County of Los Angeles

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 31, 2026

To: Supervisor Hilda L. Solis, Chair
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: for
Brandon T. Nichols
Director

FLORENCE CRITTENTON SERVICES OF ORANGE COUNTY TRANSITIONAL HOUSING PLACEMENT PROGRAM FOR NON-MINOR DEPENDENTS CONTRACT COMPLIANCE REVIEW REPORT

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted a virtual Contract Compliance Review of Florence Crittenton Services of Orange County for the Transitional Housing Placement Program for Non-Minor Dependents (THPP-NMD) in February 2026. The Contractor has three licensed sites located in Los Angeles (LA) County. The sites provide services to the LA County DCFS and Probation NMDs between the ages of 18-21 and their children.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 13
PRIORITY 2 20
PRIORITY 3 9

The CCD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: Licensure and Certificate of Compliance; Personnel/Staffing; Contractor/Agency Reports; THPP-NMD Participants Record Folder/Case File; THPP-NMD Participant Training; Education and Employment; Medical and Dental; and Program Exit/Aftercare Follow Up and Tracking.

The Contractor was in full compliance with 0 of 8 applicable areas of the CCD's Contract Compliance Review.

For the purpose of this review, four DCFS NMDs were selected for the sample. The CCD reviewed the records and files of the four selected NMDs to assess the level of care and services they received. An additional two discharged NMD files were reviewed to assess the Contractor's compliance with permanency efforts. The CCD reviewed three staff files for compliance with Title 22 Regulations and County contract requirements.

The CCD noted findings in the following areas:

Priority 1

- Licensure and Certificate of Compliance (1 finding)
    - The Contractor did not appropriately cross report a Special Incident Report (SIR) to all parties.
- Personnel/Staffing (7 findings)
    - One Staff did not complete the following required Training timely
        - *Child Abuse Identification and Reporting* training.
        - *AB12/Extended Foster Care* training.
        - *Cultural Competency and Sensitivity* training.
        - *Lesbian, Gay, Bi-Sexual, Transgender, Questioning Youth* training.
        - *Objectivity in Case Notes and SIR Documentation* training.
        - *General Guidelines of the Statement of Work* training.
    - The Contractor's County Program Manager (CPM) did not provide a signed statement on agency's letterhead certifying all staff completed the required training, background criminal clearances, and had appropriate educational level and work experience prior to the staff commencing work with NMDs.
- THPP- NMD Participants Record Folder/Case File (5 findings)
    - Advocacy Review Forms were not completed for four NMDs at orientation.
    - The Case Managers did not make daily contact with four NMDs.

- There was no written authorization from the Children's Social Worker/Deputy Probation Officer (CSW/DPO) prior to decreasing daily contact to no less than twice a week with four NMDs.
- The Case Managers did not complete weekly Face to Face contact with four NMDs.
- The Case Managers did not complete at least 60 minutes of visit time each month with two NMDs.

Priority 2

- Contractor/Agency Reports (3 findings)

  - The Agency Monthly Reports were not timely submitted when the due date was on a weekend or holiday.
  - The Monthly Census Reports were not submitted timely when the due date was on a weekend or holiday.
  - The Referral Logs were not submitted timely.

- THPP-NMD Participants Record Folder/Case File (6 findings)

  - The initial Needs and Services Plan (NSP) for three NMDs were not completed timely.
  - The NSP for one NMD was not updated timely.
  - The State of California (SOC) 161-Six Month Certification of Extended Foster Care Participation was not completed at placement for one NMD.
  - The initial Progress Reports for two NMDs were not completed timely.
  - The Progress Reports for four NMDs were not updated quarterly.
  - The Contractor did not document any efforts to encourage four NMDs to maintain their Permanent Adult Connection.

- THPP-NMD Participant Training (3 findings)

  - The Contractor did not document efforts for two NMDs to attend a minimum of 240 minutes of life skills training on four subjects monthly.
  - No documentation of written training curricula/lesson plans.
  - No documentation of discussions with two NMDs and their respective CSW/DPO prior to reducing the minimum minutes of training to no less than 120 minutes a month.

- Education and Employment (2 findings)

  - No documentation was maintained for one NMD confirming full-time enrollment in high school.

  - No documentation that employment assistance was provided to one NMD within seven business days of their entrance into the program.

- Medical and Dental (2 findings)

  - No documentation for one NMD confirming that they were encouraged to obtain annual medical exams and all necessary medical care and related services.
  - No documentation for two NMDs confirming that they were encouraged to obtain annual dental exams and all necessary dental care and related services.

- Aftercare Follow-Up and Tracking (4 findings)

  - No documentation for two NMDs confirming that tracking was completed and follow-up services were provided timely at 30 days out of the program.
  - No documentation for two NMDs confirming that tracking was completed and follow-up services were provided timely at 90 days out of the program.
  - No documentation for one NMD confirming that tracking was completed and follow-up services were provided at a timely six months out of the program.
  - No documentation that the CPM was provided with completed Aftercare Contact Forms for two NMDs quarterly.

Priority 3

- THPP-NMD Participants Record Folder/Case File (8 findings)

  - An NSP for one NMD was not signed by the NMD.
  - NSPs for two NMDs did not include a CSW/DPO signature, with no documentation of efforts to those signatures.
  - The SOC 152-Agency Placement Agreement was not completed at placement for one NMD.
  - The SOC 162-Mutual Agreement for Extended Foster Care were not timely for two NMDs.
  - The Placement Information and Authorization Form was not completed prior to placement for four NMDs.
  - The Participant Unit/Furniture Inventory was not updated quarterly for two NMDs.
  - The Participant Clothing Inventory was not updated quarterly for two NMDs.
  - The Entry Assessments were not completed at placement for two NMDs.

- Program Exit/Aftercare Follow-Up and Tracking (1 finding)

- The THPP-NMD Participant Termination Report and all accompanying documents were not submitted timely to the CPM.

On May 27, 2026, DCFS' CCD Children Services Administrator team and Supportive Housing Division THPP-NMD CPM held an exit conference with the Contractor's representatives.

The Contractor's representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve the Contractor's compliance with regulatory standards.

The Contractor provided the attached approved Corrective Action Plan addressing the noted deficiencies in this compliance report.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, on (213) 371-6052.

BTN: LEM: RT
KR:DF:ea

Attachments

c: Joseph M. Nicchitta, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Douglas Yost, Chief Executive Officer, Florence Crittenton Services of Orange County
Kellee Coleman, Assist Program Administrator LA Region, CCLD
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Crittenton™

ATTEN: Department of Children and Family Services
Contract Compliance Division
[redacted]

RE: THPP-NMD CY 2026 Exit Summary

Following the monitoring review, the agency developed and implemented corrective actions and quality assurance measures to address identified deficiencies, strengthen oversight and documentation practices, and promote ongoing compliance with THPP-NMD program requirements. Please see the following addendum.

Corrective Action Plan for THPP NMD LA
Addendum

Section: A – Licensure and Certification of Compliance

Standard: (4) Were all SIRs appropriately cross-reported, and submitted timely to I-Track?

Cause of Deficiency: The agency was unable to provide documentation demonstrating that Special Incident Report (SIR) #1302804 dated May 2, 2025, was cross-reported to all required parties. The deficiency occurred due to inconsistent documentation practices and the absence of a centralized tracking system for cross-reporting requirements. Responsibility for maintaining cross-reporting documentation rested with the assigned Case Manager and Program Director/Vice President of Foster Care & Transitional Housing.

Corrective Actions: The Program Director and Vice President of Foster Care & Transitional Housing conducted a review of all Special Incident Report procedures and implemented a standardized SIR Cross-Reporting Checklist as of May 1, 2026. All Case Managers received a refresher training regarding cross-reporting requirements, documentation standards, and file retention procedures. Training was facilitated by Program Director and Vice President of Foster Care & Transitional Housing and training was completed on April 29, 2026.

Quality Assurance Plan: The Program Director will review all Special Incident Reports prior to submission to verify that required cross-reporting documentation is completed and maintained in the participant file. Effective July 1, 2026, file audits will include a review of all SIR documentation. The Clinical Quality Assurance Specialist will review monthly to ensure SIRs are cross reported to all required parties. Refresher training will be provided annually and during new employee orientation.

Supporting Documentation Attached: SIR_Staff_Training, SIR_Training_Sign_In_Sheet, THPP_NMD_SIR_Cross_Reporting, and THPP_NMD_Case_Manager_Client_Tracker.

Section: B-2 – Required Training – Staff, Interns, Volunteers

Standards:

- Agency ensured all staff, interns, and volunteer personnel completed required trainings (a minimum of 1-hour in the following areas, prior to or within 90 days of employment) and maintained documentation:
    - (18) Child abuse identification and reporting
    - (20) AB 12/ Extended Foster Care
    - (22) Cultural Competency and Sensitivity
    - (26) LBGGTQ (Lesbian, Gay, Bi-Sexual, Transgender, Questioning) Youth
    - (28) Objectivity in case notes, and Special Incident Report (SIR) documentation
    - (29) General Guidelines of the Statement of Work
- (30) Contractor provided CPM with a signed statement on agency letterhead certifying all staff have completed the required trainings, background criminal clearances, and have appropriate educational level and work experience, as outlined in the SOW, prior to the staff commencing work with the THPP participants.

Cause of Deficiency: The agency was unable to provide documentation demonstrating completion of all required trainings within the required timeframes for Case Managers reviewed during the monitoring period. Additionally, documentation was not available to verify completion of certain required THPP-NMD trainings and CPM certification requirements. The deficiency resulted from insufficient training tracking and monitoring procedures. Responsibility rested with the Program Director and Human Resource Generalist.

Corrective Actions: A comprehensive review of personnel files was completed by the Human Resources Department. Missing training documentation was collected and organized. Case Managers who required refresher training were scheduled for completion. A centralized Training Compliance Tracker was developed to monitor completion dates, due dates, and annual training requirements. Letters of completion will be sent to CPM beginning July 1, 2026 for current and newly hired Case Managers.

Quality Assurance Plan: The THP Program Director and Human Resource Generalist will conduct reviews of the Training Compliance Tracker on a monthly basis. New Staff will complete required trainings within 90 days of hire. Annual training requirements will be monitored semi-annual (2x) a year to ensure Case Managers are on track to complete all required annual training and annual refresher trainings as outlined in Statement of Work, and certification letters required by the Statement of Work will be maintained and submitted timely to CPM.

Supporting Documentation Sample_Training_Tracker, SIR_Training_Sign_In_Sheet, SOW_Training_Sign_In_Sheet, and AB12_EFC_Training_Sign_In_Sheet.

Section: C – Contractor/Agency Reports

Standards:

- (34) A-27: Agency Monthly Report (5th of each month or next business day if the 5th falls on a holiday or weekend)
- (35) A-32: Monthly Census Report (5th of each month or next business day if the 5th falls on a holiday or weekend)

- (36) A-35: Referral Log (2nd and last Monday of each month)

Cause of Deficiency: The agency was unable to provide documentation verifying submission of Agency Monthly Reports, Monthly Census Reports, and Referral Logs for portions of the review period. The deficiency resulted from inconsistent document retention practices and insufficient monitoring of reporting deadlines. Responsibility rested with the Program Director and Vice President of Foster Care and Transitional Housing.

Corrective Actions: A review of reporting procedures was completed by the Program Director and Vice President of Foster Care & Transitional Housing. A reporting calendar and submission tracker were developed to monitor all contract-required reports, effective July 1, 2026. Existing reports were organized and retained electronically in a centralized compliance folder.

Quality Assurance Plan: The Program Director will maintain a monthly compliance calendar and verify report submission prior to each due date. Reports and supporting documentation will be retained electronically and reviewed by the Clinical Quality Assurance Specialist on a monthly basis.

Supporting Documentation Attached: THPP_NMD_Agency_Reports_Tracking_Tool

Section: D-1 – Plans, Assessments, and Forms Maintained in the File

Standards:

- (39) Exhibit A-20: Was the Initial Needs and Services Plan (NSP) completed timely within 30 business days of placement? Was the NSP in the File?
- (40) Exhibit A-20: Was the NSP updated every 6 months?
- (41) Exhibit A-20: Were the NSP(s) signed by the THPP-NMD Participant?
- (43) Exhibit A-20: Were the NSP(s) signed by the CSW/DPO, or document efforts to obtain the CSW/DPO signature?
- (47) Exhibit A-2: Was the SOC-152 – Agency Placement Agreement completed at placement?
- (48) Exhibit A-2a: Was a SOC 161 – Six month Certification of Extended Foster Care Participation Completed?
- (49) Exhibit A-2b: Was a SOC 162 – Mutual Agreement for Extended Foster Care completed?
- (52) Exhibit A-4: Was the Placement Information & Authorization Form completed prior to placement?
- (54) Exhibit A-9: Was the Participant Unit/Furniture Inventory completed upon entry, and updated quarterly?
- (56) Exhibit A-11: Was the Participant Clothing Inventory completed upon entry, and updated quarterly?
- (59) Exhibit A-20: Was the Initial Progress Report completed within 45 days of the placement date? Was it submitted to the CPM by the last day of the following month?
- (60) Exhibit A-20: Was the Progress Report Quarterly (January, April, July, October) - Required for NMDs whose been in care at least 45 days or more and not required for 20.5 years or older NMDs. Was it submitted to the CPM by the last day of the following month?
- (62) Exhibit A-22: Was the Advocacy Review Form completed at Orientation?

- (63) Exhibit A-29: Was the Entry Assessment completed at placement?

Cause of Deficiency: The Program Director, Vice President of Foster Care & Transitional Housing, and Clinical Quality Assurance Specialist conducted a comprehensive review of all participant files. The review found that required participant documentation as not consistently completed, updated, signed, or maintained in accordance with program requirements. Deficiencies included overdue or incomplete Needs and Services Plans (NSPs), missing participant and CSW/DPO signatures, and absent required forms, assessments, agreements, inventories, certifications, and progress reports. These issues were attributed to insufficient monitoring of documentation deadlines, inconsistent case file maintenance practices, and inadequate supervisor review processes to verify compliance with documentation standards. Responsibility for ensuring timely completion and retention of required records rested with the assigned Case Managers and the Program Director.
Corrective Actions: Missing documentation was obtained whenever possible and filed appropriately. As of July 1, 2026, the Program has implemented a due-date tracking tool and updated the chart audit tool, to strengthen file organization, monitor documentation deadlines, and support supervisory oversight. On April 29, 2026, Case Managers received training on documentation requirements, NSP timelines, required signatures, file maintenance standards, and procedures for documenting efforts to obtain CSW/DPO signatures. Training was conducted by Program Director and Vice President of Foster Care & Transitional Housing.
Quality Assurance Plan: Effective July 1, 2026, the Clinical Quality Assurance Specialist will conduct bi-monthly audits of 10% of the program census to verify the timely completion, updating signing, and review of NSPs; as well as all required participant documentation. Participant files will also be audited using the updated Chart Audit tool at designated intervals throughout placement to ensure ongoing compliance with documentation requirements. The Chart Audit will be completed by Case Managers, and a second review of the audit will be completed by the Program Director. The Program Director will review NSPs at least 10 days prior to county due dates and monitor audit results to ensure timely corrective action is taken when deficiencies are identified. Compliance reports will be maintained to track documentation due dates, audit completion status, corrective actions, completion status, and required signatures strengthening oversight and ensuring ongoing compliance with program standards.
Supporting Documentation Attached: THPP_NMD_Case_Manager_Client_Tracker, THPP_NMD_Chart_Audit_Tool, and Staff_Meeting_Agenda_4-29-2026.

<u>Section: D-2 – Case Management Contacts</u>
Standards:

- (67) Is there documentation to support the Case Manager made daily contact with the NMD? (Upon initial placement, in person or via text, email, social media, or telephone)
- (68) Was written authorization from the CSW/DPO obtained prior to decreasing daily contact to no less than twice a week?
- (69) Was face-to-face contact maintained weekly by the Case Manager?
- (70) Did the Case Manager complete at least 60 minutes of Visit time with the NMD?

Cause of Deficiency: Documentation did not consistently demonstrate required daily contacts, weekly face-to-face visits, required visit time, or authorization for reduced contact frequency. The deficiency resulted from inconsistent documentation practices and insufficient supervisory oversight. Responsibility rested with assigned Case Managers and Program Director.
Corrective Actions: Case Managers received training regarding required contact frequencies, documentation standards, and supervisory approval requirements on April 29, 2026. Training was conducted by Program Director and Vice President of Foster Care & Transitional Housing. Standardized contact logs and a monitoring tool were implemented effective May 1, 2026.
Quality Assurance Plan: Effective July 1, 2026, the Program Director will review case management daily contacts on a weekly basis and conduct monthly file audits to verify required daily contacts, weekly face-to-face visits, visit time requirements, and documentation of any approved contact reductions. The Clinical Quality Assurance Specialist will conduct bi-monthly audits of 10% to verify compliance with documentation and contact frequency requirements. Findings and corrective actions will be tracked through a compliance monitoring log on a monthly basis.
Supporting Documentation Attached: THPP_NMD_Case_Manager_Client_Tracker

Section: D-3 – Permanent Adult Connection
Standard: (72) Did the Agency document their efforts to encourage the NMD to maintain their PAC?
Cause of Deficiency: The agency was unable to provide documentation demonstrating efforts to encourage participants to maintain their identified Permanent Adult Connections. The deficiency resulted from insufficient documentation practices. Responsibility rested with assigned Case Managers.
Corrective Actions: Permanent Adult Connection (PAC) discussions have been incorporated into monthly case management contacts, NSP reviews, and quarterly progress reports. Case Managers received training regarding PAC documentation requirements on April 29, 2026. Training was conducted by Program Director and Vice President of Foster Care & Transitional Housing.
Quality Assurance Plan: Effective May 1, 2026, Case Managers and Program Director will review PAC status and support efforts monthly during supervisory case reviews and documented within participant records. The Clinical Quality Assurance Specialist will conduct bi-monthly audits of 10% to verify documentation of PAC discussions, support efforts, and progress toward maintaining permanent adult connections.
Supporting Documentation Attached: THPP_NMD_Case_Manager_Client_Tracker and THPP_NMD_Chart_Audit_Tool.

Section: E – THPP-NMD Participant Training
Standards:

- (74) Did the Agency provide and encourage the NMD Participants to attend a minimum of 240 minutes of life skills training monthly (not less than a 60-minute training session on any four subjects)
- (92) Are the training curricula/lesson plans in writing and available?

- (93) Did the Agency have a discussion with the NMD Participant and CSW/DPO prior to reducing the minimum minutes of training to no less than 120 minutes a month and maintained documentation of the discussion on the case file?

Cause of Deficiency: The agency was unable to provide complete documentation of life skills training topics, lesson plans, and required discussions regarding reduced training hours. The deficiency resulted from inconsistent curriculum documentation and retention practices. Responsibility rested with Case Managers and Program Director.
Corrective Actions: A standardized life skills curriculum, lesson plan template, and attendance log were implemented as of July 1, 2026. Case Managers received training regarding documentation requirements on July 1, 2026. Training was conducted by Program Director and Vice President of Foster Care & Transitional Housing.
Quality Assurance Plan: Effective July 1, 2026, all life skills training sessions will utilize approved lesson plans, attendance sheets, and training logs identifying the specific subject area covered. The Program Director will review training documentation monthly, and the Clinical Quality Assurance Specialist will conduct bi-monthly audits of 10% to verify compliance with training requirements.
Supporting Documentation Attached: THPP_NMD_Career_Preparation_Full_Workshop, THPP_NMD_Education_Workshop, THPP_NMD_Food_Management_Workshop, THPP_NMD_Healthy_Eating_Workshop, THPP_NMD_Job_Tips_Workshop, and THPP_NMD_Money_Management_Workshop

Section: F – Education and Employment
Standards:

- (95) Is the THPP-NMD Participant enrolled in high school full-time, or post-secondary (Adult School, Vocational Training, Community College, 4 Year-University, other) half-time?
- (98) If the THPP-NMD Participant is unemployed or underemployed, did the Contractor assist the THPP-NMD Participant with registering at the local America's Job Center of California (AJCC) office, CalJobs.gov or any department sponsored employment initiatives or programs within 7 business days into the program, or within 7 days of unemployment and maintained documentation in the file?

Cause of Deficiency: The agency was unable to provide sufficient documentation verifying participant eligibility criteria related to education and employment participation. Documentation of employment assistance services was also incomplete. Responsibility rested with assigned Case Managers.
Corrective Actions: Case Managers reviewed participant files and made efforts to obtain available educational and employment verification documentation over the period of: April 6-April 10, 2026. Case Managers received refresher training regarding THPP-NMD eligibility documentation requirements on April 29, 2026. Training was conducted by Program Director and Vice President of Foster Care & Transitional Housing.

Quality Assurance Plan: Effective July 1, 2026, education enrollment verification, employment participation verification, and employment assistance activities will be reviewed by the Program Director utilizing the Participant File Chart Audit Tool at identified intervals and as needed. The Clinical Quality Assurance Specialist will verify compliance during auditing intervals.
Supporting Documentation Attached: AB12_and_EFC_Training, AB12_EFC_Training_Sign In_Sheet, and THPP_NMD_Chart_Audit_Tool.

Section: G – Medical and Dental
Standards:

- (100) Did the Agency encourage the THPP-NMD Participant to obtain annual medical exams and all necessary medical care and related services?
- (101) Did the Agency encourage the THPP-NMD Participant to obtain annual dental exams and all necessary dental care and related services?

Cause of Deficiency: Documentation was not consistently maintained demonstrating encouragement of annual medical and dental examinations. Responsibility rested with assigned Case Managers.
Corrective Actions: Effective May 1, 2026, medical and dental follow-up discussions were incorporated into the participants' case management notes and the Participant File Chart Audit Tool.
Quality Assurance Plan: Effective July 1, 2026, medical and dental care discussions will be reviewed during monthly supervisory case reviews between Case Managers and the Program Director. In addition, documentation of discussions will be verified during monthly audits conducted by Clinical Quality Assurance Specialist. Documentation of participant encouragement and follow-up activities will be maintained in each participant file.
Supporting Documentation Attached: THPP_NMD_Case_Manager_Client_Tracker and THPP_NMD_Chart_Audit_Tool.

Section: H – Program Exit/Aftercare Follow-Up and Tracking
Standards:

- (103) Did the Contractor complete and provide the THPP-NMD Participant Termination Report (A-20) and all accompanying documents to the CPM
- (106) Was Tracking completed, and Follow-Up Services provided timely at 30-days out of the Program?
- (107) Was Tracking completed, and were Follow-Up Services provided timely at 90- days out of the program?
- (108) Was Tracking completed, and were Follow-Up Services provided timely at 6-months out of the program?
- (110) Exhibit A-36: Was the Aftercare Contact Form completed and provided to the CPM quarterly (January 15th, April 15th, July 15th, October 15th)

Cause of Deficiency: The agency was unable to provide documentation demonstrating completion of required termination reports, aftercare tracking activities, and follow-up services.

The deficiency resulted from inconsistent aftercare tracking procedures and documentation practices. Responsibility rested with Case Managers and Program Director.
Corrective Actions: On May 1, 2026, an Aftercare Tracking Log and Participant Discharge Checklist were implemented. Case Managers received training regarding aftercare requirements, follow-up timelines, and documentation expectations on April 29, 2026. Training was conducted by Program Director and Vice President of Foster Care & Transitional Housing.
Quality Assurance Plan: Effective July 1, 2026, the Program Director will maintain an Aftercare Tracking Calendar to monitor 30-day, 90-day, 6-month, and 12-month follow-up requirements. The Clinical Quality Assurance Specialist will review the tracking calendar monthly to verify completion of termination reports, aftercare contacts, and CPM submissions.
Supporting Documentation Attached: THPP_NMD_Case_Manager_Client_Tracker, THPP_NMD_Participant_Discharge_Checklist and THPP_NMD_Chart_ Audit_Tool.

The agency remains committed to ongoing compliance with THPP-NMD requirements and continuous quality improvement. Should you have any questions, please do not hesitate to contact us.

[redacted]

[redacted]
Program Director
July 23, 2026

[redacted]
Vice President of Foster Care and Transitional Housing
July 23, 2026