COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

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JERRY E. POWERS
Chief Probation Officer

July 21, 2014

TO: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

FROM: Jerry E. Powers
Chief Probation Officer

SUBJECT: **TOUCH A LIFE GROUP HOME 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 January 2014. 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 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 whose disorders have resulted in a pattern of oppositional and/or antisocial behavior.

Touch A Life is an agency with a Rate Classification Level (RCL) 9, that consists of two (2) six-bed sites and is licensed to serve a capacity of six (6) boys at each site, 12 - 17 years of age, for a total population of 12 children. At the time of review, Touch A Life served a total population of eight (8) Los Angeles County Probation placed children, three (3) from the Los Angeles site and five (5) from the Pomona site. Touch A Life did not have placed children from any other counties at the time of the review. The placed children's overall average length of placement was five (5) months, and their average age was 16 1/2 years old.

Five (5) Probation children were randomly selected for the interview sample, and there were no children in the sample who were prescribed psychotropic medication, since Touch A Life is not licensed for this population. Additionally, two (2) discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were reviewed for compliance with Title 22 State Licensing Regulations and the 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 eight (8) of the 10 areas of the Contract Compliance Review. One area, "Discharged Children", was in full compliance, which is a notable improvement in this area from last year's review. The agency was exempt from evaluation under the element of "Psychotropic Medication" because the agency is not licensed to place any children with psychotropic medication needs.

One deficiency was noted in the area of "Licensure/Contract Requirements", where the agency had incomplete allowance logs. 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 two (2) year's reviews, such as, tears in carpet, damaged dressers, and uneven pavement, which was not fixed until the time of this year's review. Touch A Life also had several major deficiencies under the area of "Maintenance of Required Documentation and Service Delivery" that were also noted in last year's review. They need to develop more comprehensive Needs and Services Plans (NSPs), which required authorization signatures, as well as, measurable goals and more detailed and accurate information. Since this is the only area where improvement was not made, the agency will be provided with immediate booster training and monitoring on a sample of NSPs prior to next year's review to ensure improvement.

Under the area of "Educational and Workforce Readiness", it was noted that Touch A Life failed to maintain copies of report cards in some of the children's files. Under the area of "Health and Medical Needs", Touch A Life failed to ensure that children were provided with dental examinations in a timely manner. Under the area of "Personal Rights and Social/Emotional Well-Being", based on the children's interviews, they failed to ensure that children were aware of the discipline techniques and understood how they are to be implemented. In the area of "Personal Needs/Survival and Economic Well-Being", Touch A Life failed to provide and encourage the use of Life books, which was also a deficiency in last year's review. Finally, in the area of "Personnel Records", Touch A Life staff files were missing legible copies of current driver's licenses.

REVIEW OF REPORT

On January 30, 2014, Probation PPQA Monitor Armando Juarez held an Exit Conference with Touch A Life Executive Director Charles Wade, Manager Diana Wade, and Counselor Lener Jimenez. Touch A Life representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as 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. A follow-up visit was conducted, and all deficiencies cited in CAP were corrected or systems were put in place to avoid future deficiencies. Although deficiencies were noted in the eight (8) remaining areas, Touch A Life has made some improvement from last year's review, in that they had a total of 35 deficiencies, and this year they have a total of 19 deficiencies. PPQA/GHM will closely monitor this agency for continued improvement up to the standard or consequences up to removal of all children, if improvement is not steady and permanent. Assessment for continued 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:MEP:REB
LCM:sy

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
John Naimo, Acting Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Rhonda David-Shirley, Out-of-Home-Care Management, DCFS
Diana Flaggs, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Charles Wade, Executive Director, Touch A Life Foundation
Georgia Mattera, Public Safety, Chief Executive Office
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: January 2014**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	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. Full Compliance
	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. Full Compliance
	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. Full Compliance
V	**Health and Medical Needs** (4 Elements)	
	1. Initial Medical Exams Conducted Timely	1. Full Compliance
	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. Full Compliance
VI	**Psychotropic Medication** (2 Elements)	
	1. Current Court Authorization for Administration of Psychotropic Medication	N/A
	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. Improvement Needed
	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. Full Compliance

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. Full Compliance 2. Full Compliance 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	Full Compliance (ALL)
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. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance

TOUCH A LIFE FOUNDATION
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The purpose of this review was to assess Touch A Life's compliance with the County contract and State Licensing Regulations and include a review of Touch A Life Foundation's 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, five (5) 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 three (3) were from the Pomona Group Home site. There were no children in the sample who were prescribed psychotropic medication, since Touch A Life is not licensed for this population. 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, two (2) discharged Probation children's files were reviewed to assess Touch A Life's compliance with permanency efforts; both cases were from the Los Angeles House. Unfortunately, there were no discharge files available for review from the Pomona site. The Pomona site only had one (1) child discharged during the timeframe for this annual review, and his file was not eligible for assessment since he ran away from the Group Home within the first 30 days of placement. The child was placed for approximately 11 days.

PPQA/GHM reviewed five (5) staff files, three (3) from the Los Angeles site and two (2) from the Pomona site. They were assessed for compliance with Title 22 State Licensing Regulations and County Contract requirements, and site visits were conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The following eight (8) areas were out of compliance.

Licensure/Contract Requirements

- Touch A Life had incomplete allowance logs for two (2) of the five (5) children in the sample size, both from the Pomona site. One child was missing his weekly allowance logs for two (2) weeks (04/19/13 and 06/21/13), and the other child was

missing his signature of receipt from the allowance log for week 09/20/13. However, both children stated they received their allowance; it was only the documentation that was out of compliance. As a result, Touch A Life was in violation under the section of "Comprehensive Monetary and Clothing Allowance Logs Maintained".

Recommendation

Touch A Life's management shall ensure that:

1. 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).

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 the back yard that was uneven and broken, and there was a basketball court that was also broken. Both deficiencies were the same issues addressed in the previous two (2) year's reviews. However, the damaged concrete was being fixed during this review. In spite of the repair, because the deficiency was not fixed until the time of this review, Touch A Life was not in compliance with the section under "Exterior Well 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 (which was also noted as a deficiency the previous year), and the closet had graffiti. Bedroom #2 had a night stand with drawers that were broken and had graffiti (noted in last year's review also). In addition, the following deficiencies found at both sites 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 damaged. At the Pomona House, bedroom #1 had dresser drawers that were not working properly, had a hole in the closet and the entrance door was damaged. Bedroom #2 had a dresser that was damaged and should have been replaced. Overall, the dresser drawers in both homes did not appear to be properly working, and the bedrooms appeared to be very basic with minimal furniture that did not meet the children's needs. As a result, Touch A Life was out of compliance in the section under "Children's Bedrooms Maintained".

Recommendation

Touch A Life's management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the exterior areas 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".

2. All of the aforementioned physical deficiencies cited in 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".

Maintenance of Required Documentation and Service Delivery

- A review of the children's files showed that four (4) out of the five (5) children had NSPs that were either missing signatures of approval from their Probation Officers or were signed late. Two of the children from the Los Angeles House and one (1) from the Pomona House had NSPs that were missing the DPO's signature. The other child from the Pomona House had his updated NSP signed by the DPO; however, it was signed 31 days after it was generated. In addition, none of the four (4) children's files had any documented efforts by the Group Home to contact the Deputy Probation Officer or their Supervisor, as part of the attempts made to obtain their signature. Therefore, Touch A Life was not compliant with the section under "County Worker's Authorization to Implement NSPs".

- Two (2) out of the five (5) children had NSPs that were missing signatures of approval from the staff members that prepared and approved the NSP's to be implemented. One (1) was from the Los Angeles House, and one (1) was from the Pomona House. The Pomona House child's NSP was missing the supervisor's signature, as well. Furthermore, there was no explanation provided, as to why the NSP's were not signed by the responsible Group Home staff. 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 one (1) out of the five (5) children was not placed long enough to have his progress assessed. However, three (3) out of the five (5) children had updated NSPs that did not have any identified goals because the goals section was not completed for any of them. One of the children was from the Los Angeles House, and the other two (2) were from the Pomona House. In addition to having blank goals sections, the updated NSPs did not indicate if any goals were achieved. As a result, the progress for these three (3) children could not be assessed. 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 NSPs showed that one (1) out of the five (5) children was not placed long enough to have his County Worker contact assessed because he only had an initial NSP on file. The other four (4) children's files reviewed were missing proper documentation of dates and types of contact made by the Group Home with their Probation Officers. The Group Home incorrectly documented the child's contact with the PO instead of the Group Home representative's contact with the PO. The first child was from the Los Angeles House, and the other three (3) were from the Pomona House. In addition, the child from the Los Angeles House

had this section left completely 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 three (3) out of the five (5) children were not being adequately assisted in maintaining supportive relationships with their biological parents. Although they mentioned in detail the living arrangements of the parents, there were no documented efforts assisting the child to maintain these relationships. One child, from the Los Angeles House, had NSPs indicating that his parents have been separated and that he would be living with his mother. The NSPs also indicated that the child had a strained relationship with his father. Another child, from the Pomona House, had NSPs indicating that his mother was incarcerated and that his father was living out of the state. The last child, also from the Pomona House, had NSPs that indicated that his mother was living out of the county and that his father was incarcerated. However, none of the NSPs documented the progress of their relationships or the efforts that were being made by the Group Home to help the children to improve these relationships. 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 five (5) children had the initial NSPs completed in a timely manner. However, none of them had initial NSP's that were comprehensive. Two (2) children from the Los Angeles House and one (1) child from the Pomona House had NSPs with the "Case Plan Goal" section incomplete and missing detailed information, as it did not indicate who the children would be reunifying with upon completing their programs, and the "Concurrent Case-Plan Goal" section for all five (5) children did not have a clear concurrent plan documented for any of them. The "Education" section for one child left the enrollment date blank and did not provide a proper explanation as to why the child was not involved in any extra-curricular activities. As aforementioned, the "Outcome Goals" section was left completely blank for four (4) of the five (5) children; therefore, there were no established goals for any of these four (4) children.

  One child also had improperly completed "Outcome Goals", as the NSP had goals that had too many factors making it difficult for many of the goals to be achievable and should have been separated into smaller goals. Two children, both from the Pomona House, had initial NSPs with certain sections left blank throughout the NSP, and the "Case Plan Goal" sections incorrectly had the family reunification box checked off, even though the plan was for both of the children to live with their grandmother under PPLA. Additionally, four (4) out of the five (5) children's initial NSPs had "NSP Treatment" sections that seemed to be "cookie cutter", as they indicated that all children must attend drug counseling, regardless of whether or not drug use was identified as a need. All five (5) children were also missing an explanation as to why bank accounts were not created for any of them as part of their program. As a result, Touch A Life was deficient in the section under "Development of Timely, Comprehensive Initial NSPs with Child's Participation".

- Of the five (5) children, one (1) was a new resident and did not have any updated NSPs to assess. As a result, only one (1) child from the Los Angeles House had an

updated NSP that was reviewed. The rest of the updated NSPs were for the three (3) children from the Pomona House. All four (4) of these children had updated NSPs that were not comprehensive. Two (2) of the children had incorrect dates provided, and their "Case Plan Goal" sections did not indicate who the children would be reunifying with upon completing their programs. Some of the updated NSPs were either missing vital updates or left sections incomplete or blank, such as "Adjustment to Placement", "Serious Incident Reports (SIR's)", and "Reason for Placement". Some of the children did not have sufficiently updated sections such as the "Concurrent Case-Plan Goal", the "Education" section, and for two (2) of the children, the "Medical" visit information section did not provide progress of their drug education treatment, and the "Family Visitation" section was missing updates on the progress of the family visits.

The "Outcome Goals" were inaccurate, incomplete, improperly filled in or were missing goals to address identified needs (i.e. drug use history, education needs) for some of the NSPs. One (1) child also had major discrepancies between the goals from the second, third and fourth NSPs. On his second updated NSP report, some of the goals were not well established, were completely left blank on the third NSP and only (1) goal was listed on the fourth NSP. One of the children had the "Achieved Outcome Goals" out of order as they did not coincide with the previous NSP and incorrectly had partially completed goals listed as achieved goals. As a result, Touch A Life was deficient in the section under "Development of Timely, Comprehensive, and Updated NSPs with Child's Participation".

Recommendation

Touch A Life's management shall ensure that:

1. They make concerted efforts to obtain the signatures of and discuss the NSP with all of the parties involved in the development and implementation of a child's NSPs, specifically their County Worker and the child. Efforts to obtain these signatures of approval shall be documented and made readily available upon request by the county, in accordance with Title 22 State Licensing Regulations and the Master County Contract, SOW.

2. They make concerted efforts to obtain the signatures of and discuss the NSP with all of the parties involved in the development and implementation of a child's NSPs, specifically 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 State Licensing Regulations and the Master County Contract, SOW

3. Each child's NSP is fully completed and 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. The monthly contact with each child's County 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.

5. 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".

6. The aforementioned initial 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.

7. The aforementioned updated 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 showed that three (3) out of the five (5) children in the sample size were missing report cards from their files. All three (3) of the children were from the Pomona House. Two (2) of the children were missing at least one (1) report card. The third child was placed at the Group Home on 08/30/13, but did not have any report cards prior to 01/14/14. 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 one (1) out of the five (5) children had NSP's that were missing documentation on his educational progress. In addition to missing report cards from his file, one child, from the Pomona House, also had an updated NSP that left the educational progress blank. In addition, the SIR section of the NSP indicated that he was expelled from school, but the educational goal section indicated that he had improved grades and that he was attending school four (4) out of five (5) days per week, which is contradictory information to the SIR section. As a result, his educational progress could not be evaluated. Therefore, Touch A Life was out of compliance in the section under "Children's Academic or Attendance Increased".

Recommendation

Touch A Life's management shall ensure that:

1. 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".

2. The Group Home staff shall "work with the Placed Child's teachers and academic counselor to monitor educational progress and attendance" for each child under it's care and provide proper documentation in each child's file (i.e. accurate NSP updates), in accordance with the Master County Contract, SOW

Health and Medical Needs

- A review of the files showed that two (2) of the five (5) children were not provided with timely initial dental examinations. Both of the children were from the Los Angeles House. One child had his dental exam conducted 94 days late (Placed: 09/11/13. Exam: 01/13/13), and another child had his dental exam conducted 8 days late (Placed: 12/06/13. Exam: 01/13/14). However, neither of their files provided an explanation as to why the exams were not conducted within 30 days of being placed. As a result, Touch A Life was out of compliance with the section under "Initial Dental Exams Conducted Timely".

Recommendation

Touch A Life's 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 one (1) of the five (5) children in the sample size was not properly notified of the house rules. One (1) child, from the Pomona House, indicated that he was not informed of the Group Home's rules when he first arrived at the home. In addition, his file was missing his intake packet with signed copies of the Group Home's policies and procedures. 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 five (5) 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. According to the Group Home's program statement, a "1500 point system" is used in which accumulated points equal increase in allowance, but none of the children reported the use of a

point system. As a result, Touch A Life was deficient in the section under "Appropriate Rewards and Discipline System".

- During the child interviews, all five (5) indicated that they are aware of their right to receive or reject medical/dental care. However one (1) child, from the Pomona House, was missing the signed copy of his personal rights (which includes medical rights) from his file. As a result, Touch A Life was out of compliance under the section of "Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care".

- During the interviews with the children, one (1) out of the five (5) children reported that he was not allowed to assist in the planning of activities. This child, who was from the Los Angeles House, stated that the Group Home has never asked him for his input on the types of activities he 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".

Recommendation

Touch A Life's 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 State Licensing Regulations, 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". The children are to be aware and understand how the discipline system is implemented, and the Group Home 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 maintain documented proof that each child has been informed of their personal rights, which includes but is not limited to, the right to receive or reject medical care, as stated in Title 22 Regulations.

4. They comply with the Master County Contract, SOW, which states that "each Placed Child, who is capable, shall be given the opportunity to participate in the planning, preparation, conduct, cleanup, and critique of planned activities".

Personal Needs/Survival and Economic Well-Being

- During the interview process, one (1) of the five (5) children indicated that he was never given a life book. This child, from the Pomona House, also added that staff does not encourage the use of 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's management shall ensure that:

1. 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".

Personnel Records

- A review of the staff files revealed that two (2) out of the five (5) staff, both from the Los Angeles site, did not have a valid copy of their driver's license on file. Although there were driver's license copies on file, they were not legible and their faces could not be identified. As a result, Touch A Life was deficient in the section of "Valid Driver's License".

Recommendation

Touch A Life management shall ensure that:

1. They "monitor and maintain records to verify that staff who transport the Placed Children have and maintain a valid driver's license with the Department of Motor Vehicles", as stated in the Master County Contract, SOW.

PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA/GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated June 2013 identified 28 recommendations; however, there were 35 areas of non-compliance.

Results

Based on the follow-up, Touch A Life fully implemented 15 of the 28 previous recommendations for which they were to ensure that:

- All vehicles used to transport children had 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).

- Each of the Group Homes to maintain 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.

- They maintain an adequate supply of recreational equipment, such as sporting equipment and board games.

- Each child is provided with services needed to progress in their program and as stated in Touch A Life's program statement. The services provided shall also be properly detailed in each child's NSP's.

- All children are enrolled in school within three (3) school days from the date of placement, and that proper documentation is provided.

- All children are afforded the opportunity to attend school, as indicated in Title 22.

- All children are encouraged to participate in YDS and/or Vocational Programs, and that such efforts are documented in each child's file.

- They maintain accurate monthly clothing allowance logs for each child.

- 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".

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

- They develop a complete and comprehensive NSP that contains the goals for each discharged child and that they document the progress, or lack thereof, in said NSPs.

- They maintain accurate qualification records for all employed staff.

- They maintain accurate medical clearance records for all employed staff, in accordance with Title 22 standards. One of the staff in this year's review did not have a timely initial health screening upon being hired; however, this deficiency is not correctable and was already noted in last year's review. As a result, the deficiency was documented as not applicable for this year's review.

- They maintain documented proof of notification of the Group Home's policies and procedures for each employee placed in each of their respective files.

- 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.

However, this follow-up discovered that Touch A Life failed to fully implement 13 of the previous 28 recommendations for which they were to ensure that:

- All children's files maintain accurate weekly allowance records signed by all children in the Group Home. As aforementioned under the element of "Licensure/Contract Requirements", Touch A Life had incomplete allowance logs for two (2) of the five (5) children in this year's sample size.

- The identified physical deficiencies in last year's review were to be corrected at both sites. As aforementioned under the element of "Facility and Environment", the following deficiencies were not corrected prior to this 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 not repaired. The dresser in bedroom #1 was old and was still not functional. Bedroom #2 had a night stand with drawers that were still broken and had graffiti. Bedroom #3 had a dresser that was still missing knobs, and the vertical blinds were still damaged. 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. Overall, the dresser drawers in both homes did not appear to be properly working, and the bedrooms appeared to be very basic with minimal furniture that did not meet the children's needs.

- 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. As aforementioned under the element of "Maintenance of Required Documentation and Service Delivery", four (4) out of the five (5) children in this year's review had NSPs that were either missing the signatures of approval from their Probation Officers or were signed late. Two (2) out of the five (5) children also had NSPs that were missing the signatures of approval from the staff members that prepared and approved the NSP's to be implemented. One child was also missing the Group Home supervisor's signature. Furthermore, there was no explanation provided as to why the NSP's were not signed by the aforementioned parties and efforts to obtain signatures were not documented.

- Each child's NSP is adjusted accordingly to properly document the progress they are making in the Group Home. As aforementioned under the element of "Maintenance of Required Documentation and Service Delivery", three (3) out of the five (5) children in this year's sample size had NSPs that did not have any identified goals, and the Quarterly NSPs did not indicate if any goals were achieved. As a result, there was no progress documented and this section could not be assessed.

- The monthly contact with each child's Probation Officer/Case Worker is properly documented. As aforementioned under the element of "Maintenance of Required Documentation and Service Delivery", four (4) of the children's files reviewed this year were missing proper documentation of dates and types of contact made by the Group Home with their Deputy Probation Officers. The Group Home incorrectly documented the children's contact with the DPO instead of the Group Home representative's contact with the DPO.

- They make concerted efforts to assist the child in maintaining important relationships. As aforementioned under the element of "Maintenance of Required Documentation and Service Delivery", three (3) out of the five (5) children in this year's review were not being adequately assisted in maintaining supportive relationships with their biological parents. In addition, the NSPs did not document

the efforts that were being made by the Group Home to help the children to improve these relationships.

- The initial and quarterly NSPs are to be comprehensive, in accordance with Title 22 standards, as well as the Master County Contract, SOW. As aforementioned under the element of "Maintenance of Required Documentation and Service Delivery", a review of the children's files in this year's sample size revealed that all five (5) children had NSPs that were not comprehensive. NSPs left various sections incomplete, blank, or improperly completed. "Case Plan Goal" sections did not indicate who the children would be reunifying with upon completing their programs. They did not have clear concurrent plans. Some of the "Outcome Goals" were not achievable, were poorly written, or left completely blank. The wrong boxes were checked off and dates were incorrect on some of the NSPs. Some of the Quarterly NSPs were also either missing vital updates or left sections incomplete or blank, which made it difficult to monitor the children's progress. Additionally, four (4) out of the five (5) children's initial NSPs had "NSP Treatment" sections that seemed to be "cookie cutter". All five (5) children were also missing an explanation as to why bank accounts were not created for any of them. One of the children had the "Achieved Outcome Goals" out of order, and they did not coincide with previous NSPs and incorrectly had partially completed goals listed as achieved goals.

- 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". As aforementioned under the element of "Educational and Workforce Readiness", three (3) out of the five (5) children in the sample size were missing report cards from their files in this year's review.

- All children under the Group Home's care are provided with adequate and timely initial medical and dental exams. As aforementioned under the element of "Health and Medical Needs", two (2) of the five (5) children were not provided with timely initial dental examinations and explanations were not provided.

- They are to 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. As aforementioned under the element of "Personal Rights and Social/Emotional Well-Being", one (1) of the five (5) children in this year's sample size was not properly notified of the house rules and his file was missing his signed intake packet with copies of the Group Home's house rules.

- They are to 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 aforementioned under the element of "Personal Rights and Social/Emotional Well-Being", all five (5) of the children interviewed in this year's review gave examples of discipline 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.

- They are to afford children under their care the opportunity to plan and engage in adequate extracurricular activities. As aforementioned under the element of "Personal Rights and Social/Emotional Well-Being", the interviews with the children in this year's review showed that one (1) out of the five (5) children reported that he was not allowed to assist in the planning of activities. He stated that the Group Home never asked him for his input on the types of activities he would like to participate in.

- They are to provide all children with life books and encourage the use of the life books, in accordance with the Master County Contract SOW. As aforementioned under the element of "Personal Needs/Survival and Economic Well-Being", one (1) of the five (5) children in this year's review indicated that he was never given a life book and that staff do not encourage the use of life books.

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 has questioned/disallowed costs. Touch A Life Foundation submitted a timely approved Fiscal Corrective Action Plan (FCAP), which is being monitored by the Department of Children and Family Service, 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: March 1, 2014

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

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March 1, 2014

CORRECTIVE ACTION PLAN

I. Licensure/Contract Requirements

Findings:

1. Touch A Life had incomplete allowance logs for two (2) of the five (5) children in the sample size. Both of the children were from the Pomona site. All children's files must 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).

Corrective Action Plan:

- An oversight that 1 week allowance was not signed by each child, but they did receive their allowance, otherwise the minors would have reported this to their DPO. Facility Managers will continue to ensure that residents sign their allowance logs.

II. Facility & Environment

Findings:

2. 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 the 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 two (2) year's reviews.

   An inspection of 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: bedroom #1 dresser was old and was not functional (which was also noted as a deficiency the previous year), and the

closet had graffiti. Bedroom #2 had a night stand with drawers that were broken and had graffiti (noted in last year's review also). 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 which were still a deficiency from last year, and the vertical blinds were still damaged, as noted in the past two (2) year's reviews.

The Pomona House had the following deficiencies: bedroom #1 had dresser drawers that were not working properly (also noted the past two (2) years), and had a hole in the closet as well as the entrance door being damaged. Bedroom #2 had a dresser that was damaged and should have been replaced (as noted in last year's review). Overall, the dresser drawers in both homes did not appear to be properly working and the bedrooms appeared to be very basic with minimal furniture that did not meet the children's needs, which was an issue last year as well.

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 follow Probation Monitor's advice and "repair, remove or replace," and will continue to conduct inspections to ensure the safety and security of all children placed at the group home.

Los Angeles group home

- Slab of Concrete – Repaired at time of review. The concrete slabs were broken up, removed and new concrete was evenly placed. After the previous year's review, the slab that was sticking up was removed by jack hammer and filed down.

- Basketball court - The basketball backboard was repaired, but was recently broken, so it will be removed. After the previous year's review, the backboard was immediately repaired.

- Restroom #1 – Bleach was used to clean entire shower.

- Carpet – New carpet placed in entire group home as witnessed by Probation Monitor on January 30, 2014.

- BR #1 – New dresser purchased.

- BR #2 – New dresser purchased.
- BR #3 – New dresser. At the time of review the blinds were brand new as witnessed by the Probation Monitor.
- Residences have posted photos and/ or posters on walls.

Pomona group home

- RR #2 – New shower head installed.
- Damaged screen on front screen door will be repaired or replaced.
- RR#1 - New shower head installed.
- Carpet – New carpet installed in entire group home.
- BR #1 – New dresser purchased. Hole in closet covered.
- BR #2 – New dresser purchased.
- Residences have posted photos and/ or posters on walls.

III. Maintenance of Required Documentation and Service Delivery

Findings:

3. A review of the children's files showed that four (4) out of the five (5) children had NSPs that were either missing the signatures of approval from their Probation Officers or were signed late. In addition, none of the four (4) children's files had any documented efforts by the Group Home to contact the Probation Officer or their supervisors as part of the attempts to obtain their signature.

   Two out of the five (5) children had NSPs that were missing the signatures of approval from the staff members that prepared and approved the NSP's to be implemented. Furthermore, there was no explanation provided as to why the NSP's were not signed by the responsible Group Home staff members.

   Efforts to obtain the signatures of all parties involved in the NSP must be documented and made readily available upon request by the county in accordance with Title 22 and the Master County Contract, SOW.

Corrective Action Plan:

In order to reduce the caseloads for our counselor, each group home now has its own counselor. Touch A Life's M.S.W. counsels only at the Pomona group home. Another newly hired M.S.W. counsels at the Los Angeles group home. Administrator, new Counselor and Facility Manager met with Probation Monitor to discuss the NSP and Quarterly requirements on January 30, 2014. Counselors will use samples given by Probation Monitor for internal auditing.

Counselors will document efforts to obtain DPO's signature including email requests (following example provided by Probation Monitor). The Administrators will oversee this.

Findings:

4. A review of the children's NSPs showed that three (3) out of the five (5) children had NSPs that did not have any identified goals because the goals section was not completed for any of them. In addition to having blank goals sections, the Quarterly NSPs did not indicate if any goals were achieved. As a result, the progress for these three (3) children could not be assessed.

   Each child's NSP must be fully completed and 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 needs to ensure that all efforts made by the Group Home to assist the child in his program are documented as well.

Corrective Action Plan:

In order to improve on the quality of the NSPs, each group home now has its own counselor. Touch A Life's M.S.W. counsels only at the Pomona group home. Another newly hired M.S.W. counsels at the Los Angeles group home. Administrator, new Counselor and Facility Manager met with Probation Monitor to discuss the NSP and Quarterly requirements on January 30, 2014. Counselors will use samples given by Probation Monitor for internal auditing. The Administrators will oversee this.

Findings:

5. A review of the children's NSPs showed that four (4) of the five (5) children's files reviewed were missing proper documentation of dates and types of contact made by the Group Home with their Probation Officers. The Group Home incorrectly documented the child's contact with the PO instead of the Group Home representative's contact with the PO.

According to an NSP training conducted in January 2012 with contracted group homes, the handout provided 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:

Administrator, new Counselor and Facility Manager met with Probation Monitor to discuss the NSP and Quarterly requirements on January 30, 2014. Counselors will use samples given by Probation Monitor for internal auditing. The Administrators will oversee this.

Findings:

6. A review of the children's NSPs indicated that three (3) out of the five (5) children were not being adequately assisted in maintaining supportive relationships with their biological parents. Their NSPs did not document the progress of their relationships and did not document the efforts that were being made by the Group Home to help the children to improve these strained relationships. The Master County Contract, SOW, states that "The CONTRACTOR shall assist the Placed Child in identifying, developing and maintaining important relationships" and that these efforts are to be documented in the child's NSPs.

Corrective Action Plan:

Administrator, new Counselor and Facility Manager met with Probation Monitor to discuss the NSP and Quarterly requirements on January 30, 2014. Counselors will use samples given by Probation Monitor for internal auditing. The Administrators will oversee this

Findings:

7. A review of the children's files revealed that all five (5) children had the initial NSPs completed in a timely manner. However, none of them had initial NSP's that were comprehensive. "Case Plan Goal" sections were left incomplete and did not indicate who the children would be reunifying with upon completing their programs. The "Concurrent Case-Plan Goal" sections did not have clearly defined plans. The "Education" section for one (1) child left the enrollment date blank and did not provide a proper explanation on why the child was not involved in any extra-curricular activities. As aforementioned, the "Outcome Goals" sections were improperly completed or were left completely blank, therefore there were no clearly established goals. The "Case Plan Goal" sections incorrectly had the family reunification box checked off even though the plan was for some of the children to live with their grandmothers under PPLA.

Additionally, four (4) out of the five (5) children's initial NSPs had "NSP Treatment" sections that seemed to be "cookie cutter" as they indicated that all children must attend drug counseling regardless of whether or not drug use was identified as a need. Some of the quarterly NSPs were also either missing vital updates or left sections incomplete or blank such as "Adjustment to Placement", "SIR's", and "Reason for Placement". Some of the children did not have sufficiently updated sections such as the "Concurrent Case-Plan Goal", the "Education" section, and the "Medical" visit information section which did not provide progress of their drug education treatment. And the "Family Visitation" section was missing updates on the progress of the family visits. One of the children had the "Achieved Outcome Goals" out of order and they did not coincide with previous NSP and incorrectly had partially completed goals listed as achieved goals. Finally, all five (5) children were also missing an explanation as to why bank accounts were not created for any of them as part of their program.

Corrective Action Plan:

In order to improve on the quality of the NSPs, each group home now has its own counselor. Touch A Life's M.S.W. counsels only at the Pomona group home. Another newly hired M.S.W. counsels at the Los Angeles group home. Administrator, new Counselor and Facility Manager met with Probation Monitor to discuss the NSP and Quarterly requirements on January 30, 2014. Counselors will use samples given by Probation Monitor for internal auditing. The Administrators will oversee this.

IV. Educational and Workforce Readiness

Findings:

8. A review of the children's files showed that three (3) out of the five (5) children in the sample size were missing report cards from their files. All three (3) of the children were from the Pomona House. One out of the five (5) children had NSP's that were missing documentation on his educational progress. The child's quarterly NSP left the educational progress section blank. In addition, the SIR section of the NSP indicated that he was expelled from school, but the educational goal section indicated that he was attending school. As a result, his educational progress could not be evaluated. Title 22 standards dictate that accurate school records are kept "including his/her grade or performance level". 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".

Corrective Action Plan:
The Facility Managers will continue to work with minors' school staff to monitor their educational progress as well as Title 1 Teacher tutors. Recent progress reports were provided. We will put forth an effort to place grades in each child's folder. The Administrators and Facility Managers will oversee this.

V. Health and Medical Needs

Findings:

9. A review of the files showed that two (2) of the five (5) children were not provided with timely initial dental examinations and explanations were not provided. Both of the children were from the Los Angeles House.

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:

10. A review of the children's files revealed that one (1) of the five (5) children in the sample size was not properly notified of the house rules. In addition, his file was missing his intake packet with signed copies of the Group Home's policies and procedures as mandated by Title 22 and the Master County Contract.

Corrective Action Plan:

- The one resident signed another copy of the group home house rules. Administrators and facility managers will ensure that newly placed children are notified of the house rules as well as policies and procedures by verifying that signed and dated copies of the intake packet, which includes the house rules, are placed in their files within 7 days of placement.

Findings:

11. During the interviews with the children, all five (5) indicated that inappropriate discipline was used by the Group Home. The children reported discipline examples such as revocation of home passes, denial of telephone calls, and denial of allowances. According to the Group Home's program statement a "1500 point system" is used in which accumulated points equal increase in allowance but none of the children reported the use of a point system. The Group Home should maintain a discipline system in accordance with Title 22 standards which indicates that discipline cannot "violate a child's personal rights". Additionally, the rules should be explained to the children in a manner in which they can understand and a signed copy of the policies and discipline procedures should be kept 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 do not receive the additional $3 if the chores are not completed. On occasion, residents are allowed to earn extra monies for extra chores completed. Touch A Life will look to re-evaluate and revise the current weekly allowance system so that instead of deducting $3 from the $10 allowance for failure to do chores, children will be rewarded the $3 to their base allowance of $7 for completing chores. Administrators will create a document that is signed by each placed child, in which this new allowance system is fully explained in a manner which they can understand. Home passes are not used as a form of discipline. Home pass "suspension" is not used as a form of punishment and only suspended by the resident's Probation Officer. Residents are not allowed to go home only in instances when the approved guardian does not want them home that weekend or will not be available to supervise. However, Touch A Life will ensure that this is properly explained to each new arrival in a manner which they understand and will ensure that it is included as part of the intake packet house rules. The Administrators and Facility Managers will oversee this.

Findings:

12. During the child file reviews one (1) of the children from the Pomona House was missing the signed copy of his personal rights, which included medical rights, from his file. The Group Home should maintain documented proof that each child has been informed of their personal rights, which includes but is not limited to, the right to receive or reject medical care, as stated in Title 22.

Corrective Action Plan:

- The one resident signed another copy of the Personal Rights form. Administrators and facility managers will ensure that newly placed children are notified of their personal rights by verifying that signed and dated copies of the intake packet, which includes the personal rights, are placed in their files within 7 days of placement.

Findings:

13. During the interviews with the children, one (1) out of the five (5) children reported that he was not allowed to assist in the planning of activities. According to the Master County Contract, "Each Placed Child who is capable shall be given the opportunity to participate in the planning, preparation, conduct, cleanup, and critique of planned activities".

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. However, Facility Managers will ensure that notes are logged each time that "resident counsels" are held with the names of the children in attendance, or when input is received from children. This will be done to document proof that Touch A Life is including children's opinions on suggested activities.

VII. Personal Rights and Social/Emotional Well-Being

Findings:

14. During the interview process, one (1) of the five (5) children indicated that he was never given a life book and that staff do not encourage the use of life books. The Master County Contract SOW mandates that 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:

15. Residents are given life books as stated in the previous year review. Two resident indicated, "We don't lifebook, we Facebook." At the time of

- Probation Review, photos were shown of residents at a USC Men's Basketball games including photos with the players. The new Counselor as well as Facility Managers encourages them to use it. If they refuse, this will be documented in the NSP

X. Personnel Records

Finding:

16. A review of the staff files revealed that two (2) out of the five (5) staff did not have a valid copy of their driver's license on file. Both staff had copies on file that were not legible and their faces could not be identified. The Master County Contract, SOW states that Group Homes are to "monitor and maintain records to verify that staff who transport the Placed Children have and maintain a valid driver's license with the Department of Motor Vehicles".

Corrective Action Plan:

- Better (legible) copies of drivers' license for the two staff were placed in their employee folders.

Administrator