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June 9, 2014

TO: Each Supervisor

FROM: Jerry E. Powers J. P
Chief Probation Officer

SUBJECT: **TOUCH A LIFE FOUNDATION CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of the Touch A Life Foundation (Touch A Life) Group Home in June 2013. Touch A Life has two (2) sites located in Los Angeles County. The Los Angeles Group Home is located in the Second District. The Pomona Group Home is located in the First District. Touch A Life only provides services to Los Angeles County Probation children. According to Touch A Life's program statement, its purpose is to provide an intensive, structured psychotherapeutic setting for emotionally disturbed adolescent males, ages 12 – 17, whose disorders have resulted in a pattern of oppositional and/or antisocial behavior.

Touch A Life is an agency with a Rate Classification Level 9, consists of two (2) six-bed sites and is licensed to serve a capacity of six (6) boys at each site, ages 12 - 17, for a total population of 12 children. At the time of review, Touch A Life served a total population of 10 Los Angeles County Probation placed children, five (5) from each site and did not have placed children from any other agencies. The placed children's overall average length of placement was four (4) months, and their average age was 16 and a half years old. The randomly selected interview sample size was four (4) probation youth, and there were no children in the sample who were prescribed psychotropic medication, since Touch A Life is not licensed for this population. Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts, and four (4) staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Touch A Life and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Touch A Life was out of compliance in nine (9) of the 10 areas of our Contract Compliance Review. However, the only area that could not be rated as out of compliance was the element of Psychotropic Medication, which the agency could not be evaluated due to the fact that Touch A Life is not licensed to accept any children with psychotropic medication needs.

Therefore, Touch A Life was out of compliance with the following nine (9) areas: Licensure/Contract Requirements, Facility and Environment, Maintenance of Required Documentation and Service Delivery, Educational and Workforce Readiness, Health and Medical Needs, Personal Rights and Social/Emotional Well-Being, Personal Needs/Survival and Economic Well-Being, Discharged Children, and Personnel Records.

Several major deficiencies were noted in the above areas of the review. Under the area of "Licensure/Contract Requirements", it was noted that Touch A Life was cited by Community Care Licensing (CCL) for having insufficient beds at the Los Angeles Group Home during an inspection in April 2013. The Group Home is licensed for six (6) beds, but only had five (5) beds available at the time of the CCL review. The deficiency was still existent at the time of the PPQA/GHM review, as well. Under the area of "Facility and Environment", Touch A Life had several physical deficiencies at both locations, including several deficiencies that had been addressed in the previous year's review, such as tears in carpet, damaged dressers, and uneven pavement which were still prevalent in this year's review.

Touch A Life also had several deficiencies under the area of "Maintenance of Required Documentation and Service Delivery". They needed to develop more comprehensive Needs and Services Plans (NSPs), which required authorization signatures, as well as measurable goals and more detailed and accurate information. Under the area of "Educational and Workforce Readiness", it was noted that Touch A Life failed to document efforts to enroll the children in school in a timely manner and failed to provide any explanations in children's files and NSPs. They also failed to document educational progress for some of the children in the sample size, and one (1) of the children was not provided with Youth Developmental Services and/or Vocational Programs. Additionally, workforce readiness was not properly documented or included as part of the children's NSPs, and Group Home efforts to provide such services were not detailed in the NSPs. In the area of "Health and Medical Needs", Touch A Life failed to properly document medical visits and appointments and failed to ensure that children were physically examined in a timely manner.

Under the area of "Personal Rights and Social/Emotional Well-Being", they failed to provide documented proof that children were given a Group Home orientation upon placement. Based on the children's interviews, they were also using improper discipline consequences, such as denying telephone calls, allowances, and home passes. They also did not provide sufficient recreational activities and did not afford the children the opportunity to assist in planning such activities. In the area of "Personal Needs/Survival and Economic Well-Being", Touch A Life failed to maintain accurate clothing allowance logs for at least one (1) month, and were not adhering to the clothing standards, as one (1) of the children was wearing clothing that was too large and baggy during his interview. They also failed to provide and encourage the use of Life Books.

Under the area of "Discharged Children", one (1) of the three (3) children in the discharged sample size was not discharged according to his plan because he was detained and returned to Juvenile Hall by his Probation Officer. In addition, Touch A Life failed to provide a copy of his NSPs to assess his progress prior to being detained and was therefore deficient in this area. Finally, in the area of "Personnel Records", Touch A Life staff files were missing information, such as educational experience, medical clearance records, Group Home policies and procedures orientation, and proper documentation of training provided.

REVIEW OF REPORT

On July 11, 2013, Probation Monitor Armando Juarez held an Exit Conference with Ottie Wade, Administrator and Jeannette Johnson, Facility Manager. Touch A Life representatives agreed with the review findings and recommendations were receptive to implementing systemic changes to improve their compliance with regulatory standards and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing.

Touch A Life provided the attached approved CAP addressing the recommendations noted in this compliance report. Assessment for implementation of recommendations will be conducted during the next monitoring review.

If additional information is needed or any questions or concerns arise, please contact Director, Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:REB:LCM:ed

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
Wendy Watanabe, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Community Care Licensing
Charles Wade, Executive Director, Touch A Life Foundation
Georgia Mattera, Public Safety, Chief Executive Officer
Chief Deputies
Justice Deputies

TOUCH A LIFE FOUNDATION
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Los Angeles Boy's Home
3822 West 59th Place
Los Angeles, CA 90043
License Number: 191803623
Rate Classification Level: 09

Pomona Boy's Home
1593 Densmore Street
Pomona, CA 91767
License Number: 191500237
Rate Classification Level: 09

	Contract Compliance Monitoring Review	Findings: June 2013
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Improvement Needed
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Improvement Needed
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	5. Therapeutic Services Received	5. Improvement Needed
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Improvement Needed
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed

IV	**Educational and Workforce Readiness** (5 Elements)	
	1. Children Enrolled in School Within Three School Days	1. Improvement Needed
	2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals	2. Full Compliance
	3. Current Report Cards Maintained	3. Improvement Needed
	4. Children's Academic or Attendance Increased	4. Improvement Needed
	5. GH Encouraged Children's Participation in YDS/ Vocational Programs	5. Improvement Needed
V	**Health and Medical Needs** (4 Elements)	
	1. Initial Medical Exams Conducted Timely	1. Improvement Needed
	2. Follow-Up Medical Exams Conducted Timely	2. Full Compliance
	3. Initial Dental Exams Conducted Timely	3. Improvement Needed
	4. Follow-Up Dental Exams Conducted Timely	4. Improvement Needed
VI	**Psychotropic Medication** (2 Elements)	
	1. Current Court Authorization for Administration of Psychotropic Medication	Not Applicable
	2. Current Psychiatric Evaluation Review	
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements)	
	1. Children Informed of Group Home's Policies and Procedures	1. Improvement Needed
	2. Children Feel Safe	2. Full Compliance
	3. Appropriate Staffing and Supervision	3. Full Compliance
	4. GH's efforts to provide Meals and Snacks	4. Full Compliance
	5. Staff Treat Children with Respect and Dignity	5. Full Compliance
	6. Appropriate Rewards and Discipline System	6. Improvement Needed
	7. Children Allowed Private Visits, Calls and Correspondence	7. Full Compliance
	8. Children Free to Attend or not Attend Religious Services/Activities	8. Full Compliance
	9. Reasonable Chores	9. Full Compliance
	10. Children Informed About Their Medication and Right to Refuse Medication	10. Full Compliance
	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	11. Full Compliance
	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	12. Improvement Needed
	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	13. Improvement Needed

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	 1. Improvement Needed 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	 1. Improvement Needed 2. Improvement Needed 3. Not Applicable
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Improvement Needed 7. Improvement Needed

TOUCH A LIFE FOUNDATION
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The purpose of this review was to assess Touch A Life Foundation's (Touch A Life) compliance with the County contract and State regulations and include a review of the Touch A Life program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- Educational and Workforce Readiness
- Health and Medical Needs
- Psychotropic Medication
- Personal Rights and Social Emotional Well-Being
- Personal Needs/Survival and Economic Well-Being
- Discharged Children
- Personnel Records

For the purpose of this review, four (4) placed children were selected for the sample, all from Los Angeles County Probation. Two of the children were from the Los Angeles group home site, and two (2) were from the Pomona group home site. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three (3) discharged Probation children's files were reviewed, one (1) from the Los Angeles House and two (2) from the Pomona House, to assess Touch A Life's compliance with permanency efforts.

PPQA/GHM reviewed four (4) staff files, two (2) from each site, for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The following nine (9) areas were out of compliance.

Licensure/Contract Requirements

- Each of the two (2) facilities has one (1) transportation van for each of the sites. During the vehicle inspections, it was revealed that the Los Angeles Group Home facility van did not have proof of insurance placed in the vehicle. Proof was placed in the van at the time of the inspection. As a result, Touch A Life was out of compliance with the section under "Vehicle Maintained In Good Repair".

- Touch A Life had incomplete allowance logs for two (2) of the four (4) children in the sample size. Both of the children from the Los Angeles House were missing their clothing allowance logs for the month of May 2013. As a result, Touch A Life was in

violation under the section of "Comprehensive Monetary and Clothing Allowance Logs Maintained".

- During an annual review by Community Care Licensing (CCL) on April 5, 2013, Touch A Life was cited for having insufficient beds at the Los Angeles Group Home. The Group Home is licensed for six (6) beds, but only had five (5) beds available at the time of the CCL review. CCL documented that the deficiency was corrected. However, during the Probation Department's review, the same deficiency was cited as the Los Angeles Group Home still only had five (5) beds available. As a result, Touch A Life was not in compliance with the section under "CCL Complaints on Safety/Plant Deficiencies".

Recommendation

Touch A Life management shall ensure that:

1. All vehicles used to transport children have current proof of insurance placed in the vehicles at all times, in accordance with the California Vehicle Code, as stated in the Master County Contract, Statement of Work (SOW).

2. All children's files maintain accurate weekly allowance records signed by all children in the Group Home in accordance with the Community Care Licensing (CCL), Title 22 standards, as well as the Master County Contract, Statement of Work (SOW).

3. Each of the Group Homes maintains an adequate number of beds available at all times in accordance with the Group Home's program statement, which indicates that Touch A Life is licensed for two (2) six (6) bed homes.

Facility and Environment

- An inspection of the exterior of the Los Angeles house revealed that there were some issues that required action. There was a slab of concrete in back yard that was uneven and broken, and there was a basketball court that was broken. Both deficiencies were the same issues addressed in the previous year's review. As a result, Touch A Life was not in compliance with the section under "Exterior Well Maintained".

- An inspection of the common areas to the interior of the two (2) sites revealed that both sites had physical deficiencies that required correction. The Los Angeles House had the following deficiencies: the living room desk was missing a drawer, the evacuation plan was not posted in a visible area (fixed at time of review), the kitchen fire extinguisher was expired, the light above the kitchen sink did not work, the front hallway had an old heater cover that should be removed or replaced, the back hallway light did not work, restroom #1 had tile behind the toilet needing deep cleaning, and restroom #2 had mold in the shower corner and the shower head leaks when the water was turned on. In addition, the Los Angeles House also had the following deficiencies that were also cited in the previous year's review: the laundry room light did not work, the kitchen stove's back burner still did not light properly, the

refrigerator and freezer handles were still loose, and there were tears to the carpet throughout the house.

The Pomona House had the following deficiencies to the common areas as well: the activities schedule was not posted in a visible area, the restroom #1 shower door had mold at the bottom and the porcelain dish tray was broken, the restroom #2 shower was inoperable and was dirty, both restrooms required deep cleaning, the kitchen light above the dinning table was missing a bulb and the stove burner did not light properly. Overall, the home was outdated and plain and the carpet throughout the house was worn. As a result, Touch A Life was in violation of the section under "Common Areas Maintained".

- During the review, the children's bedrooms were also inspected. At the Los Angeles House, the bedroom #1 dresser was old and was not functional, the smoke detector was chirping, indicating that the battery needed to be replaced, and the small window blinds were damaged. Bedroom #2 had a night stand with drawers that were broken and had graffiti damage and also had a smoke detector that did not work. In addition, the following deficiencies were not corrected from last year's review: bedroom #1 had a tear in the carpet near one of the beds, and the dresser still had graffiti. Bedroom #3 had a dresser that was still missing knobs and the vertical blinds were still missing rods. At the Pomona House, bedroom #1 had a loose door knob and window blinds that were damaged. Bedroom #2 had a dresser that was damaged and should have been replaced, and bedroom #3 had a dresser that was missing the bottom drawer. The Pomona House also had deficiencies that were not corrected from the previous year's review. In bedroom #1, the dresser drawer tracks still did not work properly, and in bedroom #3, the carpet still had a tear in same area as the previous year. As a result, Touch A Life was out of compliance in the section under "Children's Bedrooms Maintained".

- During the review of the Los Angeles House, it was discovered that the home did not have sufficient recreational activities equipment, such as sports equipment and board games. As a result, Touch A Life was out of compliance with the section under "Sufficient Recreational Equipment/Educational Resources".

Recommendation

Touch A Life management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the exterior and common areas and the children's bedrooms that have not already been fixed, are corrected and repaired in a timely fashion. This shall be in accordance with the Community Care Licensing, Title 22 standards, which states that all Group Home sites are to be "clean, safe, sanitary and in good repair at all times", and also that all required postings are placed in visible areas accessible to children and their visitors, including but not limited to activities schedules and evacuation plans.

2. They maintain an adequate supply of recreational equipment, such as sporting equipment and board games to meet the needs of the children placed under their care, in accordance with Title 22 standards.

Maintenance of Required Documentation and Service Delivery

- A review of the children's files showed that three (3) out of the four (4) children had NSPs that were missing the signatures of approval from their Probation Officers. Two of the children were from the Los Angeles House, and one (1) was from the Pomona House. In addition, there were no documented efforts by the Group Home to obtain the Probation Officer's signature. Therefore, Touch A Life was not compliant with the section under "County Worker's Authorization to Implement NSPs".

- Two (2) out of the four (4) children had NSPs that were missing the signatures of approval from the staff members that prepared and approved the NSP's to be implemented. One was from the Los Angeles House, and one (1) was from the Pomona House. Furthermore, there was no explanation provided as to why the NSP's were not signed by any Group Home staff members. As a result, Touch A Life was deficient in the section of "NSPs Implemented and Discussed with Staff".

- A review of the children's NSPs showed that two (2) out of the four (4) children were not placed long enough to have their progress assessed. The other two (2) children did not have sufficient progress documented in their quarterly NSPs. One of the children from the Los Angeles House did not have his quarterly NSP properly updated. As a result, the child's progress could not be assessed. One of the children from the Pomona House had one (1) initial NSP and two (2) quarterly NSPs. According to his initial NSP, he only achieved two (2) out of five (5) goals in the first quarterly period before regressing in the following three (3) months of his next quarterly period. In addition, his third and most recent quarterly NSP did not have the quarterly sections completed and could not be assessed to determine if he was able to correct the lack of progress that had been previously documented. Therefore, Touch A Life was out of compliance in the section under "Children Progressing Toward Meeting NSP Case Goals".

- A review of the children's files demonstrated that one (1) out of the four (4) children did not have his NSP therapeutic services section properly completed. Therefore, it could not be determined what types of services were being provided for the child. In addition, during the interview portion of the review, the child indicated that he did not receive any individual, substance abuse, or family counseling while in the program. As a result, Touch A Life was deficient in the section under "Therapeutic Services Received".

- A review of the children's NSPs showed that two (2) out of the four (4) children were not placed long enough to have their County Worker contact assessed. The other two (2) children's files reviewed were missing proper documentation of dates and types of contact made with their Probation Officers. The first child was from the Los Angeles House, and the other child was from the Pomona House. In addition, the child from the Pomona House had this section left blank. As a result, Touch A Life was deficient in the section of "County Workers Monthly Contacts Documented".

- A review of the children's NSPs indicated that one (1) out of the four (4) children was not being adequately assisted in maintaining a supportive relationship with his

mother. The child from the Los Angeles House had NSPs indicating that he had a strained relationship with his mother. However, the NSP did not document the progress of their relationship and did not document the efforts that were being made by the Group Home to help the child to improve their relationship. As a result, Touch A Life was out of compliance under the section of "Children Assisted in Maintaining Important Relationships".

- A review of the children's files revealed that all four (4) children had the initial NSPs completed in a timely manner. However, two (2) out of the four (4) children had initial NSP's that were not comprehensive. One of the children was from the Los Angeles House, and one (1) was from the Pomona House. The first child had incorrect dates, such as the dates of the reporting period, and "Outcome Goal" dates, and as aforementioned, was missing signatures of approval. The "Case Plan Goal" section did not indicate who the client would be reunifying with, and the "Concurrent Case Plan Goal" section was left blank. Other sections were also missing accurate and explanatory information or were left blank. Goals were not measurable and were not properly completed. The other child from the Pomona House also had incorrect reporting dates and was also missing signatures of approval. His initial NSP also had the wrong check box marked under the "Case Plan Goal", the "Concurrent Case Plan Goal" section was left blank and the "Outcome Goals" were also missing correct dates and had goals that were not clearly defined and/or explained. Finally, none of the initial NSPs had any of the children's signatures of participation. As a result, Touch A Life was deficient in the section under "Development of Timely, Comprehensive Initial NSPs with Child's Participation".

- Of the four (4) children, two (2) were relatively new residents and did not have any quarterly NSPs to assess. As a result only one (1) child from each of the two (2) Group Homes had quarterly NSPs that were reviewed. Both of the children had quarterly NSPs that were not comprehensive. The children's quarterly NSPs were missing signatures of approval and participation. They also had incorrect dates of reporting period and were missing vital information in important sections, such as the "Adjustment to Placement", "Concurrent Case Plan Goal", "Medical", "Education" and the "Visitation" sections, and were missing children's signatures of participation. In addition, the Los Angeles House child also had the "Case Plan Goal" section missing the reunification plan for the child. Both of the children also had improperly completed "Outcome Goals" sections. The goals were improperly modified, were not measurable, and had goals that were unclear. Furthermore, some of the goals did not clearly define which staff members would be responsible for monitoring each child's progress, and some of the goals were improperly moved to the "Achieved Outcome Goals" section of the NSP without the goals having been fully achieved. As a result, Touch A Life was deficient in the section under "Development of Timely, Comprehensive, Updated NSPs with Child's Participation".

Recommendation

Touch A Life management shall ensure that:

1. They make concerted efforts to obtain the signatures of all of the parties involved in the development and implementation of a child's NSPs, including but not limited

to, their Probation Officer/County Case Worker, the child, and the Group Home representative. Efforts to obtain these signatures of approval shall be documented and made readily available upon request by the county, in accordance with Title 22 and the Master County Contract, SOW

2. The monthly contact with each child's Probation Officer/Case Worker is properly documented. In January 2012, the Probation Department and the Department of Children and Family Services (DCFS) jointly conducted a Needs and Services training for all providers and provided them with a training handout. The handout stated that Group Homes are to "Include the type and date of contact or attempts to contact, as well as purpose of contacts" with the Probation Officer/Case Worker in the NSP.

3. Each child's NSP is adjusted accordingly to properly document the progress they are making in the Group Home program as stated in the Master County Contract, SOW. In addition, Touch A Life shall also ensure that all efforts made by the Group Home to assist the child in his program are documented as well.

4. Each child is provided with services needed to progress in their program, as stated in Touch A Life's program statement, as well as the Master County Contract, SOW and Title 22 standards. The services provided shall also be properly detailed in each child's NSP's.

5. The monthly contact with each child's Probation Officer/Case Worker is properly documented. In January 2012, the Probation Department and the Department of Children and Family Services (DCFS) jointly conducted a Needs and Services training for all providers and provided them with a training handout. The handout stated that Group Homes are to "include the type and date of contact or attempts to contact, as well as purpose of contacts" with the Probation Officer/Case Worker in the NSP.

6. They make concerted efforts to assist the child in maintaining important relationships. This is to be done in compliance with the Master County Contract, SOW, which states that "the CONTRACTOR shall assist the Placed Child in identifying, developing and maintaining important relationships". These efforts are to be documented in the child's NSPs, in accordance with the aforementioned NSP training handout, which indicates that the "providers should describe any direct observations...related to the child's visitation, involvement, and contact with his or her family".

7. The aforementioned initial and quarterly NSP deficiencies are corrected so that each child has comprehensive NSPs, in accordance with Title 22 standards, as well as the Master County Contract, SOW.

Educational and Workforce Readiness

- A review of the children's files revealed that two (2) out of the four (4) children did not have proof of enrollment in school within three (3) days of placement at the Group Home. Both of the children from the Los Angeles House had enrollment dates noted

in their NSPs, however; they did not have any documented proof of the enrollment dates from their schools placed in their respective files. As a result, Touch A Life was deficient in the section under "Children Enrolled in School Within Three School Days".

- A review of the children's files showed that two (2) out of the four (4) children did not have proof of educational progress. Both of the children from the Los Angeles House were missing report cards documenting their progress in school. Neither of the children had any report cards placed in their files. As a result, Touch A Life was out of compliance with the section under "Current Report Cards Maintained".

- A review of the children's files and NSPs indicated that two (2) out of the four (4) children were either missing documentation of their educational progress and/or did not make significant progress in school. In addition to not having report cards, the child from the Los Angeles House also had a quarterly NSP that was missing vital information, including his educational progress: therefore, his educational progress could not be evaluated. The child from the Pomona House had two (2) quarterly NSPs. The first quarterly NSP indicated that the child had been suspended for fighting, disruptive behavior and for drug use on school grounds. In addition, the child's second quarterly NSP also did not have the educational progress section completed. As a result, it could not be determined if the child made any progress from the previous NSP. Therefore, Touch A Life was out of compliance in the section under "Children's Academic or Attendance Increased".

- Based on the children interviews and the file reviews, it was revealed that at least one (1) out of the four (4) children was not provided with Youth Developmental Services (YDS) and/or Vocational Programs. One of the children from the Los Angeles House indicated that Touch A Life has not provided him with any such services. It was also revealed during the review of his quarterly NSP that the Group Home did not properly document the services being provided to the child, if any. The other Los Angeles House child also indicated that he has not been afforded with YDS services; however, the child did not have any quarterly NSPs because he was not placed at the Group Home long enough. As a result, the services being provided by the Group Home could not be evaluated. However, based on the first child's review, Touch A Life was not in compliance with the section under "GH Encouraged Children's Participation in YDS/ Vocational Programs".

Recommendation

Touch A Life management shall ensure that:

1. All children are enrolled in school in accordance with the Master County Contract, SOW, which states that children are to be enrolled within three (3) school days from the date of placement, and that proper documentation is provided.

2. Each child's file maintains accurate school records, in accordance with Title 22 standards, which include, but are not limited to "including his/her grade or performance level".

3. All children are afforded the opportunity to attend school, as indicated in Title 22. In addition, the Master County Contract, SOW, also states that the Group Home shall also "work with the Placed Child's teachers and academic counselor to monitor educational progress" for each child under it's care and provide proper documentation in each child's file.

4. All children are encouraged to participate in YDS and/or Vocational Programs, and that such efforts are documented in each child's file. This is to be done in accordance with Title 22 standards, as well as the Master County Contract SOW, which states that each child shall be given the "opportunity to learn basic living skills".

Health and Medical Needs

- A review of the four (4) children's NSPs indicated that one (1) of the children was not provided with a timely initial medical examination. One of the children from the Los Angeles House had his medical exam conducted 41 days late (Placed: 02/05/13. Exam: 04/17/13), and there was no explanation provided in his NSPs. As a result, Touch A Life was out of compliance with the section under "Initial Medical Exams Conducted Timely".

- A review of the files showed that two (2) of the four (4) children were not provided with timely initial dental examinations. One of the children from the Los Angeles House had his dental exam conducted 57 days late (Placed: 02/05/13. Exam: 05/03/13), and there was no explanation provided in his NSPs. The other child from the Pomona House had his dental exam conducted 49 days late (Placed: 11/14/12. Exam: 01/02/13), and also did not have an explanation provided in his NSPs. As a result, Touch A Life was out of compliance with the section under "Initial Dental Exams Conducted Timely".

Recommendation

Touch A Life management shall ensure that:

1. All children under the Group Home's care are provided with adequate and timely initial medical and dental exams, as stated in Title 22, "to ensure that children have a thorough physical examination by a pediatrician within 30 days of admission".

Personal Rights and Social/Emotional Well-Being

- A review of the children's files revealed that none of the four (4) children in the sample size had intake packets with signed copies of the Group Home's policies and procedures. Although all four (4) children indicated that they were informed of the GH policies & procedures, none of the children's files contained signed forms documenting the information. As a result, Touch A Life was out of compliance with the section of "Children Informed of Group Home's Policies and Procedures".

- During the interviews with the children, all four (4) indicated that inappropriate discipline was used by the Group Home. Although they all felt that the discipline taken was fair, they described actions that were not in compliance with Group Home standards. The children reported discipline examples, such as revocation of home passes, denial of telephone calls, and denial of allowances. In addition, the Group Home did not have signed policies and procedures placed in each child's file to document that they were informed of their rights. As a result, Touch A Life was deficient in the section under "Appropriate Rewards and Discipline System".

- During the interviews with the children, three (3) out of the four (4) children reported that they were not allowed to assist in the planning of activities. All three (3) children stated that the Group Home does not ask the children for input on the types of activities they would like to participate in. As a result, Touch A Life was out of compliance with the section under, "Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities".

- During the interviews with the children, three (3) out of the four (4) children reported that they do not get to participate in extra-curricular activities. A review of a sample of the Group Home's activities schedule indicated that during the week, there are no organized social activities due to tutoring and drug prevention programs that take up all of the children's free time. However, the children reported that the weekend activities are not always followed as documented in the activities schedule. The children reported that they do not get to go on many outings during weekends. As a result, Touch A Life was out of compliance with the section under "Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities".

Recommendation

Touch A Life management shall ensure that:

1. They maintain signed copies in each child's file documenting proof that all children are informed of the Group Home's policies and procedures upon admission into their program. This is to be done in accordance with Title 22, and Master County Contract standards.

2. They maintain a discipline system, in accordance with Title 22 standards, which indicates that discipline cannot "violate a child's personal rights" and shall maintain a copy of the policies and discipline procedures signed by each child in their files, as indicated by the Master County Contract, SOW.

3. They afford children under their care the opportunity to plan and engage in adequate extracurricular activities, in accordance with the Master County Contract, SOW, which states that "each placed child shall be given the opportunity to participate in the planning of activities". They shall also ensure that the Group Home "allows children to participate in age-appropriate and developmentally appropriate extracurricular, enrichment, and social activities", in accordance with Title 22 standards.

Personal Needs/Survival and Economic Well-Being

- During the interview process, all four (4) of the children indicated that they receive at least the minimum monthly clothing allowance of $50. However, a review of each child's clothing allowance logs revealed that the two (2) children from the Los Angeles House were missing proper documentation for a one (1) month period. As a result, Touch A Life was out of compliance with the section under "$50 Clothing Allowance".

- While conducting the interview with one (1) of the children from the Pomona House, it was noticed by the reviewer that the child was wearing clothes that were excessively baggy and loose. As a result, Touch A Life was not in compliance with the section under "Adequate Quantity and Quality of Clothing Inventory".

- During the interview process, all four (4) children indicated that they have not received any life books and that the Group Home does not encourage the use of life books. In addition, the Executive Director confirmed that the children have not been issued any life books. As a result, Touch A Life was out of compliance with the section under "Encouragement and Assistance with Life Book".

Recommendation

Touch A Life management shall ensure that:

1. They maintain accurate monthly clothing allowance logs for each child. This shall be done in compliance with the Master County Contract, SOW, which states that each Group Home must provide each child with at least $50 a month, and that they shall "maintain a log indicating the date, the amount of allowance the Placed Child received, and the Placed Child's signature (when age appropriate) upon receipt of the allowance".

2. They follow the children's clothing fitting requirements, as mandated by the Master County Contract, SOW, which states that "clothing shall fit according to industry size charts" and that children are to wear clothing that is "no more than two (2) sizes larger than actual measurements".

3. They provide all children with life books and encourage the use of the life books, in accordance with the Master County Contract, SOW, which states that they "shall encourage and assist each Placed Child in creating and updating a life book/photo album of items that relate to childhood memories".

Discharged Children

- A review of the sample size of discharged children revealed that one (1) out of the three (3) children was not discharged according to his discharge plan. According to the child's NSP, he was to return to the custody of his grandmother upon completing his program at Touch A Life. Instead, the child was detained and returned to Juvenile Hall by his Probation Officer for unspecified reasons. In addition, the Group Home did not complete a discharge letter to document the efforts made by the Group

Home to assist the child in his permanency plan. As a result, Touch A Life was deficient in the section under "Children Discharged According to Permanency Plan".

- During the review, Touch A Life was to provide a copy of the most recent NSPs for each of the three (3) children in the discharged sample size. They failed to provide such copies. As a result, the Group Home efforts made to assist the child that was detained could not be evaluated. Therefore, due to the fact that the child was detained by his Probation Officer, it was determined that he did not make sufficient progress while placed at the Group Home. As a result, Touch A Life was deficient under the sections of "Children Made Progress Toward NSP Goals".

Recommendation

Touch A Life management shall ensure that:

1. They document all efforts made by the Group Home to ensure that a permanent plan of reunification is part of the NSP for each child placed under their care in accordance with the Master County Contract, SOW.

2. They develop a complete and comprehensive NSP that contains the goals for each individual child and that they document the progress, or lack there of, in said NSPs. This shall be done in accordance with Title 22 standards, as well as the Master County Contract, SOW.

Personnel Records

- A review of the staff files revealed that one (1) out of the four (4) staff files reviewed did not have proof of qualifications in their file. The staff member from the Pomona House was missing a copy of their education/experience from his file. As a result, Touch A Life was deficient in the section of "Education/Experience Requirement".

- A review of the staff files showed that three (3) of the four (4) staff files were missing proper documentation of medical screenings and clearances. The first staff's medical file did not have proof of her physical exam. The other two (2) staff members' health screenings and tuberculosis tests were conducted well after their dates of hire. As a result, Touch A Life was not compliant with the section of "Employee Health Screening/TB Clearances Timely".

- During the review of the staff files, it was discovered that two (2) of the four (4) staff members did not have copies of signed group home policies and procedures placed in their files. Both of the staff members were from the Los Angeles House. As a result, Touch A Life was out of compliance with the section under "Signed Copies of Group Home Policies and Procedures".

- A review of the staff files revealed that three (3) out of the four (4) staff files were missing documented proof that they were in compliance with training standards. The deficient files all had expired CPR and First Aid training certification in their files. As a result, Touch A Life was out of compliance with the section of "All Required Training".

Recommendation

Touch A Life management shall ensure that:

1. They maintain accurate qualification records for all employed staff, in accordance with Title 22, which states that personnel records maintain "Documentation of educational background, training, and/or experience", related to the type of works the employee will be engaging in.

2. They maintain accurate medical clearance records for all employed staff, in accordance with Title 22, which states in part that employees "shall be in good health, and that physical and tuberculosis exams are to be "performed by or under the supervision of a physician not more than one year prior to or seven days after employment or licensure."

3. They maintain documented proof of notification of the Group Home's policies and procedures for each employee placed in each of their respective files. This shall be done in accordance with Title 22 standards, which states that all employees are to be notified of "facility program philosophy, facility's policies and procedures, disaster response procedures, lines of authority and communication; Title 22 regulations and reporting requirements".

4. They maintain accurate training records for all employed staff, in accordance with Title 22, which states that proof of such training is placed in each staff's file. Such documentation shall also include, but not be limited to, current and valid CPR and First Aid training for each staff in direct supervision of children placed under the Group Home's care.

PRIOR YEAR FOLLOW-UP FROM PROBATION's PPQA GHM's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated March 2012 identified 19 recommendations.

Results

Based on our follow-up, Touch A Life fully implemented only one (1) of the 19 previous recommendations for which they were to ensure that:

- They maintained detailed sign in/sign out log books.

However, our follow-up discovered that Touch A Life failed to fully implement 18 of the previous 19 recommendations for which they were to ensure that:

- Identified physical deficiencies at both sites were corrected. As aforementioned under the element of "Facility and Environment", the following deficiencies were not corrected from last year's review: At the Los Angeles House, there was a slab of concrete in the back yard that was still uneven and broken with the damaged basketball court still there. The laundry room light still did not work, the kitchen stove's back burner still did not light properly, the refrigerator and freezer handles

were still loose, and there were tears to the carpet throughout the house that were still there. Bedroom #1 had a tear in carpet near one of the beds and the dresser still had graffiti. Bedroom #3 had a dresser that was still missing knobs and the vertical blinds were still missing rods. The Pomona House also had deficiencies that were not corrected from the previous year's review. In bedroom #1, the dresser drawer tracks still did not work properly, and in bedroom #3, the carpet still had a tear in same area as the previous year.

- Both sites were to have sufficient recreational equipment. During last year's review, the Group Homes did not have enough sporting equipment available for use by the children. As aforementioned in the element of "Facility and Environment", the Los Angeles House did not have sufficient recreational equipment such as sports equipment and board games during this year's review.

- They were to ensure substantial efforts to obtain the Probation Officer's signature of authorization for each NSP generated. As aforementioned under the element of "Maintenance of Required Documentation and Service Delivery", in this year's review, three (3) out of four (4) of the children had NSPs that were missing the signatures of approval from their Probation Officers. In addition, there was no documentation of efforts made to obtain the signatures of approval.

- They were to make substantial efforts in involving each child in the implementation of their NSP's by obtaining their signatures of agreement for each NSP generated. As aforementioned under the element of "Maintenance of Required Documentation and Service Delivery", all four children were missing signatures to indicate participation in the implementation of their NSPs during this year's review.

- They were to properly document all of the efforts made by the Group Home to assist each child in making progress towards their NSP goals. As aforementioned under the element of "Maintenance of Required Documentation and Service Delivery", during this year's review the goals had many of the same deficiencies as the previous year's goals. In this year's review, the goals were not properly created and documented. Some of the goals were not measurable and were not clearly defined. They were also missing correct dates and were improperly modified, and did not clearly define which staff members would be responsible for monitoring each child's progress. Some of the goals were improperly moved to the "Achieved Outcome Goals" section of the NSP without the goals having been fully achieved.

- They were to maintain comprehensive and accurate initial NSP's. In last year's review, they failed to generate case-specific NSPs for each child, goals were not measurable, and they did not have all necessary and correct information in all relevant sections of the NSPs. As aforementioned under the element of "Maintenance of Required Documentation and Service Delivery", this year's review of the children's files showed that children had NSPs that were missing the signatures of approval from their Probation Officers, the children and the staff that prepared and approved the NSP's to be implemented. NSPs were also either missing, had inaccurate, or incomplete vital information such as dates, goals to be achieved, therapeutic services provided, and concurrent case plan goals.

- They were to document all casework contact made by the Probation Officer in the children's individual NSPs by including the specific dates of contact. As aforementioned under the element under "Maintenance of Required Documentation and Service Delivery", the Group Home failed to comply with this standard in this year's review as well. Two (2) of the children had NSPs that were missing proper documentation of dates and types of contact made with their Probation Officers in this year's sample size.

- They were to make substantial efforts to assist the children in maintaining important relationships and that these efforts were properly documented in each child's NSP's. As aforementioned under the element under "Maintenance of Required Documentation and Service Delivery", there was one (1) child in this year's review that did not have these efforts properly documented in his NSP. The child's NSPs indicated that he had a strained relationship with his mother. However, the NSPs did not document the progress of their relationship and did not document the efforts that were being made by the Group Home to help the child improve their relationship.

- They were to maintain timely and comprehensive updated NSP's. In last year's review, they did not include accurate updated information, and they failed to document the progress of each child towards meeting their goals, or lack thereof. The children's outcome goals had inaccurate achievement/modification dates, did not document the achievement and/or modification of such goals, and did not provide detailed explanations for the changes made to all goals. As aforementioned under the element under "Maintenance of Required Documentation and Service Delivery", in this year's review, the quarterly NSP's were still not comprehensive. Children had quarterly NSPs that were missing the signatures of approval from their Probation Officers, the children, and the staff members that prepared and approved the NSP's. NSPs were also either missing, had inaccurate, or incomplete vital information such as dates, children's adjustment to placement, medical and educational updates, improperly updated/modified goals, therapeutic services provided, and concurrent case plan goals.

- They were to make significant efforts to enroll all children in school within three (3) days of placement and that such efforts were documented in the children's NSPs. As aforementioned under the element under "Educational and Workforce Readiness", in this year's review, two (2) out of the four (4) children did not have proof of enrollment in school in their files. Both of the children had enrollment dates noted in their NSPs; however, they did not have any proof from the schools of the enrollment dates placed in their respective files.

- They were to make significant efforts to provide each child with the services needed to increase their academic performance and/or attendance, and that such efforts were document in the children's NSPs. As aforementioned under the element of "Educational and Workforce Readiness", in this year's review, two (2) out of the four (4) children did not have proof of educational progress. Both of the children were missing report cards to document their progress in school.

- They were to provide each child with adequate and timely medical examinations, and that documentation was placed in their medical files and noted in their NSP's. As

aforementioned under the element of "Health and Medical Needs", one (1) of the children was not provided with a timely initial medical examination in this year's review. His medical exam was conducted 41 days late and an explanation was not provided in any of his NSPs.

- They were to provide each child with adequate and timely dental care services upon being placed at the Group Home and that documentation was placed in their medical files and noted in their NSP's. As aforementioned under the element of "Health and Medical Needs", two (2) of the four (4) children were not provided with timely initial dental examinations in this year's review. One of the children had his dental exam conducted 57 days late and the other child had his dental exam conducted 49 days late. Neither of the two (2) children had an explanation provided in either of their NSPs.
- They were to make significant efforts to encourage children to engage in the use of "Life Books", and that such efforts were documented in their NSPs. As aforementioned under the element of "Personal Needs/Survival and Economic Well-Being", during the interview process of this year's review, all four (4) children indicated that they had not received any life books and that the Group Home has not encouraged the use of life books. The findings were confirmed by the Group Home's Executive Director.

- They were to indicate the proper case plan objectives in the children's NSPs for those not returning directly home to their parents. In last year's review, children's NSPs had the "Family Reunification" box marked in the "Case Plan Goal" section, even though the children were returning to other adults who were not the biological parents. As aforementioned under the element of "Maintenance of Required Documentation and Service Delivery", there were two (2) children in this year's review who were missing information or had the wrong box checked under this same section. The first child had the "Family Reunification" box checked in his NSP, yet it did not indicate who the child would be returning to in the comment section. The second child's NSP indicated that he would be reunifying with his grandmother and incorrectly had the "Family Reunification" box marked in the "Case Plan Goal" instead of "PPLA" or "Legal Guardian" box.

- They were to maintain documented proof of educational requirements for all current and future staff members employed by the Group Home in their respective files. As aforementioned under the element of "Personnel Records", during this year's review, one (1) out of the four (4) staff files did not have proof of qualifications in their file. The staff member was missing a copy of their education/experience from his file.

- They were to maintain signed copies of the Group Home policies and procedures in all current and future staff members' staff files. As aforementioned under the element of "Personnel Records", during this year's review, two (2) of the four (4) staff members did not have copies of signed group home policies and procedures placed in their files.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for Touch A Life Foundation from the Department of Auditor Controller is dated November 3, 2008, for the fiscal period of January 1, 2006, to December 31, 2006. The report dated November 3, 2008, indicated that Touch A Life Foundation had questioned/disallowed costs. Touch A Life Foundation submitted a timely approved fiscal Corrective Action Plan (CAP), which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.

TOUCH A LIFE FOUNDATION
3822 West 59th Place, Los Angeles, CA 90043
1593 Densmore Street, Pomona CA 91767
(323) 295-4235 or (909) 626-3709
(323) 295-0656 Fax

DATE: August 9, 2013

TO: Probation Department Managers & DPO Armando Juarez

FROM: Touch A Life Group Home Management

RE: Corrective Action Plan

Attached is Touch A Life's Corrective Action Plan. If there are any questions, please feel free to contact Charles Wade at (323) 295-4235.

Administrator

TOUCH A LIFE FOUNDATION GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

3822 West 59th Place,
Los Angeles CA 90043
License # 191803623
Rate Classification Level: 9

1593 Densmore Street,
Pomona CA 91767
License # 191500237
Rate Classification Level: 9

August 9, 2013

I. Licensure/Contract Requirements

Findings:

1. During the vehicle inspections it was revealed that the Los Angeles Group Home facility van did not have proof of insurance placed in the vehicle. This was out of compliance with the California Vehicle Code, as stated in the Master County Contract, Statement of Work (SOW).

Corrective Action Plan:

Proof of insurance which has the effective date of 2/20/13 and expiration date of 2/20/14 was immediately placed in the group home van during the visit. Management will ensure that the "Proof of insurance" cards are placed in the vehicle.

Findings:

2. Touch A Life had incomplete clothing allowance logs for two (2) of the four (4) children in the sample size. This was out of compliance with the Community Care Licensing (CCL), Title 22 standards, as well as the Master County Contract, Statement of Work (SOW).

Corrective Action Plan:

Facility Managers will continue to ensure that residents sign their clothing logs. Unintentionally, the clients sometimes sign for their clothing allowance

on their weekly allowance sheet. The two (2) residents signed their clothing logs that same day.

Findings:

3. During an annual review by Community Care Licensing (CCL) on April 5, 2013, Touch A Life was cited for having insufficient beds at the Los Angeles Group Home. The Group Home is licensed for six (6) beds, but only had five (5) beds available at the time of the CCL review. During the Probation Department's monitoring review, the same deficiency was cited. This was out of compliance with the Group Home's program statement.

Corrective Action Plan:

A new bed was purchased. At the time of the review, the Los Angeles site only had four (4) residents and had sufficient beds for the number of clients housed. Administrator will ensure that there are adequate beds for all clients.

II. Facility & Environment

Findings:

4. An inspection of the exterior of the Los Angeles house revealed that there was a slab of concrete in back yard that was uneven and broken and there was a basketball court that was broken. Both deficiencies were the same issues addressed in the previous year's review.

   An inspection of the common areas to the interior of the two (2) sites revealed that both sites had physical deficiencies that required correction. The Los Angeles House had the following deficiencies: The living room desk was missing a drawer, the evacuation plan was not posted in a visible area (fixed at time of review), the kitchen fire extinguisher was expired, the light above the kitchen sink did not work, the front hallway had an old heater cover that should be removed or replaced, the back hallway light did not work, restroom #1 had tile behind the toilet needing deep cleaning, and restroom #2 had mold in the shower corner and the shower head leaks when the water was turned on. In addition, the Los Angeles House also had the following deficiencies that were also cited in the previous year's review: The laundry room light did not work, the kitchen stove's back burner still did not light properly and the refrigerator and freezer handles were still loose, and there were tears to the carpet throughout the house.

   The Pomona House had the following deficiencies to the common areas as well: The activities schedule was not posted in a visible area, the restroom #1 shower door had mold at the bottom and the porcelain dish tray was broken,

the restroom #2 shower was inoperable and was dirty, both restrooms required deep cleaning, the kitchen light above the dinning table was missing a bulb and the stove burner did not light properly. Overall the home was outdated and plain and the carpet throughout the house was worn.

Title 22 standards state that all Group Home sites are to be "clean, safe, sanitary and in good repair at all times", and also that all required postings are placed in visible areas accessible to children and their visitors, including but not limited to activities schedules and evacuation plans.

Corrective Action Plan:
Touch A Life Administrators and Managers will continue to conduct inspections to ensure the safety and security of all children placed at the group home.

Los Angeles group home

- Desk – Since the desk is missing a drawer and cannot be replaced, we will remove it.
- Evacuation plan – As noted above, the evacuation plan was moved to a more visible spot on the cork board.
- Kitchen fire extinguisher – Extinguisher re-filled and stamped by Firemaster.
- New light bulbs re-placed the burnt out light bulbs in hallway & kitchen.
- Old heater cover will be removed or replaced within 60 days.
- Restroom #1 – the tile behind the toilet has been cleaned.
- Restroom #2 – bleach was used to clean entire shower
- Shower handle tighten to prevent showerhead from leaking.
- Laundry room light- has been replaced several times, since the previous year's review and will continue to be replaced as it goes out.
- Stove – the pilot and burners have been cleaned again and will continue to be cleaned as needed to allow the burners to light.
- Refrigerator & freezer – the handles have been repaired a couple of times by American Homeshield as well as our maintenance contractor.
- Carpet – As stated prior, due to lack of resources and client placement, we are unable to re-carpet the entire property, but repaired the specific tears stated in the previous year's review.

- Due to lack of client placement and resources, Touch A Life is unable to remove the concrete drive-way and re-pave it. The cracks will be filled with cement filler within 60 days. After the previous year's review, the slab that was sticking up was removed by jack hammer and filed down.

- The basketball backboard will be repaired again. After the previous year's review, the backboard was immediately repaired.

Pomona group home

- Activity schedule was moved to a more visible area on the corkboard.
- Restroom #1 – Shower door cleaned with bleach immediately. Note that the shower door was recently purchased. Porcelain soap tray will be repaired or replaced within 60 days.
- Restroom #2 – Shower handle replaced.
- Both restrooms were thoroughly cleaned with bleach immediately.
- Light bulb above the dining table was replaced.
- Stove – the pilot and burners have been cleaned again and will continue to be cleaned as needed to allow the burners to light.
- As for the home being "plain and outdated," the entire inside of the home was repainted; marble title has replaced the original linoleum in the kitchen, entry way and both bathrooms; the entire front driveway, originally black asphalt, was removed and re-paved with cement; and all windows have been retrofitted/ updated which replaced the old-style crank windows. A sprinkle system was installed in front and back yards as well as new landscaping. The residents are encouraged to decorate their own rooms appropriately. Graffiti removal is ongoing from furniture and walls.

Findings:

5. During the review of the Los Angeles House it was discovered that the home did not have sufficient recreational activities equipment such as sports equipment and board games. This was out of compliance with Title 22 standards.

Corrective Action Plan:

Recreational equipments are ongoing replacement items. Sports equipment or games become damaged or are taken by the residents and not returned to the group home. Facility Manager and Administrators will ensure items are replaced timely.

III. Maintenance of Required Documentation and Service Delivery

Findings:

6. A review of the children's files showed that three (3) out of the four (4) children had NSPs that were missing the signatures of approval from their Probation Officers. In addition, there were no documented efforts by the Group Home to obtain the Probation Officer's signature. Two out of the four (4) children had NSPs that were missing the signatures of approval from the

staff members that prepared and approved the NSP's to be implemented. This was out of compliance with Title 22 and the Master County Contract, SOW, which indicate that Group Homes shall make concerted efforts to obtain the signatures of all of the parties involved in the development and implementation of a child's NSPs, including but not limited to, their Probation Officer/County Case Worker, the child, and the Group Home representative.

Corrective Action Plan:

Administrator and Counselor met with Probation monitor to discuss the NSP and Quarterly requirements. The Counselor was recently hired and was not familiar with the wording requested by the Probation monitor.

Findings:

7. A review of the children's NSPs showed that two (2) out of the four (4) children did not have sufficient progress documented in their quarterly NSPs. One child's NSPs were missing information; therefore, his progress could not be properly evaluated. The second child's first updated NSP indicated that he only achieved two (2) out of five (5) goals and did not have sufficiently updated follow-up quarterly NSP's to further evaluate his progress. This was out of compliance with the Master County Contract, SOW, which states that each child's NSP is adjusted accordingly to properly document the progress they are making in the Group Home program.

Corrective Action Plan:

The Counselor will make certain that each child's NSP is completed to reflect the progress of the child and his quarterly NSP will be updated according to the completion of progress and goals. The Administrators will oversee this.

Findings:

8. A review of the children's files demonstrated that one (1) out of the four (4) children did not have his NSP therapeutic services section properly completed. Therefore it could not be determined what types of services were being provided for the child. In addition, during the interview portion of the review, the child indicated that he did not receive any individual, substance abuse, or family counseling while in the program. This is out of compliance with Touch A Life's program statement as well as the Master County Contract, SOW and Title 22 standards which indicate that each child is provided with services needed to progress in their program and that such progress is properly documented.

Corrective Action Plan:

The NSP did reflect the therapeutic service being provided for the minors. The information was not outlined in the proper section of the NSP, therefore making it difficult to determine the services provided. In spite of the minor's denial of receiving such services, he without a doubt was receiving each of the above mentioned services. The Counselor will thoroughly complete each section properly and comprehensively in order to be in compliance with the County Contract. The Administrators will oversee this.

Findings:

9. A review of the children's NSPs showed that two (2) out of the four (4) children were missing proper documentation of dates and types of contact made with their Probation Officers. In January 2012, the Probation Department and the Department of Children and Family Services (DCFS) jointly conducted a Needs and Services training for all providers and provided them with a training handout. The handout stated that Group Homes are to "Include the type and date of contact or attempts to contact, as well as purpose of contacts" with the Probation Officer/Case Worker in the NSP.

Corrective Action Plan:

After meeting with the Probation Monitor, Touch A Life's Counselor is aware of the changes needed in order to comply with the standards of the contract. The Administrators will oversee this.

Findings:

10. A review of the children's NSPs indicated that one (1) out of the four (4) children was not being adequately assisted in maintaining a supportive relationship with his mother. The child had NSPs indicating that he had a strained relationship with his mother. However, the NSP did not document the progress of their relationship and did not document the efforts that were being made by the Group Home to help the child to improve their relationship. This is out of compliance with the Master County Contract, SOW, which states that "The CONTRACTOR shall assist the Placed Child in identifying, developing and maintaining important relationships". These efforts are to be documented in the child's NSPs in accordance with the aforementioned NSP training handout which indicates that the "providers should describe any direct observations...related to the child's visitation, involvement, and contact with his or her family".

Corrective Action Plan:

The Counselor documented information that addressed the above mentioned items, but the items were in different sections of the NSP. Since the meeting with the Probation Monitor, it is clear where on the forms this information is to be entered and these issues will no longer be a factor going forward. The Administrators will oversee this.

Findings:

11. A review of the children's files revealed that all four (4) children had their initial and quarterly NSPs completed in a timely manner. However, two (2) out of the four (4) children had initial NSP's that were not comprehensive. Some of the NSP's had incorrect dates such as the dates of the reporting period, and "Outcome Goal" dates, and were missing signatures of approval. The "Case Plan Goal" sections were not properly completed and the "Concurrent Case Plan Goal" sections were left blank. Other sections were also missing accurate and explanatory information or were left blank. Goals were not measurable and were not properly completed and were also missing correct dates and had goals that were not clearly defined and/or explained. Finally, none of the initial NSPs had any of the children's signatures of participation.

    Of the four (4) children, two (2) had quarterly NSPs that were reviewed. Both of the children had quarterly NSPs that were not comprehensive. The children's quarterly NSPs were missing signatures of approval and participation. They also had incorrect dates of reporting period and were missing vital information in important sections such as the "Adjustment to Placement", "Concurrent Case Plan Goal", "Medical", "Education" and the "Visitation" sections and were missing children's signatures of participation. In addition, one (1) of the children also had the "Case Plan Goal" section missing the reunification plan for the child. Both of the children also had improperly completed "Outcome Goals" sections. The goals were improperly modified, were not measurable, and had goals that were unclear. Furthermore, some of the goals did not clearly define which staff members would be responsible for monitoring each child's progress and some of the goals were improperly moved to the "Achieved Outcome Goals" section of the NSP without the goals having been fully achieved. This was out of compliance with Title 22 standards as well as the Master County Contract SOW, which indicate that Group Homes are to ensure that each child has comprehensive and timely NSPs.

Corrective Action Plan:

Some of the NSP's reviewed, were completed by the previous Counselor. Others were completed by the current Counselor, but were not submitted due to a misunderstanding in language. Counselor was not aware that the Quarterly was an updated NSP, rather thinking it was a separate document. Therefore when asked to submit the NSP's, she submitted the initial forms and did not submit the quarterly documents which has the missing information. Now that she is clear on the forms this information will be kept up to date and should remedy the previous problem and keep TALF in compliance with the contract. The Administrators will oversee this.

IV. Educational and Workforce Readiness

Findings:

12. A review of the children's files revealed that two (2) out of the four (4) children did not have proof of enrollment in school within three (3) days of placement at the Group Home. Both of the children had enrollment dates noted in their NSPs, however; they did not have any documented proof of the enrollment dates from their schools placed in their respective files. This was out of compliance with the Master County Contract, SOW, which states that children are to be enrolled within three (3) school days from the date of placement, and that proper documentation is provided.

Corrective Action Plan:

- Touch A Life will ensure that significant efforts are made to enroll all children in school within three (3) days after placement and that all efforts to do so will be documented in the child's NSP and their respective file. Whenever a child is not enrolled in a timely manner, Touch A Life shall explain the reason for not doing so in the child's NSP and personal log book.

- Delayed enrollment is due to the residents not arriving with immunization records, transcripts or transfer paperwork not received at minor's placement. On average from the juvenile halls, minors are discharged without immunization records. Other factors include school vacation days like Christmas and summer which can delay entry.

- Upon enrollment, Touch A Life staff will continue to re-emphasize the AB490 Educational Rights for Foster Youth and document when school staff delay placement.

- The Administrators will oversee this

Findings:

13. A review of the children's files showed that two (2) out of the four (4) children did not have proof of educational progress. Both of the children's files were missing report cards documenting their academic grades. This was out of compliance with Title 22 standards, which indicate that children's files are to include, but are not limited to "his/her grade or performance level".

Corrective Action Plan:

Progress reports and grades are received by each child's participating school. Sometimes this information may be emailed to the group home and unintentionally not printed and placed in each child's file. We will put forth an effort to place grades in each child's folder. The Administrators and Facility Managers will oversee this.

Findings:

14. A review of the children's files and NSPs indicated that two (2) out of the four (4) children were either missing documentation of their educational progress and/or did not make significant progress in school. In addition to not having report cards, the first child's NSP's were missing vital educational progress information, therefore; his educational progress could not be evaluated. The second child's first quarterly NSP indicated that the child had been suspended for fighting, disruptive behavior and for drug use on school grounds. However, the child's second quarterly NSP did not have the educational progress section completed. As a result, it could not be determined if the child made any progress from the previous NSP. This is out of compliance with Title 22 standards. In addition, the Master County Contract, SOW, states that the Group Home shall also "work with the Placed Child's teachers and academic counselor to monitor educational progress" for each child under it's care and provide proper documentation in each child's file.

Corrective Action Plan:

Touch A Life Foundation recently hired a new Counselor and she was updated on procedures by the Probation Monitor. The Administrators and Facility Managers will oversee this.

Findings:

15. Based on the children interviews and the file reviews, it was revealed that at least one (1) out of the four (4) children was not provided with Youth Developmental Services (YDS) and/or Vocational Programs. One of the children indicated that Touch A Life has not provided him with any such services. It was also revealed during the review of his quarterly NSP that the Group Home did not properly document the services being provided to the child, if any. This was out of compliance with the Master County Contract, SOW, which states that each child shall be given the "opportunity to learn basic living skills". In addition, Title 22 standards indicate that all children are encouraged to participate in YDS and/or Vocational Programs, and that such efforts are documented in each child's file.

Corrective Action Plan:

Touch A Life Foundation recently hired a new Counselor and she was updated on the procedures by the Probation Monitor. Scheduled for reunification, the minor in question was detained at the court appearance by the judge, because he was defiant and would not answer the judge's direct questions. The Administrators and Facility Managers will oversee this.

V. Health and Medical Needs

Findings:

16. A review of the four (4) children's NSPs indicated that one (1) of the children was not provided with a timely initial medical examination. The medical exam was conducted 41 days late and an explanation was not provided in any of his NSPs. A review of the files showed that two (2) of the four (4) children were not provided with timely initial dental examinations. One of the children had his dental exam conducted 57 days late, and the other child had his dental exam conducted 49 days late. Neither of the two (2) children had an explanation provided in any of their NSPs. This is out of compliance with Title 22 standards, which state that all Group Homes are, "to ensure that children have a thorough physical examination by a pediatrician within 30 days of admission".

Corrective Action Plan:

An explanation of delayed physical or dental examinations will be placed in each child's NSP.

Touch A Life will continue to make a committed effort to provide each child with adequate medical and dental examinations within 30 days of placement. Not all minors are provided with medi-cal printouts upon placement. Staff first

contacts Probation's medical desk or Foster Care hotline to obtain a medi-cal number. Also, some minor's medi-cal coverage is initially for emergency use only or is tied to another provider, and thus staff contacts the Foster Care hotline to request straight medi-cal. These efforts will be documented in clients' NSPs and personal files

The Administrators and Facility Managers will oversee this.

VI. Personal Rights and Social/Emotional Well-Being

Findings:

17. A review of the children's files revealed that none of the four (4) children in the sample size had intake packets with signed copies of the Group Home's policies and procedures. Although all four (4) children indicated that they were informed of the GH policies & procedures, none of the children's files contained signed forms documenting that the information was provided. This was out of compliance with Title 22, and Master County Contract standards.

Corrective Action Plan:

Residents have signed the group home policies. The Administrators and Facility Managers will oversee this.

Findings:

18. During the interviews with the children, all four (4) described a discipline system that was inappropriate. They described actions that were not in compliance with Group Home standards. The children reported discipline examples such as revocation of home passes, denial of telephone calls, and denial of allowances. In addition, the Group Home did not have signed policies and procedures placed in each child's file to document that they were informed of their rights. This was out of compliance with Title 22 standards which indicate that discipline cannot "violate a child's personal rights" and that all Group Homes shall maintain a copy of the policies and discipline procedures signed by each child in their files, as indicated by the Master County Contract, SOW.

Corrective Action Plan:

Touch A Life provides a weekly allowance of $10 a week, $3 above the required base amount of $7 in the County Contract. Residents receive the required $7 base amount and are deducted from the $10 or extra chore

amounts. Home passes are not used as a form of discipline. Residents are not allowed to go home only when directed by their DPO or in instances when the approved guardian does not want them home that weekend or will not be available to supervise. As for telephone use, Touch A Life does not prohibit any minor from contacting his DPO or parent/ guardian. The Administrators and Facility Managers will oversee this.

Findings:

19. During the interviews with the children, three (3) out of the four (4) children reported that they were not allowed to assist in the planning of activities and that they do not get to engage in extra-curricular activities. In addition, a review of a sample of the Group Home's activities schedule indicated that during the week, there are no organized social activities due to tutoring and drug prevention programs which take up all of the children's free time. However, the children reported that the weekend activities schedule is not always followed and that they do not get to go on many weekend outings. This is out of compliance with the Master County Contract SOW which states that "each placed child shall be given the opportunity to participate in the planning of activities". They shall also ensure that the Group Home "allows children to participate in age-appropriate and developmentally appropriate extracurricular, enrichment, and social activities" in accordance with Title 22 standards.

Corrective Action Plan:

The administrator in conjunction with staff develops general activity plans with input from each resident. Keep in mind that what is fun to us as staff and educators is not always considered "fun" to teenage boys. We remind Probation to consider this factor when interviewing residents and when they respond that they dislike the recreational activities sponsored by the group home. Administrators and Facility Managers take into consideration possible gang affiliation of each client and will not visit areas where opposing gangs may be present.

VII. Personal Rights and Social/Emotional Well-Being

Findings:

20. A review of each child's clothing allowance logs revealed that the two (2) children were missing proper documentation for one (1) of the months in their clothing allowance log. This is out of compliance with the Master County Contract, SOW, which states that each Group Home must provide each child with at least $50 a month, and that they shall "maintain a log indicating the

date, the amount of allowance the Placed Child received, and the Placed Child's signature (when age appropriate) upon receipt of the allowance".

Corrective Action Plan:

The two (2) residents signed their clothing logs. On occasion, resident unintentionally sign for their clothing allowance in their personal allowance section. The Administrators and Facility Managers will oversee this.

Findings:

21. While conducting an interview with one (1) of the children, it was noticed by the reviewer that the child was wearing clothes that were excessively baggy and loose. This was out of compliance with the Master County Contract SOW, which states that "clothing shall fit according to industry size charts" and that children are to wear clothing that is "no more than two (2) sizes larger than actual measurements".

Corrective Action Plan:

The minor had been told by his DPO and the managers that the pants were too big and must be taken home on his pass. The pants were taken from this minor and given to his parent. The Administrators and Facility Managers will oversee this.

Findings:

22. During the interview process, all four (4) children indicated that they have not received any life books and that the Group Home does not encourage the use of life books. In addition, the Executive Director confirmed that the children have not been issued any life books. This was out of compliance with the Master County Contract SOW which states that the Group Homes "shall encourage and assist each Placed Child in creating and updating a life book/photo album of items that relate to childhood memories".

Corrective Action Plan:

There must have been a mis-communication, because life books are purchased and given to each resident, as stated in the previous years review. The new Counselor as well as Facility Managers encourages them to use it. If they refuse, this will be documented in the NSP.

IX. Discharged Children

Findings:

23. A review of the sample size of discharged children revealed that one (1) out of the three (3) children was not discharged according to his discharge plan. According to the child's NSP, he was to return to the custody of his grandmother upon completing his program at Touch A Life. Instead the child was detained and returned to Juvenile Hall by his Probation Officer for unspecified reasons. In addition, the Group Home did not complete a discharge letter to document the efforts made by the Group Home to assist the child in his permanency plan. This was out of compliance with the Master County Contract, SOW.

Corrective Action Plan:

Touch A Life uses the Provider Discharge Information mandated by Judge and implemented by Probation upon each child's discharge and is submitted to the DPO of record. Discharges are also sent to Probation's "placement exit notification" email. This paperwork was used for the minor in question. The Administrators and Facility Managers will oversee this.

Findings:

24. During the review, Touch A Life was to provide a copy of the most recent NSPs for each of the three (3) children in the discharged sample size. They failed to provide such copies. As a result, the Group Home efforts made to assist the child that was detained could not be evaluated. Therefore, due to the fact that the child was detained by his Probation Officer, it was determined that he did not make sufficient progress while placed at the Group Home. This was out of compliance with Title 22 standards as well as the Master County Contract, SOW which indicates that all Group Homes shall develop complete and comprehensive NSPs that document the progress of each child, or lack there of, in said NSPs.

Corrective Action Plan:

Touch A Life Foundation recently hired a new Counselor and she was updated on procedures by the Probation Monitor. The Administrators and Facility Managers will oversee this.

X. Personnel Records

Finding:

25. A review of the staff files revealed that one (1) out of the four (4) staff files reviewed did not have proof of qualifications in their file. The staff member

was missing a copy of their education/experience from their file. This was out of compliance with Title 22, which states that personnel records maintain "Documentation of educational background, training, and/or experience", related to the type of works the employee will be engaging in.

Corrective Action Plan:

The employee in question is a 40+ year old woman who has worked for Touch A Life Foundation for almost 10 years of group home work experience. The Administrators and Facility Managers will oversee this.

Finding:

26. A review of the staff files showed that three (3) of the four (4) staff files were missing proper documentation of medical screenings and clearances. The first staff's medical file did not have proof of her physical exam. The other two (2) staff members' health screenings and tuberculosis tests were conducted well after their dates of hire. This was out of compliance with Title 22, which states in part that employees "shall be in good health, and that physical and tuberculosis exams are to be "performed by or under the supervision of a physician not more than one year prior to or seven days after employment or licensure."

Corrective Action Plan:

All employees in question have been employed by Touch A Life for a minimum of eight (8) years. Future hires will have this documentation done timely.
The files were misplaced and/or removed by the Los Angeles County Auditor staff. The Administrators and Facility Managers will oversee this

Finding:

27. During the review of the staff files, it was discovered that two (2) of the four (4) staff members did not have copies of signed group home policies and procedures placed in their files. This was out of compliance with Title 22 standards which state that all employees are to be notified of "facility program philosophy, facility's policies and procedures, disaster response procedures, lines of authority and communication; Title 22 regulations and reporting requirements".

Corrective Action Plan:

The files were misplaced and/or removed by the Los Angeles County Auditor staff. The employees signed the group home policies and procedures. The Administrators and Facility Managers will oversee this

Finding:

28. A review of the staff files revealed that three (3) out of the four (4) staff files were missing documented proof that they were in compliance with training standards. The deficient files all had expired CPR and First Aid training certification in their files. This was out of compliance with Title 22, which states that proof of such training is placed in each staff's file. Such documentation shall also include, but not be limited to, current and valid CPR and First Aid training for each staff in direct supervision of children placed under the Group Home's care.

Corrective Action Plan:

Employees have updated the CPR & First Aid training. The Administrators and Facility Managers will oversee this

Administrator