting. 5. Inappropriate attire .	**OPEN**	OPEN		5	Sheila King, HR Manager

	Time Period:	02/16/2026 -03/15/2026									
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7/18/2025	Anonymous/Unknown	DDS 25-062602; amended to 2025 -EWB - 05	N/A	NLACRC Employee(s)	Fiscal malfeasance; violation of Board/regional center policy	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Pending Direction - Submitted Responses to DDS on 8/18/2025 , 09/02/2025, and 09/04/2025		240	Betsy Monahan, HR Director
7/22/2025	Anonymous/Unknown	DDS 24-110801 re-opened: new information	N/A	NLACRC Employee	Alleged sexual harassment (hostile work environment)	Original complaint alleges: 1. NLACRC Management individual is intimidating, bullying, harassing and sexually harassing NLACRC staff. New allegation: 2. Type 4 Workplace Violence perpertrator allegedly verbally, digitally and physically harassed NLACRC staff [illegible]	**Open**	**Open**		246	Betsy Monahan, HR Director
11/10/2025	Family Member	2025-BDWB-17	N/A	NLACRC	Ongoing issues with services and access to required planning documents.	1. Denial of access to consumer IPP 2. Pattern of Retaliatory Denial of Social-Recreation Services	**Open. Referred to Board Legal Counsel for response and investigatio**			125	Sheila King, HR Manager
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1/4/2026	NLACRC Employee	2026-EWB-21	1/8/2026	NLACRC	Leadership/Governance practices	1. Leadership Conduct. 2. Governance Practices. 3. Conflicts of Interest and Operational Integrity.	**Open. Referred to Board Legal Counsel for response and investigatio**	Open		70	Sheila King, HR Manager
1/5/2026	Community Member	2026-SPWB-24	N/A	Service Provider	Violations of consumer due process rights, unlawful service termination, vendor retaliation, Failure of regional center oversight.	1. Consumer was not provided with a proper written 30-day notice as required by Title 17.	**OPEN**			69	Arshalous Garlanian, Community Services Director
1/5/2026	Community Member	2026-SPWB-26	N/A	Service Provider	Unlawful service termination; denial of due process; failure to provide 30-day notice; consumer retaliation from vendor.	1. Consumer was removed from day program without a clear explanation of reason for termination. 2. Vendor failed to provide transparency and accountability despite having received multiple requests as to the nature of his termination. 3. Consumer alleges he was treated differently after an incident involving himself and another consumer.	**OPEN**	OPEN		69	Arshalous Garlanian, Community Services Director
1/7/2026	Community Member	2026-SPWB-27	N/A	Service Provider	Suspected healthcare fraud; falsification of service records' and potential financial exploitation	1. Billing for services not rendered while consumer was out of town. **Substantiated** 2. Falsification of documents. **Substantiated**	**1. Substantiated** **2. Substantiated**	**CLOSED**	3/12/2026	64	Arshalous Garlanian, Community Services Director
1/7/2026	Community Member	2026-SPWB-28	1/7/2026	Service Provider	Health and safety risks; suspected neglect, fraud, and financial exploitation.	1. SLS worker failed to provide required support, including meal preparation. **Unsubstantiated** 2. Consumer has fallen out of her chair while staff are outside in their car. **Unsubstantiated** 3. SLS worker hired an individual to work with staff, individual was not authorized to provide support. Potential HIPPA violation. ~~**Unsubstantiated**~~ **Substantiated** 4. Consumer is threatened by staff to not say anything due to potential threats of losing services. **Unsubstantiated** 5. Program owners are aware of these issues but have not addressed them. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. ~~Unsubstantiated~~ Substantiated** **4. Unsubstantiated**	3/4/2026	2/5/2026; reopened 2/12/26	67	Arshalous Garlanian, Community Services Director
1/9/2026	Community Member	2026-SPWB-31	N/A	Service Provider	Suspected neglect; timecard fraud.	1. Job Coach left consumer unattended during work hours. Job Coach reportedly left work early on multiple occasions and was observed sitting in their car instead of providing on-site support.	**OPEN**	OPEN		65	Arshalous Garlanian, Community Services Director
1/9/2026	Community Member	2026-SPWB-33	1/9/2026	Service Provider	Services not rendered; health and safety; time fraud; Lack of clearance.	1. Staff clocks in and documents overtime but does not show up to work, sits outside the home in her car, or does not support client. as required (e.g., not cooking meals). **Unsubstantiated** On numerous occasions, resident has fallen out of her chair while staff is outside in her car.**Unsubstantiated** 2. SLS staff hired a woman to support client. but this individual is not authorized to work and has not been fingerprinted. ~~**Unsubstantiated**~~ **Substantiated** Client does not say anything because staff buys her things she wants (e.g., amazon purchases). Staff also threatens client by stating she won't receive help if she fires her. **Unsubstantiated** 3. The program owners, are aware of these issues but do not address them. **Unsubstantiated**	**1a. Unsubstantiated** **1b. Unsubstantiated** **2a. ~~Unsubstantiated~~ Substantiated** **2b. Unsubstantiated** **3. Unsubstantiated**	3/4/2026	2/5/2026; reopened 2/12/26	67	Arshalous Garlanian, Community Services Director
1/11/2026	Community Member	2026-SPWP-41		Service Provider	Excessive Fees	1. Excessive Fees for Social Recreation Activities 2. Lack of itimized breakdown for fees	**OPEN**			63	Arshalous Garlanian, Community Services Director
1/13/2026	Community Member	2026-SPWB-35	1/13/2026	Service Provider	Client Rights	1. Alleged that home staff and/or NLACRC staff may be withholding resident's SSI check.	**OPEN**			61	Arshalous Garlanian, Community Services Director
1/26/2026	Community Member	2026-SPWB-39	N/A	Service Provider	Client Rights	1. Consumer's mother is enabling harm and creating a dangerous environment for this individual. **Unsubstantiated** 2. Consumer's mother has a personal relationship with a caretaker from SLS agency who allegedly abused and pulled a gun on consumer. **Unsubstantiated** 3. The caretaker was reportedly fired in November because of this abuse **Unsubstantiated**; although, it's unclear if this individual is still around Consumer. **Inconclusive**	**1. Unsubstantiated** **2. Unsubstantiated** **3a. Unsubstantiated** **3b. Inconclusive**	**CLOSED**	3/10/2026	16	Arshalous Garlanian, Community Services Director
1/29/2026	Community Member	2026-SPWP-40	N/A	Service Provider	Staff not trained; Failure to maintain vehicles: Unprofessional	1. Staff not certified to train. 2. Vehicles not maintained. 3. Unprofessional staff	**OPEN**	OPEN		45	Arshalous Garlanian, Community Services Director
2/6/2026	Anonymous/Unknown	2026-EWB-36	2/6/2026	NLACRC Employee	Inappropriate Work Conduct	1. Inappropriate workplace conduct . **Substantiated** 2. Making inappropriate and/or sexually explicit comments. **Unsubstantiated** 3. Repeated aggressive behavior. **Unsubstantiated** 4. Persistent and unwelcome flirting. **Unsubstantiated** 5. Inappropriate attire .**Substantiated**	1. **Substantiated** 2. **Unsubstantiated** 3. **Unsubstantiated** 4. **Unsubstantiated** 5. **Substantiated**	**CLOSED**	2/22/2026	21	Sheila King, HR Manager
2/17/2026	Community Member	2026-SPWB-42	2/24/2026	Service Provider	Retaliatory Termination of Employment	1. Assault Incidents doe to Behaviorial Plan not consistently followed 2. Staff Burnout and Supervision Concerns 3. Failure of 2:1 Supervision Ratios 4. Lack of Follow up to reported concerns 5. Driver Availability Concerns	**OPEN**	OPEN		26	Arshalous Garlanian, Community Services Director

Annual Reporting of FY25-26 Whistleblower Complaints

NLACRC Whistleblower Complaint Log

ATTACHMENT 1

ATTACHMENT 1

Fiscal Year 2025-26

	Time Period:	03/16/2025 -04/15/2026										
Date Complaint Received	**Complainant Type**	**Investigation Case No.**	**Date Acknowledgment Sent to Complainant**	**Entity That is Target of Complaint**	**Nature of Complaint**	**Investigation Allegation Details**	**Investigation Results**	**Corrective Action Taken (if applicable)**	**Date Complaint Closed**	**Complaint Investigation Duration (in Days)**	**Submitted/Logged by**	
7/18/2025	Anonymous/Unknown	DDS 25-062602; amended to 2025 -EWB - 05	N/A	NLACRC Employee(s)	Fiscal malfeasance; violation of Board/regional center policy	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Pending Direction - Submitted Responses to DDS on 8/18/2025 , 09/02/2025, and 09/04/2025		271	Betsy Monahan, HR Director	
7/22/2025	Anonymous/Unknown	DDS 24-110801 re-opened: new information	N/A	NLACRC Employee	Alleged sexual harassment (hostile work environment)	Original complaint alleges: 1. NLACRC Management individual is intimidating, bullying, harassing and sexually harassing NLACRC staff. New allegation: 2. Type 4 Workplace Violence perpertrator allegedly verbally, digitally and physically harassed NLACRC staff member due to improper relationship/association with NLACRC Management individual	**Open**	**Open**		267	Betsy Monahan, HR Director	
11/10/2025	Family Member	2025-BDWB-17	N/A	NLACRC	Ongoing issues with services and access to required planning documents.	1. Denial of access to consumer IPP 2. Pattern of Retaliatory Denial of Social-Recreation Services	**Open. Referred to Board Legal Counsel for response and investigati**			156	Sheila King, HR Manager	
12/17/2025	Community Member	2025-SPWB-19	N/A	Service Provider	Financial abuse/exploitation; neglect; possible retaliatory behavior.	1. Staff have had long-term unauthorized access to her bank accounts. Reports of missing funds and unexplained negative balances. **Unsubstantiated** 2. Consumer passwords are repeatedly changed without her consent. **Unsubstantiated** 3. consumer felt manipulated and pressured by staff. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated**	CLOSED	4/8/2026	112	Arshalous Garlanian, Community Services Director	
1/4/2026	NLACRC Employee	2026-EWB-21	1/8/2026	NLACRC	Leadership/Governance practices	1. Leadership Conduct. 2. Governance Practices. 3. Conflicts of Interest and Operational Integrity.	**Open. Referred to Board Legal Counsel for response and investigati**	Open		94	Sheila King, HR Manager	
1/5/2026	Community Member	2026-SPWB-24	N/A	Service Provider	Violations of consumer due process rights, unlawful service termination, vendor retaliation, Failure of regional center oversight.	1. Consumer was not provided with a proper written 30-day notice as required by Title 17.	**OPEN**	Open		69	Arshalous Garlanian, Community Services Director	
1/5/2026	Community Member	2026-SPWB-26	N/A	Service Provider	Unlawful service termination; denial of due process; failure to provide 30-day notice; consumer retaliation from vendor.	1. Consumer was removed from day program without a clear explanation of reason for termination. 2. Vendor failed to provide transparency and accountability despite having received multiple requests as to the nature of his termination. 3. Consumer alleges he was treated differently after an incident involving himself and another consumer.	**OPEN**	OPEN		93	Arshalous Garlanian, Community Services Director	
1/7/2026	Community Member	2026-SPWB-27	N/A	Service Provider	Suspected healthcare fraud; falsification of service records' and potential financial exploitation	1. Billing for services not rendered while consumer was out of town. **Substantiated** 2. Falsification of documents. **Substantiated**	**1. Substantiated** **2. Substantiated**	**CLOSED**	3/12/2026	64	Arshalous Garlanian, Community Services Director	
1/7/2026	Community Member	2026-SPWB-28	1/7/2026	Service Provider	Health and safety risks; suspected neglect, fraud, and financial exploitation.	1. SLS worker failed to provide required support, including meal preparation. **Unsubstantiated** 2. Consumer has fallen out of her chair while staff are outside in their car. **Unsubstantiated** 3. SLS worker hired an individual to work with staff, individual was not authorized to provide support. Potential HIPPA violation. ~~**Unsubstantiated**~~ **Substantiated** 4. Consumer is threatened by staff to not say anything due to potential threats of losing services. **Unsubstantiated** 5. Program owners are aware of these issues but have not addressed them. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. ~~Unsubstantiated~~ Substantiated** **4. Unsubstantiated**	3/4/2026	2/5/2026; reopened 2/12/26	98	Arshalous Garlanian, Community Services Director	
1/9/2026	Community Member	2026-SPWB-31	N/A	Service Provider	Suspected neglect; timecard fraud.	1. Job Coach left consumer unattended during work hours. **Substantiated** 2. Job Coach left work early on multiple occasions and was observed sitting in their car instead of providing on-site support. **Inconclusive**	**1. Substantiated** **2. Inconclusive**	CLOSED	3/18/2026	96	Arshalous Garlanian, Community Services Director	
1/9/2026	Community Member	2026-SPWB-33	1/9/2026	Service Provider	Services not rendered; health and safety; time fraud; Lack of clearance.	1. Staff clocks in and documents overtime but does not show up to work, sits outside the home in her car, or does not support client. as required (e.g., not cooking meals). **Unsubstantiated** On numerous occasions, resident has fallen out of her chair while staff is outside in her car.**Unsubstantiated** 2. SLS staff hired a woman to support client. but this individual is not authorized to work and has not been fingerprinted. ~~**Unsubstantiated**~~ **Substantiated** Client does not say anything because staff buys her things she wants (e.g., amazon purchases). Staff also threatens client by stating she won't receive help if she fires her. **Unsubstantiated** 3. The program owners, are aware of these issues but do not address them. **Unsubstantiated**	**1a. Unsubstantiated** **1b. Unsubstantiated** **2a. ~~Unsubstantiated~~ Substantiated** **2b. Unsubstantiated** **3. Unsubstantiated**	3/4/2026 Corrective Action	2/5/2026; reopened 2/12/26	96	Arshalous Garlanian, Community Services Director	
1/11/2026	Community Member	2026-SPWP-41		Service Provider	Excessive Fees	1. Excessive Fees for Social Recreation Activities 2. Lack of itimized breakdown for fees	**OPEN**	OPEN		94	Arshalous Garlanian, Community Services Director	
1/13/2026	Community Member	2026-SPWB-35	1/13/2026	Service Provider	Client Rights	1. Alleged that home staff and/or NLACRC staff may be withholding resident's SSI check.	**OPEN**	OPEN		92	Arshalous Garlanian, Community Services Director	
1/26/2026	Community Member	2026-SPWB-39	N/A	Service Provider	Client Rights	1. Consumer's mother is enabling harm and creating a dangerous environment for this individual. **Unsubstantiated** 2. Consumer's mother has a personal relationship with a caretaker from SLS agency who allegedly abused and pulled a gun on consumer. **Unsubstantiated** 3. The caretaker was reportedly fired in November because of this abuse **Unsubstantiated**; although, it's unclear if this individual is still around Consumer. **Inconclusive**	**1. Unsubstantiated** **2. Unsubstantiated** **3a. Unsubstantiated** **3b. Inconclusive**	**CLOSED**	3/10/2026	43	Arshalous Garlanian, Community Services Director	
1/29/2026	Community Member	2026-SPWP-40	N/A	Service Provider	Staff not trained; Failure to maintain vehicles: Unprofessional	1. Vehicles not maintained. 2. Staff not certified to train. 3. Unprofessional staff. Additional allegations from original complaint: 4. Excessive workload, fatigue, and staffing concerns. 5. Lack of Management, Supervisory, and safety oversight. 6. Alleged illegal activities on company premises.	**OPEN**	OPEN		76	Arshalous Garlanian, Community Services Director	
2/6/2026	Anonymous/Unknown	2026-EWB-36	2/6/2026	NLACRC Employee	Inappropriate Work Conduct	1. Inappropriate workplace conduct . 2. Making inappropriate and/or sexually explicit comments. **Unsubstantiated** 3. Repeated aggressive behavior. **Unsubstantiated** 4. Persistent and unwelcome flirting. **Unsubstantiated** 5. Inappropriate attire .**Substantiated**	1. **Substantiated** 2. **Unsubstantiated** 3. **Unsubstantiated** 4. **Unsubstantiated** 5. **Substantiated**	**CLOSED**	2/22/2026	16	Sheila King, HR Manager	

Annual Reporting of FY25-26 Whistleblower Complaints

NLACRC Whistleblower Complaint Log

ATTACHMENT 1

Fiscal Year 2025-26

2/17/2026	Community Member	2026-SPWB-42	2/24/2026	Service Provider	Retaliatory Termination of Employment	1. Assault Incidents doe to Behaviorial Plan not consistently followed 2. Staff Burnout and Supervision Concerns 3. Failure of 2:1 Supervision Ratios 4. Lack of Follow up to reported concerns 5. Driver Availability Concerns	**OPEN**	OPEN		57	Arshalous Garlanian, Community Services Director	
3/9/2026	Community Member		(4731 Complaint)	SRF	Allegeded Abuse; Failure to provide support & services to residents.	1.Staff members sexually assaulted by sticking their finger in his anus and have hit him in the testicles. **Unsubstantiated** 2.Staff feed residents of the home old food. **Unsubstantiated** 3.Staff refuse to assist him in cleaning himself. **Unsubstantiated** 4.Staff do not include him in outings. **Unsubstantiated** 5.Staff allege that he breaks windows and doors. **Unsubstantiated** 6.Staff allowed him to run out of his medications. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Unsubstantiated** **6. Unsubstantiated**	CLOSED	4/6/2026	28	Arshalous Garlanian, Community Services Director	
3/18/2026	Anonymous/Unknown	2026-EWB-44	N/A	NLACRC Employee	Report of Concerns	1. Employee promoted due to favoritism. **Unsubstantiated** 2. Employee has a history of getting into physical altercations and threatening people. **Unsubstantiated** 3. Employee is armed and will carry a gun. **Unsubstantiated**	**1. Unsubstantiated** **2.** **Unsubstantiated** **3.** **Unsubstantiated**	**CLOSED**	4/7/2026	20	Sheila King, HR Manager	
3/19/2026	Family Member	2026-SWB45	3/24/2026	Service Provider	Report of Concerns	1. Inappropriate Conduct by a DSP assigned to work in home setting, in the presence of a minor child	OPEN	OPEN		27	Arshalous Garlanian, Community Services Director	
3/23/2026	Family Member	2026-SWB46	3/24/2026	Service Provider	Report of Concerns;HealthY & Safety; Failure to meet IPP; Clients Rights	1. Discriminatory Language 2. Safety Neglect and Medical Risk 3. ADA Violations 4. Professional Misconduct 5. Documentation and Care Failures Additional allegations: 6 Safety & Abandonment: Client requires 24/7 care but is frequently abandoned at sister's home because the vendor fails to staff shifts. 7. Denial of Service Animal: Staff continue to refuse her IPP-mandated service dog, a violation of both the ADA and her right to mandated supports. 9. Medical Neglect: Against her repeated refusals, staff forced her into a workout that resulted in a seizure. 10. Privacy & Dignity: Her request for a female worker for hygiene tasks was ignored for three months, forcing her into an unsafe situation with a male worker.	OPEN	OPEN		23	Arshalous Garlanian, Community Services Director	

Annual Reporting of FY25-26 Whistleblower Complaints

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NLACRC Whistleblower Complaint Log

Fiscal Year 2024-25

	Time Period:	03/16/2025 -04/15/2026										
Date Complaint Received	**Complainant Type**	**Investigation Case No.**	**Date Acknowledgment Sent to Complainant**	**Entity That is Target of Complaint**	**Nature of Complaint**	**Investigation Allegation Details**	**Investigation Results**	**Corrective Action Taken (if applicable)**	**Date Complaint Closed**	**Complaint Investigation Duration (in Days)**	**Submitted/Logged by**	
7/18/2025	Anonymous/Unknown	DDS 25-062602; amended to 2025 -EWB - 05	N/A	NLACRC Employee(s)	Fiscal malfeasance; violation of Board/regional center policy	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Pending Direction - Submitted Responses to DDS on 8/18/2025 , 09/02/2025, and 09/04/2025		271	Betsy Monahan, HR Director	
7/22/2025	Anonymous/Unknown	DDS 24-110801 re-opened: new information	N/A	NLACRC Employee	Alleged sexual harassment (hostile work environment)	Original complaint alleges: 1. NLACRC Management individual is intimidating, bullying, harassing and sexually harassing NLACRC staff. New allegation: 2. Type 4 Workplace Violence perpertrator allegedly verbally, digitally and physically harassed NLACRC staff member due to improper relationship/association with NLACRC Management individual	**Open**	**Open**		267	Betsy Monahan, HR Director	
11/10/2025	Family Member	2025-BDWB-17	N/A	NLACRC	Ongoing issues with services and access to required planning documents.	1. Denial of access to consumer IPP 2. Pattern of Retaliatory Denial of Social-Recreation Services	**Open. Referred to Board Legal Counsel for response and investigati**			156	Sheila King, HR Manager	
12/17/2025	Community Member	2025-SPWB-19	N/A	Service Provider	Financial abuse/exploitation; neglect; possible retaliatory behavior.	1. Staff have had long-term unauthorized access to her bank accounts. Reports of missing funds and unexplained negative balances. **Unsubstantiated** 2. Consumer passwords are repeatedly changed without her consent. **Unsubstantiated** 3. consumer felt manipulated and pressured by staff. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated**	CLOSED	4/8/2026	112	Arshalous Garlanian, Community Services Director	
1/4/2026	NLACRC Employee	2026-EWB-21	1/8/2026	NLACRC	Leadership/Governance practices	1. Leadership Conduct. 2. Governance Practices. 3. Conflicts of Interest and Operational Integrity.	**Open. Referred to Board Legal Counsel for response and investigati**	Open		94	Sheila King, HR Manager	
1/5/2026	Community Member	2026-SPWB-24	N/A	Service Provider	Violations of consumer due process rights, unlawful service termination, vendor retaliation, Failure of regional center oversight.	1. Consumer was not provided with a proper written 30-day notice as required by Title 17.	**OPEN**	Open		69	Arshalous Garlanian, Community Services Director	
1/5/2026	Community Member	2026-SPWB-26	N/A	Service Provider	Unlawful service termination; denial of due process; failure to provide 30-day notice; consumer retaliation from vendor.	1. Consumer was removed from day program without a clear explanation of reason for termination. 2. Vendor failed to provide transparency and accountability despite having received multiple requests as to the nature of his termination. 3. Consumer alleges he was treated differently after an incident involving himself and another consumer.	**OPEN**	OPEN		93	Arshalous Garlanian, Community Services Director	
1/7/2026	Community Member	2026-SPWB-27	N/A	Service Provider	Suspected healthcare fraud; falsification of service records' and potential financial exploitation	1. Billing for services not rendered while consumer was out of town. **Substantiated** 2. Falsification of documents. **Substantiated**	**1. Substantiated** **2. Substantiated**	**CLOSED**	3/12/2026	64	Arshalous Garlanian, Community Services Director	
1/7/2026	Community Member	2026-SPWB-28	1/7/2026	Service Provider	Health and safety risks; suspected neglect, fraud, and financial exploitation.	1. SLS worker failed to provide required support, including meal preparation. **Unsubstantiated** 2. Consumer has fallen out of her chair while staff are outside in their car. **Unsubstantiated** 3. SLS worker hired an individual to work with staff, individual was not authorized to provide support. Potential HIPPA violation. ~~**Unsubstantiated**~~ **Substantiated** 4. Consumer is threatened by staff to not say anything due to potential threats of losing services. **Unsubstantiated** 5. Program owners are aware of these issues but have not addressed them. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. ~~Unsubstantiated~~ Substantiated** **4. Unsubstantiated**	3/4/2026	2/5/2026; reopened 2/12/26	98	Arshalous Garlanian, Community Services Director	
1/9/2026	Community Member	2026-SPWB-31	N/A	Service Provider	Suspected neglect; timecard fraud.	1. Job Coach left consumer unattended during work hours. **Substantiated** 2. Job Coach left work early on multiple occasions and was observed sitting in their car instead of providing on-site support. **Inconclusive**	**1. Substantiated** **2. Inconclusive**	CLOSED	3/18/2026	96	Arshalous Garlanian, Community Services Director	
1/9/2026	Community Member	2026-SPWB-33	1/9/2026	Service Provider	Services not rendered; health and safety; time fraud; Lack of clearance.	1. Staff clocks in and documents overtime but does not show up to work, sits outside the home in her car, or does not support client. as required (e.g., not cooking meals). **Unsubstantiated** On numerous occasions, resident has fallen out of her chair while staff is outside in her car.**Unsubstantiated** 2. SLS staff hired a woman to support client. but this individual is not authorized to work and has not been fingerprinted. ~~**Unsubstantiated**~~ **Substantiated** Client does not say anything because staff buys her things she wants (e.g., amazon purchases). Staff also threatens client by stating she won't receive help if she fires her. **Unsubstantiated** 3. The program owners, are aware of these issues but do not address them. **Unsubstantiated**	**1a. Unsubstantiated** **1b. Unsubstantiated** **2a. ~~Unsubstantiated~~ Substantiated** **2b. Unsubstantiated** **3. Unsubstantiated**	3/4/2026 Corrective Action	2/5/2026; reopened 2/12/26	96	Arshalous Garlanian, Community Services Director	
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1/29/2026	Community Member	2026-SPWP-40	N/A	Service Provider	Staff not trained; Failure to maintain vehicles: Unprofessional	1. Vehicles not maintained. 2. Staff not certified to train. 3. Unprofessional staff. Additional allegations from original complaint: 4. Excessive workload, fatigue, and staffing concerns. 5. Lack of Management, Supervisory, and safety oversight. 6. Alleged illegal activities on company premises.	**OPEN**	OPEN		76	Arshalous Garlanian, Community Services Director	
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Annual Reporting of FY25-26 Whistleblower Complaints

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NLACRC Whistleblower Complaint Log

Fiscal Year 2024-25

2/17/2026	Community Member	2026-SPWB-42	2/24/2026	Service Provider	Retaliatory Termination of Employment	1. Assault Incidents doe to Behaviorial Plan not consistently followed 2. Staff Burnout and Supervision Concerns 3. Failure of 2:1 Supervision Ratios 4. Lack of Follow up to reported concerns 5. Driver Availability Concerns	**OPEN**	OPEN		57	Arshalous Garlanian, Community Services Director	
3/9/2026	Community Member		(4731 Complaint)	SRF	Allegeded Abuse; Failure to provide support & services to residents.	1.Staff members sexually assaulted by sticking their finger in his anus and have hit him in the testicles. **Unsubstantiated** 2.Staff feed residents of the home old food. **Unsubstantiated** 3.Staff refuse to assist him in cleaning himself. **Unsubstantiated** 4.Staff do not include him in outings. **Unsubstantiated** 5.Staff allege that he breaks windows and doors. **Unsubstantiated** 6.Staff allowed him to run out of his medications. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Unsubstantiated** **6. Unsubstantiated**	CLOSED	4/6/2026	28	Arshalous Garlanian, Community Services Director	
3/18/2026	Anonymous/Unknown	2026-EWB-44	N/A	NLACRC Employee	Report of Concerns	1. Employee promoted due to favoritism. **Unsubstantiated** 2. Employee has a history of getting into physical altercations and threatening people. **Unsubstantiated** 3. Employee is armed and will carry a gun. **Unsubstantiated**	**1. Unsubstantiated** **2.** **Unsubstantiated** **3.** **Unsubstantiated**	**CLOSED**	4/7/2026	20	Sheila King, HR Manager	
3/19/2026	Family Member	2026-SWB45	3/24/2026	Service Provider	Report of Concerns	1. Inappropriate Conduct by a DSP assigned to work in home setting, in the presence of a minor child	OPEN	OPEN		27	Arshalous Garlanian, Community Services Director	
3/23/2026	Family Member	2026-SWB46	3/24/2026	Service Provider	Report of Concerns;HealthY & Safety; Failure to meet IPP; Clients Rights	1. Discriminatory Language 2. Safety Neglect and Medical Risk 3. ADA Violations 4. Professional Misconduct 5. Documentation and Care Failures Additional allegations: 6 Safety & Abandonment: Client requires 24/7 care but is frequently abandoned at sister's home because the vendor fails to staff shifts. 7. Denial of Service Animal: Staff continue to refuse her IPP-mandated service dog, a violation of both the ADA and her right to mandated supports. 9. Medical Neglect: Against her repeated refusals, staff forced her into a workout that resulted in a seizure. 10. Privacy & Dignity: Her request for a female worker for hygiene tasks was ignored for three months, forcing her into an unsafe situation with a male worker.	OPEN	OPEN		23	Arshalous Garlanian, Community Services Director	

Annual Reporting of FY25-26 Whistleblower Complaints

ATTACHMENT 1

Monthly Whistleblower Log May 16, 2026 - June 15, 2026

	Time Period:	05/16/2026 -06/15/2026									
Date Complaint Received	**Complainant Type**	**Investigation Case No.**	**Date Acknowledgment Sent to Complainant**	**Entity That is Target of Complaint**	**Nature of Complaint**	**Investigation Allegation Details**	**Investigation Results**	**Corrective Action Taken (if applicable)**	**Date Complaint Closed**	**Complaint Investigation Duration (in Days)**	**Submitted/Logged by**
7/18/2025	Anonymous/Unknown	DDS 25-062602; amended to 2025 -EWB - 05	N/A	NLACRC Employee(s)	Fiscal malfeasance; violation of Board/regional center policy	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Pending Direction - Submitted Responses to DDS on 8/18/2025 , 09/02/2025, and 09/04/2025		332	Betsy Monahan, HR Director
7/22/2025	Anonymous/Unknown	DDS 24-110801 re-opened: new information	N/A	NLACRC Employee	Alleged sexual harassment (hostile work environment)	Original complaint alleges: 1. NLACRC Management individual is intimidating, bullying, harassing and sexually harassing NLACRC staff. New allegation: 2. Type 4 Workplace Violence perpertrator allegedly verbally, digitally and physically harassed NLACRC staff member due to improper relationship/association with NLACRC Management individual.	**Open**	**Open**		328	Betsy Monahan, HR Director
11/10/2025	Family Member	2025-BDWB-17	N/A	NLACRC	Ongoing issues with services and access to required planning documents.	1. Denial of access to consumer IPP 2. Pattern of Retaliatory Denial of Social-Recreation Services	**Open. Referred to Board Legal Counsel for response and investiga**	Opem		217	Sheila King, HR Manager
1/4/2026	NLACRC Employee	2026-EWB-21	1/8/2026	NLACRC	Leadership/Governance practices	1. Leadership Conduct. 2. Governance Practices. 3. Conflicts of Interest and Operational Integrity.	**Open. Referred to Board Legal Counsel for response and investiga**	Open		162	Sheila King, HR Manager
1/5/2026	Community Member	2026-SPWB-24	N/A	Service Provider	Violations of consumer due process rights, unlawful service termination, vendor retaliation, Failure of regional center oversight.	1. Consumer was not provided with a proper written 30-day notice as required by Title 17.	**1. Substantiated**	Plan of Improvement 5/18/2026	5/18/2026	133	Arshalous Garlanian, Community Services Director
1/57/2026 (correction)	Community Member	2026-SPWB-26	N/A	Service Provider	Unlawful service termination; denial of due process; failure to provide 30-day notice; consumer retaliation from vendor.	1. Consumer was removed from day program without a clear explanation of reason for termination. 2. Vendor failed to provide transparency and accountability despite having received multiple requests as to the nature of his termination. 3. Consumer alleges he was treated differently after an incident involving himself and another consumer.	**1. Substantiated** **2. Unsubstantiated** **3. Unsubstantiated**	Plan of Improvement 5/18/2026	5/18/2026	131	Arshalous Garlanian, Community Services Director
1/7/2026	Community Member	2026-SPWB-28	1/7/2026	Service Provider	Health and safety risks; suspected neglect, fraud, and financial exploitation.	1. SLS worker failed to provide required support, including meal preparation. **Unsubstantiated** 2. Consumer has fallen out of her chair while staff are outside in their car. **Unsubstantiated** 3. SLS worker hired an individual to work with staff, individual was not authorized to provide support. Potential HIPPA violation. ~~**Unsubstantiated**~~ **Substantiated** 4. Consumer is threatened by staff to not say anything due to potential threats of losing services. **Unsubstantiated** 5. Program owners are aware of these issues but have not addressed them. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. ~~Unsubstantiated~~ Substantiated** **4. Unsubstantiated**	3/4/2026	2/5/2026; reopened 2/12/26	159	Arshalous Garlanian, Community Services Director
1/9/2026	Community Member	2026-SPWB-33	1/9/2026	Service Provider	Services not rendered; health and safety; time fraud; Lack of clearance.	1. Staff clocks in and documents overtime but does not show up to work, sits outside the home in her car, or does not support client. as required (e.g., not cooking meals). **Unsubstantiated** On numerous occasions, resident has fallen out of her chair while staff is outside in her car.**Unsubstantiated** 2. SLS staff hired a woman to support client. but this individual is not authorized to work and has not been fingerprinted. ~~**Unsubstantiated**~~ **Substantiated** Client does not say anything because staff buys her things she wants (e.g., amazon purchases). Staff also threatens client by stating she won't receive help if she fires her. **Unsubstantiated** 3. The program owners, are aware of these issues but do not address them. **Unsubstantiated**	**1a. Unsubstantiated** **1b. Unsubstantiated** **2a. ~~Unsubstantiated~~ Substantiated** **2b. Unsubstantiated** **3. Unsubstantiated**	3/4/2026 Corrective Action	2/5/2026; reopened 2/12/26	157	Arshalous Garlanian, Community Services Director
1/11/2026	Community Member	2026-SPWP-41		Service Provider	Excessive Fees	1. Excessive Fees for Social Recreation Activities 2. Lack of itimized breakdown for fees	**OPEN**	OPEN		155	Arshalous Garlanian, Community Services Director
1/13/2026	Community Member	2026-SPWB-35	1/13/2026	Service Provider	Client Rights	1. Alleged that home staff and/or NLACRC staff may be withholding resident's SSI check.	**OPEN**	OPEN		153	Arshalous Garlanian, Community Services Director
1/29/2026	Community Member	2026-SPWP-40	N/A	Service Provider	Staff not trained; Failure to maintain vehicles: Unprofessional	1. Vehicles not maintained. - **Unsubstantiated** 2. Staff not certified to train. - **Unsubstantiated** 3. Unprofessional staff. - **Unsubstantiated** Additional allegations from original complaint: 4. Excessive workload, fatigue, and staffing concerns. - **Unsubstantiated** 5. Lack of Management, Supervisory, and safety oversight. - **Unsubstantiated** 6. Alleged illegal activities on company premises. - **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Unsubstantiated** **6. Unsubstantiated**	N/A	6/9/2026	131	Arshalous Garlanian, Community Services Director
2/17/2026	Community Member	2026-SPWB-42	2/24/2026	Service Provider	Retaliatory Termination of Employment	1. Assault Incidents doe to Behaviorial Plan not consistently followed 2. Staff Burnout and Supervision Concerns 3. Failure of 2:1 Supervision Ratios 4. Lack of Follow up to reported concerns 5. Driver Availability Concerns	**OPEN**	OPEN		118	Arshalous Garlanian, Community Services Director
3/19/2026	Family Member	2026-SPWB45	3/24/2026	Service Provider	Report of Concerns	1. Inappropriate Conduct by a DSP assigned to work in home setting, in the presence of a minor child	OPEN	OPEN		88	Arshalous Garlanian, Community Services Director
3/23/2026	Family Member	2026-SPWB46	3/24/2026	Service Provider	Report of Concerns;HealthY & Safety; Failure to meet IPP; Clients Rights	Allegations: 1.Safety & Abandonment: Client requires 24/7 care but is frequently abandoned at sister's home because the vendor fails to staff shifts. **Unsubstantiated** 2. Denial of Service Animal: Staff continue to refuse her IPP-mandated service dog, a violation of both the ADA and her right to mandated supports. **Unsubstantiated** 3. Medical Neglect: Against her repeated refusals, staff forced her into a workout that resulted in a seizure. **Inconclusive** 4. Privacy & Dignity: Her request for a female worker for hygiene tasks was ignored for three months, forcing her into an unsafe situation with a male worker. **Unsubstantiated**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Inconclusive** **4. Unsubstantiated**	CLOSED	4/29/2026	37	Arshalous Garlanian, Community Services Director

Annual Reporting of FY25-26 Whistleblower Complaints

ATTACHMENT 1

Monthly Whistleblower Log May 16, 2026 - June 15, 2026

4/22/2026	Community Member	2026-SPWB47	N/A	Service Provider	Health & Safety; Client's Rights; Failure to protect.	1. The Incident & De-escalation (Thursday, April 16) - **Substantiated** 2. The Brutality of law enforcement - **Unsubstantiated** 3. The Neglect & Physical Protection - **Unsubstantiated** 4. Medical Dumping (Friday, April 17) - **Unsubstantiated**	**1. Substantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Inconclusive**	N/A	6/9/2026	48	Arshalous Garlanian, Community Services Director
4/30/2026	Community Member	2026-SPWB48	N/A	Service Provider	Unprofessional Staff Conduct; Failure to provide services as specified in the IPP.	1. Administrator does not treat staff fairly, expectations are not consistent, talks about staff with other staff. **Outside RC Scope** 2. Staff was sleeping in a resident's room on 4/27/2026 from 9:00pm - 9:40pm instead of working. Resident requires 2:1. **Substantiated**	**1. Outside of RC scope - reported to Agency Management** **2. Substantiated**	CAP to be issued 5/18/2026	5/12/2026	12	Arshalous Garlanian, Community Services Director
5/1/2026	Community Member	2026-SPWB-56	5/1/2026	Service Provider	Staff not trained; Failure to maintain staffing ratios: Staff not having appropriate qualification	1. The program is not providing staff training including new employee training and mandated reporter training. – **Substantiated** 2. The program is not consistently following required staffing ratios. – **Unsubstantiated** 3. Dating back to June 2025, and potentially prior, the program has fraudulently billed for services. – **Substantiated** This includes billing for services that are supposed to be provided by Board Certified Behavior Analysts but are provided by other individuals (potentially technicians). - **– Unsubstantiated**	**1. Substantiated** **2. Unsubstantiated** **3a. Substantiated** **3b. Unsubstantiated**	Plan of Improvement 6/12/2026	6/12/2026	42	Arshalous Garlanian, Community Services Director
5/1/2026	Community Member	2026-SPWB49	5/1/2026	Service Provider	Inadequate food supply; Health & Safety - Work Environment; Unprofessional Staff Conduct; Failure to provide services as specified in the IPP;	1. Inadequate food supply available for clients. **Unsubstantiated** 2.Staff have been found sleeping or are on their phones while in clients' rooms instead of working with individuals served. **Substantiated** 3. Staff made derogatory comments about other staff in front of individuals served. **Unsubstantiated** 4. Property's landscape not being maintained creating an increased risks during snake season as the grass is too high to see snakes. **Substantiated** 5. A client stepped on a snake. **Unsubstantiated**	**1. Unsubstantiated** **2. Substantiated** **3. Unsubstantiated** **4. Substantiated** **5. Unsubstantiated**	CAP to be issued 5/18/2027	5/12/2026	11	Arshalous Garlanian, Community Services Director
5/4/2026	Community Member	2026-SPWB50	5/5/2026	Service Provider	Failure to provide services; Neglect; Clients Rights; Unprofessional Staff	1.Allegations of not receiving help with grocery shopping, attending appointments, cleaning her apartment, and building life skills. **Unsubstantiated** 2.Allegations of her assigned caregiver has been neglectful and unprofessional. One caregiver allegedly used her personal items and food, while another failed to perform required duties. - **Unsubstantiated** 3.Lack of support, the member reports she nearly lost her apartment due to lack of support, she nearly failed an inspection putting her housing in jeopardy. She feels unable to manage tasks independently because of her mental illness and disability. - **Unsubstantiated** 4. Staff picked up family member while on duty and transporting client. Client expressed feeling uncomfortable due to the family member using foul language. - **Inconclusive**	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Inconclusive**	N/A	5/18/2026	14	Arshalous Garlanian, Community Services Director
5/4/2026	Community Member	2026-SPWB51	5/5/2026	Service Provider	Neglect	1. On 4/29/26 staff from vendored agency reported that on 4/28/26 that an individual served by FDLRC was found covered in her own urine when the caregiver arrived on shift and no one from her facility offered to help. 2. The electric chair is also in bad shape; caregiver had to assist with repairing it to prevent from the resident collapsing in it.	**OPEN** **with CCL**	OPEN		42	Arshalous Garlanian, Community Services Director
5/20/2026	Community Member	2026-SPWB52	N/A	Service Provider	HR practices; Lack of Training; Staff driving with suspended license; Failure to Report	1. Concerns with HR related practices – outside of RC Scope referred to DOL 2. "Administrator" (mother of owner) asks residents to send complaints about staff so they can fire them 3. "Administrator" encouraging behaviors so they can request/keep 1:1s. Residents don't all need one 4. "Administrator" allows staff with suspended driving license drive residents 5. "Administrator" has people/relatives telling home staff what to do when they don't work in the home 6. "Administrator" allows staff who don't have DSP certification to administer medication and sign the Administrator's name while she is on FACETIME 7. "Administrator" staff don't have CEUs or their DSP 1 and 2 8. "Administrator" does not submit SIRs for incidents – Client 1and Client 2 (residents) had an altercation, but no SIR was submitted.	**OPEN**			26	Arshalous Garlanian, Community Services Director
5/29/2026	Anonymous/Unknown	2026-EWB-55	5/29/2026	NLACRC Employee	Leadership/Workplace Equity	1. Non-management staff are receiving a per payperiod gas stipend, while management staff receive no comparable compensation. 2.A "loyalty pay" bonus applies only to non-management staff 3. Consultants hired to improve workplace fairness have been ineffective. 4. Management is being pressured to discipline employees who voice concerns 5. Executive Director is making unilateral decisions without proper investigation.	**Open. Referred to Board Legal Counsel for response and investigation**			24	Sheila King, HR Manager
6/1/2026	Community Member	2026-SPWB-57	6/1/2026	Service Provider	Staffing ratios; Failure to meet PD; Training; Health & Safety	1. The program is not complying with staffing ratios. When direct care staff take scheduled 15-minute breaks, there is no floater or relief staff. Management instructs staff who are already actively supervising their own assigned individuals to simultaneously monitor the absent staff member's assigned individual. In multiple instances, this has left individuals unattended in the community, presenting safety and elopement concerns. - **Substantiated** 2. The program's daily structure does not align with the approved program design. **- Unsubstantiated** 3. Personnel are not qualified and/or lack specialized training that the agency represented they would possess within the program design, specifically for program managers and program directors. **– Substantiated** 4. The program accepts placements that are not aligned with its current clinical and behavioral support capacity, including C1 and C2. - **Unsubstantiated** 5. The program's Executive team dismisses staff concerns for C3 hygiene, cockroach infestation at home, and alleged abuse by her mother. No mandated reports are filed. **– Unsubstantiated**	**1. Substantiated** **2. Unsubstantiated** **3. Substantiated** **4. Unsubstantiated** **5. Substantiated**	Plan of Improvement TBD		14	Arshalous Garlanian, Community Services Director
6/5/2026	Community Member	2026-SPWB-53	6/9/2026	Service Provider	Financial Misonduct/fraud/Misappropriation of funds;Failure to adhere to Title 17 audit requirement; Human Resource concerns; Conflict of Interest; Intimidation	1. Financial misconduct, fraud, or misappropriation of organizational funds. 2. Intimidation by ED.	**OPEN**			10	Arshalous Garlanian, Community Services Director
6/5/2026	Community Member	2026-SPWB-54	6/10/2026	Service Provider	Failure to adhere to Title 17 audit requirement; Human Resource concerns; Conflict of Interest; Intimidation	1. Agency ED Deceptive Information of Vendorization Termination 2. Refusal to submit Financial Audits and Discrepancies 3. Internal Obstruction and Lack of Proper Oversight (Conflict of Interest between ED and Board) 4. Workplace and Staff Intimidation	**OPEN**			10	Arshalous Garlanian, Community Services Director

Monthly Whistleblower Log May 16, 2026 - June 15, 2026

6/8/2026	Community Member	2026 -SPWB-58	6/8/2026	Service Provider	Improper Data Collection and Documentation; Reporting and Billing Concerns	1. Improper Data Collection and Documentation a. Dating back to October 2025, and potentially years prior, the program allegedly falsified client data, did not maintain proper data documentation, and submitted progress reports lacking objective metrics. b. The program's service protocols state that AST services will be conducted using specific methodologies with progress measured by defined metrics; however, the data collected was unquantifiable, unrelated to those metrics, and could not substantiate the performance presented in official progress reports. c. There are inconsistences between the stated goal methodologies and the actual data collected. d. There are discrepancies between raw data and the final progress reports submitted. e. Clinical metrics and data tracking were fabricated or missing entirely. f. End-of-session summaries are missing, incomplete, or unprofessional. g. The program could not produce requested historical documentation and data records. h. Physical data submissions were left uncollected and/or unreviewed for at least a year. 2. Reporting and Billing Concerns a. Program leaders are aware of these issues but did not initiate an audit or notify the regional center. b. The program potentially billed	**OPEN**			7	Arshalous Garlanian, Community Services Director
6/9/2026	Community Member	2026-SWPB-59	6/10/2026	Service Provider	Lack of Supervision; Client Rights; Driver Qualification; Health & Safety; Lack of Training	1. Staff 1 leaves participants unsupervised (e.g. outside the building or out of visual proximity). - **Unsubstantiated** a. The most recent incident occurred on January 14, 2026, and was formally reported to the Regional Director and Program Director. 2. Demeaning and disrespectful treatment of participants by staff Staff 1 - **PENDING** 1. Staff 1 allegedly threatened to take away activities or remove Client 2 access to his personal belongings if he did not listen to her. - **PENDING** 2. A formal complaint was reportedly filed (potentially on or around January 15, 2026) by C2 with Admin and the CEO becauseStaff 1 was rude to him. - **PENDING** 3. Driver Qualifications a. Staff drivers do not have the correct license to operate the program's commercial vehicles that transport 12+ passengers. **- Unsubstantiated** 4. Exposure to Extreme Weather and Environmental Hazards **- Unsubstantiated** 1. Staff 2 regularly schedules strenuous activities during periods of extreme weather, regardless of participants' medical vulnerabilities. 2. On June 3, 2026, a cooking activity utilizing hot ovens was mandated and conducted in weather exceeding 90°F. Medically fragile participants, including Client 3, were exposed to dangerous thermal conditions. **- Unsubstantiated** 3. Lack of staff training, specifically: **- Substantiated** 1. Safe lifting and transfer procedures 2. Mechanical lift operation and wheelchair securement 3. Restroom and mobility assistance 4. Appropriate personal protective equipment (PPE)	**OPEN**			6	Arshalous Garlanian, Community Services Director
6/10/2026	Community Member	2026-SWPWB-60	N/A	Service Provider	Health & Safety; Unsafe driving practices; Failure to protect by not following policies & procedures; Unfair/equitable work practices by management; Extended breaks; Lack of supervision	1. Client sustained head injury due to lack of supervision and not taking appropriate precautions. 2. Several staff (drivers/attendants) have reported Driver 1's behavior to management and no meaningful action appears to have been taken. 3. Driver 1 has made inappropriates comments and unsafe conduct. 4. Inappropriate behavior between Driver 1 and Attendant 1 in public areas and near group homes. 5. Driver 1 taking long breaks. 6. Driver 1 making inappropriate comments to Attendant 2. 7. Appears to be "very little supervision in the field".	**OPEN**			5	Arshalous Garlanian, Community Services Director
Summary: for the May 16-June 15, 2026 period, there were a total of 28 cases. Of those , 19 were open and 9 were closed. Out of the 28, 23 were under Community Services											

Monthly Whistleblower Log August 16, 2026-September 15, 2026

ATTACHMENT 2

NLACRC Whistleblower Log
NLACRC designated staff to provide updates on a monthly basis with reports. If a WB complaint is reOPENed, it must be entered in a new row. You may reassign the same case number for tracking purposes. For example, if you have the same issue with new information, this would apply.

Special Contract Language, Article X, Section III. Regional Center Complaints
Contractor shall provide the State every 30 days starting the effective date of this Article, a report of whistleblower complaints received under Contractor's Whistleblower Policy (Regional Center Whistleblower for Vendors, Contractors and Others). Contractor shall continue providing this reporting until SCL is withdrawn. This report shall contain, at a minimum, the following information for each complaint submitted:
(1) Date complaint was received;
(2) Entity that is the target of the complaint (e.g., regional center staff, service provider, community member, etc.); and
(3) Total number of days Contractor took to complete the inquiry/follow-up, from the date the complaint was received until Contractor deemed the complaint closed.

Date Complaint Received	Complainant Type	Investigation Case No.	Date Acknowledgment Sent to Complainant	Entity that is Target of Complaint	Nature of Complaint	Investigation Allegation Details	Actions taken to investigate	Investigation Results	Corrective Action Taken (if applicable)	Date Complaint Closed	Complaint Investigation Duration (in days)	Submitted/Logged by
7/18/2025	Anonymous/Unknown	DDS 25-062602; amended to 2025 -EWB - 05	N/A	NLACRC Employee(s)	Fiscal malfeasance; violation of Board/regional center policy	Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.		Complainant alleges: 1. The combined contract totals for two I.T. consultants exceeded $600,000 annually in Fiscal Years 2021-22, 2022-23, and 2023-24. However, the contracts were intentionally split to evade review by the NLACRC Board of Trustees (Board). 2. The contracts were presented to the Board for approval without the appropriate parties disclosing the cumulative financial and functional impact, compromising fiduciary responsibility and public trust.	Pending Direction - Submitted Responses to DDS on 8/18/2025 , 09/02/2025, and 09/04/2025		430	Betsy Monahan, HR Director
7/22/2025	Anonymous/Unknown	DDS 24-110801 re-OPENed: new information	N/A	NLACRC Employee	Alleged sexual harassment (hostile work environment)	Original complaint alleges: 1. NLACRC Management individual is intimidating, bullying, harassing and sexually harassing NLACRC staff. New allegation: 2. Type 4 Workplace Violence perpertrator allegedly verbally, digitally and physically harassed NLACRC staff member due to improper relationship/association with NLACRC Management individual.		**OPEN**	**OPEN**		426	Betsy Monahan, HR Director
1/4/2026	NLACRC Employee	2026-EWB-21	1/8/2026	NLACRC	Leadership/Governance practices	1. Leadership Conduct. 2. Governance Practices. 3. Conflicts of Interest and Operational Integrity.		**OPEN. Referred to Board Legal Counsel for response and investigation**	OPEN		260	Sheila King, HR Manager
1/11/2026	Community Member	2026-SPWP-41		Service Provider	Excessive Fees	1. Excessive Fees for Social Recreation Activities 2. Lack of itimized breakdown for fees		**OPEN**	OPEN		253	Sheila King, HR Manager
1/13/2026	Community Member	2026-SPWB-35	1/13/2026	Service Provider	Client Rights	1. Alleged that home staff and/or NLACRC staff may be withholding resident's SSI check.		**1. Unsubstantiated**	CLOSED	1/15/2026	2	Arshalous Garlanian, Community Services Director
2/17/2026	Community Member	2026-SPWB-42	2/24/2026	Service Provider	Retaliatory Termination of Employment	1. Assault Incidents due to Behaviorial Plan not consistently followed - **Unsubstantiated** 2. Staff Burnout and Supervision Concerns - **Unsubstantiated** 3. Failure of 2:1 Supervision Ratios - **Unsubstantiated** 4. Lack of Follow up to reported concerns - **Unsubstantiated** 5. Driver Availability Concerns - **Unsubstantiated**	Conducted UV, interviewed staff & management. Reviewed records	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated**	CLOSED	4/13/2026	44	Arshalous Garlanian, Community Services Director
3/10/2026	Family Member	2026-SPWB45	3/24/2026	Service Provider	Report of Concerns	1. Inappropriate Conduct by a DSP assigned to work in home setting, in the presence of a minor child		**1. Unsubstantiated**	CLOSED	3/16/2026	6	Arshalous Garlanian, Community Services Director
5/4/2026	Community Member	2026-SPWB51	5/5/2026	Service Provider	Neglect	1. On 4/29/26 staff from vendored agency reported that on 4/28/26 that an individual served by FDLRC was found covered in her own urine when the caregiver arrived on shift and no one from her facility offered to help. - **Unsubstantiated** 2. The electric chair is also in bad shape; caregiver had to assist with repairing it to prevent from the resident collapsing in it. **Referred to FDLRC CM for further review**		**1. Unsubstantiated** **2. Referred to FDLRC CM for further review**	**CLOSED**	6/26/2026	53	Arshalous Garlanian, Community Services Director

Monthly Whistleblower Log August 16, 2026-September 15, 2026

ATTACHMENT 2

5/20/2026	Community Member	2026-SPWB52	N/A	Service Provider	HR practices; Lack of Training; Staff driving with suspended license; Failure to Report	1. Concerns with HR related practices – **outside of RC Scope referred to DOL** 2. "Administrator" (mother of owner) asks residents to send complaints about staff so they can fire them - **Unsubstantiated** 3. "Administrator" encouraging behaviors so they can request/keep 1:1s. Residents don't all need one - **Unsubstantiated** 4. "Administrator" allows staff with suspended driving license drive residents - **Unsubstantiated** 5. "Administrator" has people/relatives telling home staff what to do when they don't work in the home - **Unsubstantiated** 6. "Administrator" allows staff who don't have DSP certification to administer medication and sign the Administrator's name while she is on FACETIME - **Unsubstantiated** 7. "Administrator" staff don't have CEUs or their DSP 1 and 2 - **Unsubstantiated** 8. "Administrator" does not submit SIRs for incidents – Client 1and Client 2 (residents) had an altercation, but no SIR was submitted. - **Unsubstantiated**		**1. Outside of RC Scope 2. Unsubstantiated 3. Unsubstantiated 4. Unsubstantiated 5. Unsubstantiated 6. Unsubstantiated 7. Unsubstantaited 8. Unsubstantaited**	**CLOSED**	7/1/2026	42	Arshalous Garlanian, Community Services Director
5/29/2026	Anonymous/Unknown	2026-EWB-55	5/29/2026	NLACRC Employee	Leadership/Workplace Equity	1. Non-management staff are receiving a per payperiod gas stipend, while management staff receive no comparable compensation. 2.A "loyalty pay" bonus applies only to non-management staff 3. Consultants hired to improve workplace fairness have been ineffective. 4. Management is being pressured to discipline employees who voice concerns 5. Executive Director is making unilateral decisions without proper investigation.		**OPEN. Referred to Board Legal Counsel for response and investigation**			115	Sheila King, HR Manager
6/1/2026	Community Member	2026-SPWB-57	6/1/2026	Service Provider	Staffing ratios; Failure to meet PD; Training; Health & Safety	1. The program is not complying with staffing ratios. When direct care staff take scheduled 15-minute breaks, there is no floater or relief staff. Management instructs staff who are already actively supervising their own assigned individuals to simultaneously monitor the absent staff member's assigned individual. In multiple instances, this has left individuals unattended in the community, presenting safety and elopement concerns. - **Substantiated** 2. The program's daily structure does not align with the approved program design. **- Unsubstantiated** 3. Personnel are not qualified and/or lack specialized training that the agency represented they would possess within the program design, specifically for program managers and program directors. **– Substantiated** 4. The program accepts placements that are not aligned with its current clinical and behavioral support capacity, including C1 and C2. **- Unsubstantiated** 5. The program's Executive team dismisses staff concerns for C3 hygiene, cockroach infestation at home, and alleged abuse by her mother. No mandated reports are filed. **– Unsubstantiated**		**1. Substantiated 2. Unsubstantiated 3. Substantiated 4. Unsubstantiated 5. Substantiated**	Plan of Improvement 6/30/2026	6/30/2026	30	Arshalous Garlanian, Community Services Director
6/5/2026	Community Member	2026-SPWB-53	6/9/2026	Service Provider	Financial Misonduct/fraud/Misappropriation of funds;Failure to adhere to Title 17 audit requirement; Human Resource concerns; Conflict of Interest; Intimidation	1. Financial misconduct, fraud, or misappropriation of organizational funds. 2. Intimidation by ED.		**OPEN**			108	Arshalous Garlanian, Community Services Director
6/5/2026	Community Member	2026-SPWB-54	6/10/2026	Service Provider	Failure to adhere to Title 17 audit requirement; Human Resource concerns; Conflict of Interest; Intimidation	1. Agency ED Deceptive Information of Vendorization Termination 2. Refusal to submit Financial Audits and Discrepancies 3. Internal Obstruction and Lack of Proper Oversight (Conflict of Interest between ED and Board) 4. Workplace and Staff Intimidation		**OPEN**			108	Arshalous Garlanian, Community Services Director
6/8/2026	Community Member	2026 -SPWB-58	6/8/2026	Service Provider	Improper Data Collection and Documentation; Reporting and Billing Concerns	1. Improper Data Collection and Documentation - **Unsubstantiated** a. Dating back to October 2025, and potentially years prior, the program allegedly falsified client data, did not maintain proper data documentation, and submitted progress reports lacking objective metrics. b. The program's service protocols state that AST services will be conducted using specific methodologies with progress measured by defined metrics; however, the data collected was unquantifiable, unrelated to those metrics, and could not substantiate the performance presented in official progress reports. c. There are inconsistences between the stated goal methodologies and the actual data collected. d. There are discrepancies between raw data and the final progress reports submitted. e. Clinical metrics and data tracking were fabricated or missing entirely. f. End-of-session summaries are missing, incomplete, or unprofessional. g. The program could not produce requested historical documentation and data records. h. Physical data submissions were left uncollected and/or unreviewed for at least a year. 2. Reporting and Billing Concerns - **- Unsubstantiated** a. Program leaders are aware of these issues but did not initiate an audit or notify the regional center. b. The program potentially billed		**1. Unsubstantiated 2. Unsubstantiated**		6/22/2026	15	Arshalous Garlanian, Community Services Director

Monthly Whistleblower Log August 16, 2026-September 15, 2026

ATTACHMENT 2

6/9/2026	Community Member	2026-SWPB-59	6/10/2026	Service Provider	Lack of Supervision; Client Rights; Driver Qualification; Health & Safety; Lack of Training	1. Staff 1 leaves participants unsupervised (e.g. outside the building or out of visual proximity). - **Unsubstantiated** a. The most recent incident occurred on January 14, 2026, and was formally reported to the Regional Director and Program Director. 2. Demeaning and disrespectful treatment of participants by Staff 1 - **Unsubstantiated** 1. Staff 1 allegedly threatened to take away activities or remove Client 2 access to his personal belongings if he did not listen to her. - **Unsubstantiated** 2. A formal complaint was reportedly filed (potentially on or around January 15, 2026) by C2 with Admin and the CEO becauseStaff 1 was rude to him. - **- Unsubstantiated** 3. Driver Qualifications a. Staff drivers do not have the correct license to operate the program's commercial vehicles that transport 12+ passengers. **- Unsubstantiated** 4. Exposure to Extreme Weather and Environmental Hazards **- Unsubstantiated** 1. Staff 2 regularly schedules strenuous activities during periods of extreme weather, regardless of participants' medical vulnerabilities. **- Unsubstantiated** 2. On June 3, 2026, a cooking activity utilizing hot ovens was mandated and conducted in weather exceeding 90°F. Medically fragile participants, including Cient 3, were exposed to dangerous thermal conditions. **- Unsubstantiated** 3. Lack of staff training, specifically: - **Substantiated** 1. Safe lifting and transfer procedures 2. Mechanical lift operation and wheelchair securement 3. Restroom and mobility assistance 4. Appropriate personal protective equipment (PPE)		**1. Unsubstantiated** **2. Unsubstantiated** **2.1 Unsubstantiated** **2.2 Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **4.1 Unsubstantiated** **5. Substantiated**	Plan of Improvement 6/30/2026	6/30/2026	51	Arshalous Garlanian, Community Services Director
6/10/2026	Community Member	2026-SPWB-60	N/A	Service Provider	Health & Safety; Unsafe driving practices; Failure to protect by not following policies & procedures; Unfair/equitable work practices by management; Extended breaks; Lack of supervision	1. Client sustained head injury due to lack of supervision and not taking appropriate precautions. - **Substantiated** 2. Several staff (drivers/attendants) have reported Driver 1's behavior to management and no meaningful action appears to have been taken. - **Unsubstantiated** 3. Driver 1 has made inappropriates comments and unsafe conduct. - **Unsubstantiated** 4. Inappropriate behavior between Driver 1 and Attendant 1 in public areas and near group homes. - **Unsubstantiated** 5. Driver 1 taking long breaks. **Unsubstantiated** 6. Driver 1 making inappropriate comments to Attendant 2.**Unsubstantiated** 7. Appears to be "very little supervision in the field".**Unsubstantiated**	Transportation Broker conducted investigation and issued Plan of Correction.	**1. Substantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Unsubstantiated** **6. Unsubstantiated** **7. Unsubstantiated**	6/16/2026 (Plan of Correction)	7/31/2026	82	Arshalous Garlanian, Community Services Director
6/15/2026	Community Member	2026-SPWB61	6/18/2026	Service Provider	Failed to provide records to auditors; organizational funds potentially mismanaged	1. Executive Director failed to provide the necessary records to auditors 2. Inconsistent and contradictory information regarding the organization's financial status 3. Questions as to whether organizationfunds were managed appropriately 4. Atmosphere of intimidation during staff meeting		**OPEN**			98	Arshalous Garlanian, Community Services Director
6/22/2026	Community Member	2026-SPWB62	6/22/2026	Service Provider	Improper Admimistrative practices by NLACRC	1. Improper administrative handling and file mismanagement by NLACRC's Fiscal and Auditing Dept. 2. Continued service hold since April 2, 2026, despite clearance of the Auality Assurance review and financial audit 3. Failure to schedule a final exit conference or communicate a resolution timeline 4. Indefinite withholding of earned vendor payments without an official determinaiton		**OPEN**			105	Arshalous Garlanian, Community Services Director
07/04/26	Family Member	2026-SPWB63	N/A	Service Provider	Unprofessional Staff Conduct; Violation of Agency Code of Conduct	1. Determine whether the person shown is a vendor employee - **Substantiated** 2. Determine whether this individual holds any client-facing, crisis-response, hotline, public-contact, or supervisory duties. - **Substantiated**	Interviewed agency leadership; Requested formal	**CLOSED**	N/A	07/07/26	3	Arshalous Garlanian, Community Services Director
07/06/26	Community Member	2026-SPWB65	7/6/2026	Service Provider	Hiring & Training practices	1. Staff having little or no prior ABA experience for individuals being hired. - Unsubstantiated 2. New hires are not completing or being provided mandatory 40-hour training program. - Substantiated 3. Individual not being paid for using his personal indeed account to post/ recruit job OPENings. - Out of RC Scope	Previously investigated. Conducted personnel record review at agency site. Interviewed agency management. Issued Plan of Improvement	**CLOSED**		07/06/26	1	Arshalous Garlanian, Community Services Director

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ATTACHMENT 2

07/09/26	Community Member	2026-EWB-64		Employee	Improper Conduct	Improper conduct related to a minor	Requested more information in order to investigate	**OPEN**			74	Sheila King, HR Manager
07/16/26	Community Member	2026-SPWB-69	7/16/2026	Service Provider	Conflict of Interest; Medication Issues; Lack of Supervision; Hygiene and Personal Care Concerns; Nutrition and Health Impacts Safety and Professional Boundaries	Conflict of Interest - **All Unsubstantiated** 1. The relationship between Supervisor and the DSP working with the individual served. They are mother daughter and their interactions are creating conflict in the home. 2. Due to mother daughter relationship, reports made to the supervisor do not result in corrective action. 3. DSP allegedly has ongoing negative interactions with other DSPs. Medication Issues - **All Unsubstantiated** 4. DSPs reportedly are not placing medications in med boxes on time. 5. Concerns regarding client getting her medications as scheduled. Lack of Supervision **- All Unsubstantiated** 6. CLient has reportedly been left alone for extended periods. 7. DSPs arrive late or fail to report for their shift, resulting in unsafe periods without required 24/7 support. Hygiene and Personal Care Concerns - **All Unsubstantiated** 8. Insufficient toileting and bathing support, including poor wiping that results in recurring rashes and minimal assistance during showers. Nutrition and Health Impacts - **- All Unsubstantiated** 9. DSP reportedly provides food inconsistent with client dietary needs. 10. This allegedly has contributed to significant weight gain and new preventable medical conditions requiring medication. Safety and Professional Boundaries - **Unsubstantiated** 11. Reports indicate that DSP has made inappropriate and unsafe statements to client regarding her personal relationship with her partner. Client. reported that DSP instructed Client. to charge her partner each time they have intercourse.	Conducted UV, interviewed client, staff & management. Reviewed client records	**1. - 3. Unsubstantiated** **4. - 5. Unsubstantiated** **6. - 7 Unsubstantiated** **8. Unsubstantiated** **9. - 10. Unsubstantiated** **11. Unsubstantiated**	N/A	08/31/26	46	Arshalous Garlanian, Community Services Director
07/16/26	Community Member	2026-SPWB-70	7/17/2026	Service Provider	Lack of Employment Opportunties; Inconsisted Communication;	1. The classes attended beginning in 2024 did not meaningfully contribute to obtaining stable, full-time employment in my chosen field. - **Unsubstantiated** 2. Although I appreciated the internship opportunities that were provided, they did not offer financial stability nor did they lead to permanent or full-time employment. - **Unsubstantiated** 3. Communication regarding employment opportunities, apprenticeships, and potential job placements was inconsistent and often lacked meaningful follow-up. - **Unsubstantiated** 4. During periods of significant financial hardship, client was repeatedly encouraged to "be patient," creating the expectation that employment opportunities were forthcoming. Unfortunately, those expectations were never realized. **- Unsubstantiated** 5. There was limited follow-up regarding potential employment opportunities discussed with organizations such as Warner Bros., Paramount, COSM, the Honda Center, and other employers. **- Unsubstantiated** 6. When client expressed concern that they had still not secured permanent employment after two years, they was encouraged to enroll in additional classes rather than receiving a clear explanation of why the employment opportunities they had been working toward had not materialized or discussing alternative strategies to help them reach my employment goal. - **Unsubstantiated**	Interviewed program staff and management and client; Reviewed Program design,	**1. Unsubstantiated** **2. Unsubstantiated** **3. Unsubstantiated** **4. Unsubstantiated** **5. Unsubstantiated** **6. Unsubstantiated**	N/A	08/26/26	42	Arshalous Garlanian, Community Services Director
07/22/26	Community Member	2026-SPWB-67	7/23/2026	Service Provider	Failed to provide records to auditors; organizational funds potentially mismanaged	1. Executive Director failed to provide the necessary records to auditors 2. Inconsistent and contradictory information regarding the organization's financial status 3. Questions as to whether organizationfunds were managed appropriately 4. Atmosphere of intimidation during staff meeting		**OPEN**			61	
07/23/26	Staff	2026-SPWB-66	7/23/2026	Service Provider	Services not provided in accordance with PD	1. Staff never met with Consumer **- Unsubstantiated** 2. Fraudulent Activity - Services not provided in home. - **Substantiated**	Interviewed staff, provider; reviewed records	**1. Unsubstantiated** **2. Substantiated**	8/7/2026 (Program Design Addendum)	08/07/26	15	Arshalous Garlanian, Community Services Director

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ATTACHMENT 2

07/29/26	Community Member	2026-SPWB-71	7/29/2026	Service Provider	Health & Safety Concerns; Food Issues; Staffing Deficiencies	Health & Safety Concerns **- ALL Unsubstantiated** 1. Residents are allegedly not being cared for properly. 2. Reports of emotional abuse - For example, a statement made "No one wants you here." 3. Residents allegedly express a desire to move out of the home. Food Issues **- ALL Unsubstantiated** 4. The approved menu is allegedly not being followed. 5. Residents are given cheap, highly processed food. This is particularly concerning for a male resident with high blood pressure. Staffing Deficiencies **- Unsubstantiated** 6. Staff allegedly don't have DSP certifications.	Conducted UV, interviewed staff & management. Reviewed records	**1. - 3. Unsubstantiated** **4. - 5. Unsubstantiated** **6. - Unsubstantiated**	8/12/2026	08/12/26	14	Arshalous Garlanian, Community Services Director
07/30/26	Anonymous/Unknown	2026-EWB-68	8/3/2026	NLACRC Employee		1. Concerns regarding Executive Director's leadership and decision-making 2. Engaging in conduct that is perceived as retaliatory toward directors and staff who express differing opinions or challenge decisions 3. Disputing a potential Conflict of Interest relating to a Board Member which raises concerns about impartiality 4. Preferential treatment to this Board Member		**OPEN**			53	Sheila King, HR Manager
08/09/26	Community Member	2026-SPWB-72	8/13/2026	Service Provider		1. FACILITY-USE AND CAMPUS SAFETY CONCERNS 2. WHISTLEBLOWER NOTICES TO TIERRA DEL SOL FOUNDATION 3.THREEFOLD VILLAGE RETALIATION HISTORY 4.LEGAL COMPLIANCE STATUS, and ITS SUCCESSOR ENTITY		OPEN			43	Arshalous Garlanian, Community Services Director
08/03/26	Community Member	2026-SPWB-74	N/A	Service Provider	Inappropriate conduct	1. Home Administrator showing a resident inappropriate pictures of persons they were dating. **- Unsub**	Interviewed the staff and resident	**CLOSED**	N/A	08/06/26	3	Arshalous Garlanian, Community Services Director
08/10/26	Community Member	2026-SPWB-75	N/A	Non Vendored Provide	Inappropriate conduct	1. Hostile treatment by Director. 2. Unsafe environment.	RC has no oversight over non-vendored entities	**CLOSED**	N/A	08/11/26	1	Arshalous Garlanian, Community Services Director
08/12/26	Community Member	2026-SPWB-76	8/12/2026	Non Vendored Provide	Failure to report;	1. Provider failed to report allegations of abuse. 2. Agency hired individual with history of abuse and failed to inform the family.		**OPEN**			35	Arshalous Garlanian, Community Services Director
08/20/26	Community Member	2026-SPWB-73	8/21/2026	Service Provider	Falure to pay employee wages	1.Employees have not been paid for wages earned since August 3, 2026. 2. Previous payroll checks bounced 3.Promised payment dates were missed 4.Liberty has attributed the delays to the Regional Center releasing funds		**OPEN**			27	Arshalous Garlanian, Community Services Director
08/25/26	Community Member	2026-SPWB-77	8/25/2026	Service Provider	Inappropriate conduct	1. Owner has [alleged] history of sexual abuse and domestic violence. **Unsubstantiated**	Interviews with families/clients. Reviewed program design and contracts	**CLOSED**	N/A	08/26/26	1	Arshalous Garlanian, Community Services Director
08/25/26	Community Member	2026-SPWB-78	8/26/2026	Service Provider	Failure to provide staffing; In appropriate conduct	1. Concerns the client would not have the required staffing. **- Unsubstantiated** 2. Staff pleasuring himself while client was asleep in their room. **- Substantiated** incident reported and addressed by provider at time of report.	Interviews with WB, agency , and case management. Review IPP, Agency staff files, SIR.	**CLOSED**	N/A	09/04/26	10	Arshalous Garlanian, Community Services Director
09/03/26	Community Member	2026-SPWB-79	9/4/2026	Service Provider	Client's Rights Violation; Lack of training; Staff lacked DOJ clearance	1. Physical abuse toward residents including staff hitting residents in care. 2. Violations involving staff medication assistance without proper training. 3. Staff member working without a criminal background clearance.	Conducted site visit;	**OPEN**			1	Arshalous Garlanian, Community Services Director

Aug-26

ATTACHMENT 3

HUMAN RES OURCES REPORT

	CSC Vacancies	CSC Growth Positions	Open Other Positions:	Total Open Positions Vacant	Positions on Hold	Filled as of 8/31/26	FY27 Auth Positions	% Filled	New Hires (Aug '26)	Separations (Aug '26)	Aug '26 Turnover Rate
All Locations	19	26	43	88	8	982	1078	91.1%	13	11	1.12%
SFV	10	17	34	61	6	662	729	90.8%	7	9	
AV	6	8	9	23	1	219	243	90.1%	5	2	
SCV	3	1	0	4	1	101	106	95.3%	1	0	

CSC Vacancies 19

Location	Pos #	CSCs	Dept/ Loc	Open as of Date
SFV	375	CSC	ES 2	3/14/2024
SCV	635	OD SPEC	SCV ADULT	9/23/2025
SCV	415	CSC	SCV ADULT	4/24/2026
SFV	261	CSC	TRANS3	5/18/2026
SFV	460	CSC	SA7	6/12/2026
SFV	180	CSC	ADULT 6	6/15/2026
AV	316	CSC	AV TRANS1	7/1/2026
SFV	139	CSC	SA6	7/7/2026
SCV	334	CSC	TRANS2	7/8/2026
AV	279	CSC	AV TRANS 2/ SA 4	7/13/2026
AV	447	CSC	AV ADULT 2	7/15/2026
SFV	360	CSC	SA8	7/23/2026
AV	84	CSC	AV ADULT 1	7/29/2026
AV	535	CSC	AV ADULT 3	7/31/2026
AV	64	CSC	AV ADULT 2	8/6/2026
SFV	290	CSC	SA4	8/7/2026
SFV	249	CSC	ADULT 1	8/10/2026
SFV	32	CSC	ADULT 6	8/10/2026
SFV	281	CSC	TRANS2	8/28/2026

CSC Growth Positions 26

Location	Pos #	CSCs	Dept/ Loc	Open as of Date
SFV	793	CSC	ADULT 6	9/26/2025
AV	1094	CSC	AV - SA 5	2/18/2026
AV	1097	CSC	AV - SA 5	2/18/2026
AV	1098	CSC	AV - SA 5	2/18/2026
SFV	949	CSC	SA10	4/2/2026
SFV	735	CSC	ADULT 9	4/23/2026
AV	506	CSC	AV SA 1	5/4/2026
SFV	1104	CSC	ES 2	6/1/2026
SFV	1107	CSC	ES 6	6/1/2026
SFV	1108	CSC	ES 7	6/1/2026
SFV	1109	CSC	ES 2	6/1/2026
SFV	987	CSC	SA6	6/9/2026
SFV	1073	CSC	SA 11	6/15/2026
SFV	745	CSC	TRANS 4	6/16/2026
SCV	1087	CSC	TRANS 1/ ADULT 2	6/26/2026
SFV	741	CSC	TRANS 4	7/10/2026
AV	778	CSC	AV SA 3	7/13/2026
AV	907	CSC	AV ADULT 4	7/13/2026
AV	908	CSC	AV ADULT 4	7/13/2026
SFV	834	CSC	ES INTAKE	7/14/2026
SFV	762	CSC	ADULT 9	7/16/2026
SFV	1106	CSC	ES 4	7/16/2026
SFV	600	CSC	SA1	7/27/2026
SFV	755	CSC	SA9	7/31/2026
AV	911	CSC	AV ADULT 4	8/21/2026
SFV	1111	CSC	ES 7	8/25/2026

FY25/26 Authorized Positions	Positions Added - FY 26/27 Growth
1078	0

Open Other Positions: 43

Loc	Pos #	All Other Positions	Dept/ Loc	Open as of Date
SFV	976	ASSISTANT CONTROLLER	ACCOUNTING	3/10/2025
AV	1025	ASSOCIATE CSC	SCHOOL AGE	3/10/2025
AV	1027	ASSOCIATE CSC	ADULT	3/10/2025
AV	1028	ASSOCIATE CSC	ADULT	3/10/2025
AV	1029	ASSOCIATE CSC	ADULT	5/19/2025
SFV	1012	ASSOCIATE CSC	ADULT	6/2/2025
SFV	1013	ASSOCIATE CSC	SCHOOL AGE	7/31/2025
SFV	1015	ASSOCIATE CSC	ADULT	9/16/2025
SFV	1017	ASSOCIATE CSC	SCHOOL AGE	12/1/2025
SFV	1018	ASSOCIATE CSC	ADULT	12/8/2025
SFV	1019	ASSOCIATE CSC	ADULT	12/15/2025
SFV	1020	ASSOCIATE CSC	ADULT	2/17/2026
SFV	1024	ASSOCIATE CSC	ADULT	2/23/2026
SFV	1030	ASSOCIATE CSC	ADULT	4/20/2026
SFV	1031	ASSOCIATE CSC	SCHOOL AGE	5/11/2026
SFV	1032	ASSOCIATE CSC	ADULT	6/15/2026
SFV	1033	ASSOCIATE CSC	ADULT	6/26/2026
SFV	897	OFFICE ASSISTANT II	ACCOUNTING - OPS	6/29/2026
SFV	932	TRAINING SPECIALIST II	QI/CHANGE MGMNT	7/1/2026
AV	1026	ASSOCIATE CSC	SCHOOL AGE	7/13/2026
SFV	690	ADMIN ASSISTANT	IT	7/16/2026
AV	1061	OFFICE ASSISTANT II	CONTRACT ADMIN 1	7/20/2026
SFV	1062	IT SPECIALIST II	IT	7/21/2026
SFV	518	IT SPECIALIST II	IT	8/6/2026
SFV	1016	ASSOCIATE CSC	SCHOOL AGE	8/7/2026
SFV	468	IT SPECIALIST II	IT	8/13/2026
SFV	401	ACCOUNTANT JR	ACCOUNTS PAYABLE 1	8/19/2026
SFV	1059	TALENT ACQ SPEC II	HUMAN RESOURCES	8/25/2026
AV	345	AGING ADULT SPECIALIST	AV - CONSUMER SVCS	8/27/2026
SFV	968	DATA ANALYST	QI/CHANGE MGMNT	3/16/2026
SFV	196	INTAKE ASSOCIATE	CLINICAL SVCS - INTAKE	4/20/2026
SFV	133	CONSUMER SERVICES SUP	TRANS2	5/18/2026
SFV	724	OFFICE ASSISTANT II	PUBLIC INFORMATION	6/1/2026
AV	23	OFFICE ASSISTANT II	FACILITIES	6/1/2026
AV	1116	OFFICE ASSISTANT II	RECS & DOC MGMT	6/15/2026
SFV	1011	RECS & DOC MGMNT SUP	RECS & DOC MGMT	6/26/2026
SFV	630	RISK ASSESSMENT SUP	RISK ASSESSMENT 1	6/29/2026
SFV	925	VENDOR COORDINATOR	COMMUNITY SVCS	7/1/2026
SFV	1067	INTAKE ASSOCIATE	CLINICAL SVCS - INTAKE	7/13/2026
SFV	1023	ASSOCIATE CSC	SA	7/16/2026
SFV	1014	ASSOCIATE CSC	SCHOOL AGE	7/20/2026
SFV	1021	ASSOCIATE CSC	SA	7/21/2026
SFV	510	INFRA & CYB SEC ENG II	IT	8/20/2026

Positions on Hold 8

Loc	Pos #	Hold Positions	Dept/ Loc	Hold as of Date
SFV	8	DIRECTOR OF FINANCE	ACCOUNTING I	8/29/2022
SFV	398	PSYCHOLOGIST, PHD	CLINICAL SVCS	2/18/2025
SFV	569	HR SPECIALIST I	HR	10/4/2023
SFV	605	HR SPECIALIST I	HR	2/9/2026
SFV	701	LD RISK ASSMNT SPEC	RISK ASSMNT	7/29/2022
SFV	923	SR. PSYCH SERV SPEC	CLINICAL SVCS	5/27/2026
SCV	973	HR GENERALIST	HR	12/18/2024
AV	975	HR GENERALIST	HR	12/18/2024

New Hires: July 2026 **13**

Loc	Pos #	Position	Hire Date
SFV	544	PSYCH SERV SUP	8/10/2026
SCV	403	OA II	8/10/2026
SFV	1119	RES DVLPMNT SPEC	8/10/2026
AV	129	IT SPECIALIST II	8/10/2026
AV	1100	CSC	8/10/2026
SFV	997	CSC	8/24/2026
AV	200	CSC	8/24/2026
SFV	250	CSC	8/24/2026
SFV	167	CSC	8/24/2026
SFV	45	VENDOR COORD	8/24/2026
AV	608	CSC	8/24/2026
AV	465	CSC	8/24/2026
SFV	1111	CSC	8/24/2026

Separations: July 2026 **11**

Loc	Pos #	Position	Separation Reason	Term Month
AV	64	CSC	PERSONAL	8/6/2026
SFV	630	RISK ASSESSMENT SUP	COMPENSATION	8/6/2026
SFV	925	VENDOR COORDINATOR	FAMILY REASONS	8/7/2026
SFV	290	CSC	RELOCATION	8/10/2026
SFV	1067	INTAKE ASSOCIATE	PERSONAL	8/13/2026
SFV	1023	ASSOCIATE CSC	WORKING CONDITIONS	8/19/2026
AV	911	CSC	RELOCATION	8/21/2026
SFV	1014	ASSOCIATE CSC	PERSONAL	8/25/2026
SFV	1111	CSC	OTHER EMPLOYMENT	8/25/2026
SFV	1021	ASSOCIATE CSC	PERSONAL	8/27/2026
SFV	281	CSC	WORKING CONDITIONS	8/28/2026

North Los Angeles County Regional Center
Main 818-778-1900 • Fax 818-756-6140 #9200 Oakdale Avenue #100, Chatsworth, CA 91311 #www.nlacrc.org

CONTRACT SUMMARY AND BOARD RESOLUTION

NO.	DESCRIPTION	CONTRACT SUMMARY
1.	**Contract Overview: (New or Amendment) (POS or OPS)**	Operations – New Contract
2.	**Name of Vendor or Service Provider**	Sheridan Group
3.	**The Purpose of the Contract**	San Fernando Valley Office Expansion – Phase 1 NLACRC extended its San Fernando Valley ("SFV") office lease, which includes expansion to the 6th and 10th floors and reconfiguration of some existing space. The contract is for the purchase and installation of cubicles and furniture during Phase 1 of the SFV Expansion Project.
4.	**Contract Term(s)**	September 24, 2026 to December 31, 2027
5.	**Total Amount of the Contracts**	Maximum of $2,492,553.10
6.	**Rate of Payment or Payment Amount**	50% deposit due upon contract execution 40% progress payment 10% balance due after completion
7.	**Method or Process Utilized to Award the Contract**	NLACRC obtained three competitive bids and selected Sheridan Group based on factors including pricing and quality. Sheridan Group is NLACRC's existing furniture vendor.
8.	**Method or Process Utilized to Establish the Rate or the Payment Amount**	Usual & Customary Rate
9.	**Exceptional Conditions or Terms: Yes/No** **If yes, provide explanation**	Under the terms of the SFV lease amendment, the landlord will provide NLACRC with a tenant improvement allowance in an amount of up to $4,839,143.00 for costs that include furniture, fixtures, and/or equipment.

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CONTRACT SUMMARY AND BOARD RESOLUTION

The North Los Angeles County Regional Center ("NLACRC") Executive Finance Committee reviewed and discussed the Sales Agreement between NLACRC and **Sheridan Group**.

RESOLVED THAT in compliance with NLACRC's Board of Trustees Contract Policy, on September 24, 2026, the **Sheridan Group** Sales Agreement ("Agreement") was reviewed and discussed by the Executive Finance Committee of the Board of Trustees. The Executive Finance Committee, acting pursuant to its authority and on behalf of the Board of Trustees, hereby approves the Agreement and authorizes and designates any Officer of NLACRC to execute and deliver the Agreement on behalf of NLACRC, in such form as NLACRC's legal counsel may advise, and on such further terms and conditions as such Officer may approve. The final terms of the Agreement shall be conclusively evidenced by the execution of the Agreement by such Officer. For purposes of this authorization, an "Officer" means NLACRC's Executive Director, Deputy Director, Chief Financial Officer, and no one else.

CERTIFICATION BY SECRETARY: I certify that (i) I am the Secretary of the NLACRC; (ii) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by Board of Trustees; iii) the Resolution is in full force and has not been revoked or changed in any way.

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Curtis Wang, Board Secretary

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CONTRACT SUMMARY AND BOARD RESOLUTION

NO.	DESCRIPTION	CONTRACT SUMMARY
1.	**Contract Overview: (New or Amendment) (POS or OPS)**	Operations – New Contracts
2.	**Name of Vendor or Service Provider**	Semetra
3.	**The Purpose of the Contract**	San Fernando Valley Office Expansion – Phase 1 NLACRC extended its San Fernando Valley ("SFV") office lease, which includes expansion to the 6th and 10th floors and reconfiguration of some existing space. The contract is for design, purchase, installation and integration of audio visual equipment and structured cabling in Phase 1 of the SFV expansion project.
4.	**Contract Term(s)**	September 24, 2026 to December 31, 2027
5.	**Total Amount of the Contracts**	Maximum of $1,033,374.07 in three separate contracts as follows: 1) $43,821.00 for design 2) $636,025.65 for audio visual integration 3) $203,527.42 for IT structured cabling 4) $150,000.00 maximum contingency for contract amendments in the event of change orders
6.	**Rate of Payment or Payment Amount**	Equipment, sales tax & freight due upon contract execution. Labor billed monthly based on progress.
7.	**Method or Process Utilized to Award the Contract**	NLACRC obtained competitive bids and selected Semetra. Semetra is an existing vendor.
8.	**Method or Process Utilized to Establish the Rate or the Payment Amount**	Usual & Customary Rate
9.	**Exceptional Conditions or Terms: Yes/No** **If yes, provide explanation**	Under the terms of the SFV lease amendment, the landlord will provide NLACRC with a tenant improvement allowance in an amount of up to $4,839,143.00 for costs that include furniture, fixtures, and/or equipment.

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CONTRACT SUMMARY AND BOARD RESOLUTION

The North Los Angeles County Regional Center ("NLACRC") Executive Finance Committee reviewed and discussed the Contract Agreements between NLACRC and **Semetra**.

RESOLVED THAT in compliance with NLACRC's Board of Trustees Contract Policy, on September 24, 2026, the **Semetra** Contract Agreements ("Agreements") were reviewed and discussed by the Executive Finance Committee of the Board of Trustees. The Executive Finance Committee, acting pursuant to its authority and on behalf of the Board of Trustees, hereby approves the Agreements and authorizes and designates any Officer of NLACRC to execute and deliver the Agreements on behalf of NLACRC, in such form as NLACRC's legal counsel may advise, and on such further terms and conditions as such Officer may approve. The final terms of the Agreements shall be conclusively evidenced by the execution of the Agreements by such Officer. For purposes of this authorization, an "Officer" means NLACRC's Executive Director, Deputy Director, Chief Financial Officer, and no one else.

CERTIFICATION BY SECRETARY: I certify that (i) I am the Secretary of the NLACRC; (ii) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by Board of Trustees; iii) the Resolution is in full force and has not been revoked or changed in any way.

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Curtis Wang, Board Secretary

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CONTRACT SUMMARY AND BOARD RESOLUTION

NO.	DESCRIPTION	CONTRACT SUMMARY
1.	**Contract Overview: (New or Amendment) (POS or OPS)**	Operations – New Contract
2.	**Name of Vendor or Service Provider**	Photo-Scan of Los Angeles ("PSLA")
3.	**The Purpose of the Contract**	San Fernando Valley Office Expansion – Phase 1 NLACRC extended its San Fernando Valley ("SFV") office lease, which includes expansion to the 6th and 10th floors and reconfiguration of some existing space. The contract is for purchase and installation of access control and video surveillance equipment in Phase 1 of the SFV expansion project.
4.	**Contract Term(s)**	September 24, 2026 to December 31, 2027
5.	**Total Amount of the Contracts**	Maximum of $601,566.88 The maximum amount is for an initial contract of up to $551,566.88 plus a contingency of up to $50,000.00 for contract amendments in the event of change orders.
6.	**Rate of Payment or Payment Amount**	20% deposit due upon contract execution 80% balance invoiced upon final completion, due within 30 days
7.	**Method or Process Utilized to Award the Contract**	NLACRC obtained competitive bids and selected PSLA. PSLA is an existing vendor.
8.	**Method or Process Utilized to Establish the Rate or the Payment Amount**	Usual & Customary Rate
9.	**Exceptional Conditions or Terms: Yes/No** **If yes, provide explanation**	Under the terms of the SFV lease amendment, the landlord will provide NLACRC with a tenant improvement allowance in an amount of up to $4,839,143.00 for costs that include furniture, fixtures, and/or equipment.

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CONTRACT SUMMARY AND BOARD RESOLUTION

The North Los Angeles County Regional Center ("NLACRC") Executive Finance Committee reviewed and discussed the Contract Agreement between NLACRC and **Photo-Scan of Los Angeles**.

RESOLVED THAT in compliance with NLACRC's Board of Trustees Contract Policy, on September 24, 2026, the **Photo-Scan of Los Angeles** Contract Agreement ("Agreement") was reviewed and discussed by the Executive Finance Committee of the Board of Trustees. The Executive Finance Committee, acting pursuant to its authority and on behalf of the Board of Trustees, hereby approves the Agreement and authorizes and designates any Officer of NLACRC to execute and deliver the Agreement on behalf of NLACRC, in such form as NLACRC's legal counsel may advise, and on such further terms and conditions as such Officer may approve. The final terms of the Agreement shall be conclusively evidenced by the execution of the Agreement by such Officer. For purposes of this authorization, an "Officer" means NLACRC's Executive Director, Deputy Director, Chief Financial Officer, and no one else.

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Curtis Wang, Board Secretary