OFFICE OF OFFENDER SERVICES
Community Reentry Services
PROGRAM ACCOUNTABILITY REVIEW
CONTRACT COMPLIANCE

Date of Review: 06.24.2021

☑ STOP  ☐ FOTEP  ☐ RMSC  ☐ DRC  ☐ PSC

Enclosed PAR Documents:

1. PAR Summary
2. Requested Documents
3. Required Postings
4. Audit Tool
5. Staff File Review
6. Participant File Review
7. Participant Interview
8. Staff Interview
9. Exit Conference
10. Notes

<table>
<thead>
<tr>
<th>Analyst Name: CAROL MARIN</th>
<th>Date: 06.24.2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor: STOP AREA 5</td>
<td>Contract #: C568106</td>
</tr>
<tr>
<td>Community Based Provider: AMITY FOUNDATION</td>
<td></td>
</tr>
<tr>
<td>Provider Information</td>
<td>Contract Number</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>AMITY FOUNDATION (AMISTAD) 3745 S. GRAND AVE LOS ANGELES, CA 90007</td>
<td>C56081100</td>
</tr>
<tr>
<td>Phone: (__) - - -</td>
<td></td>
</tr>
<tr>
<td>Fax: (__) - - -</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:ELANGWORTHY@AMITYFDN.ORG">ELANGWORTHY@AMITYFDN.ORG</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department of Healthcare Services (DHCS)</th>
<th>Date of Site Visit</th>
<th>Date of Report:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHCS License: 190259.AN</td>
<td>3.27.2019</td>
<td></td>
</tr>
<tr>
<td>License Expiration Date: 5.31.2023</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHCS AOD Certification: 190259.AN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certification Expiration Date: 5.31.2023</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Modality and Participant Count</th>
<th>Facility Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males Females</td>
<td>Raul Frias - Director</td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Exit Meeting</th>
</tr>
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<tbody>
<tr>
<td>STOP - OVERALL -</td>
<td>YES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Entrance Meeting</th>
<th>Participant Records Reviewed</th>
<th>Staff Files Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>YES</td>
<td>NONE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant Interviewed</th>
<th>Staff Interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NONE</td>
</tr>
</tbody>
</table>
## REQUESTED DOCUMENTS

Facility Name/Address: AMISTAD AMITY FOUNDATION 3745 S. GRAND, CA 90037  
Date: 6/24/01

**Instructions for Provider:** The following is a list of documents must be provided to the Facility Manager or designee, during the Entrance Meeting of your Program Accountability Review (PAR). Once the PAR is completed, the original will remain with the Contractor/CBP.

### Licenses/Certifications/Permits

<table>
<thead>
<tr>
<th>Description</th>
<th>Received</th>
<th>Reviewed</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHCS License / Certification</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business License</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conditional Use Permit</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Fire Clearance (PSC/STOP)</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Liability Insurance</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Pest Control Contract</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Inspection Report/Permit (PSC)</td>
<td></td>
<td></td>
<td>✓</td>
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</tr>
</tbody>
</table>

### Rosters/Schedules

- Participant Roster: ✓
- Staff Schedule: ✓
- Programming Schedule(s): ✓
- Program Meal Menu: ✓

### Handbooks

- Employee Handbook: ✓  
- Participant Handbook: ✓
- Parenting Handbook: ✓
- Policy & Procedure Manual: ✓

### Other

- Facility Map: ✓
- Daily Activity Log (PSC/RMSC): ✓
- Group Sign-in Sheets 30 days (PSC): ✓
- Subcontract’s Contract (PSC): ✓
- Prospective Employer List (PSC): ✓

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Per 42 CFR and HIPPA requirements, this document is being provided to the contractor responsible for the above documents. All documents and/or files were copied, scanned, or reviewed by the undersigned CDCR, DRP, OS Program Analyst, to ensure compliance with funded contract(s). Please maintain the original copy of this document according to 42 CFR and HIPPA record retention requirements.

**Signature:**  
**Date:** 6/24/01

**Printed Name:** Carol Marin  
**Title:** Compliance Manager

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3
### REQUIRED POSTINGS

<table>
<thead>
<tr>
<th>Required Postings</th>
<th>Posted</th>
<th>Location of Posting</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FACILITY OPERATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours of Operation</td>
<td>N/A</td>
<td>□ Classrooms</td>
<td>THROUGHOUT FACILITY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Visiting Areas</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Main Office</td>
<td></td>
</tr>
<tr>
<td>No Smoking Signs</td>
<td>C</td>
<td>□ Sleeping Areas</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Hallways</td>
<td></td>
</tr>
<tr>
<td>SLE/TH Rules of the House:</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Curfew</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chores</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House Meetings</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>EMERGENCY INFORMATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Evacuation Plan</td>
<td>C</td>
<td>COMMON AREAS</td>
<td></td>
</tr>
<tr>
<td><strong>COMPLAINTS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaint/Grievance Process</td>
<td>C</td>
<td>INTAKE PACKET</td>
<td></td>
</tr>
<tr>
<td><strong>FOOD SERVICE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menu</td>
<td>C</td>
<td>DIGITAL MONITOR</td>
<td>IN DINING AREA</td>
</tr>
</tbody>
</table>

C = Compliant  D = Deficient  N/A = Not Applicable

**COMMENTS:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
### Facility/Housing

<table>
<thead>
<tr>
<th>1. Does staff conduct weekly inspections of entire facility and maintain a log for noted inspection?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ YES  ☐ NO  ☐ N/A</td>
</tr>
</tbody>
</table>

FOTEP: PA1 EXHIBIT A, SECTION X. C.; PA 2-5 EXHIBIT A, SECTION XI. C.; PA6 EXHIBIT A, SECTION III. L.
RMSC: EXHIBIT A, SECTION IX. A.
STOP: EXHIBIT A, SECTION VII. D.
PSC: EXHIBIT A, SECTION VII. B.
DRC: N/A

**VERIFICATION:** REVIEW LOG

**COMMENTS:**

<table>
<thead>
<tr>
<th>2. Are sleeping quarters maintained as per the contract?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ YES  ☐ NO  ☐ N/A</td>
</tr>
</tbody>
</table>

FOTEP: PA1 EXHIBIT A, SECTION V. I.; PA2 & 5 EXHIBIT A, SECTION VI. I.;
PA3 & 4 EXHIBIT A, SECTION VI. J.; PA6 EXHIBIT A, SECTION III. B.
RMSC: EXHIBIT A, SECTION VII. K.
STOP: EXHIBIT A, SECTION VII. D.
PSC: EXHIBIT A, SECTION V. K.
DRC: N/A

**VERIFICATION:** VISUAL TOUR OF FACILITY

**COMMENTS:**

3 PER ROOM. WITH ADEQUATE STORAGE

<table>
<thead>
<tr>
<th>3. Are food items stored as per the contract?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ YES  ☐ NO  ☐ N/A</td>
</tr>
</tbody>
</table>

FOTEP: PA1 EXHIBIT A, SECTION V. J.; PA2 & 5 EXHIBIT A, SECTION VI. J.;
PA3 & 4 EXHIBIT A, SECTION VI. K.; PA6 EXHIBIT A, SECTION III. C.
RMSC: EXHIBIT A, SECTION VII. D.
STOP: EXHIBIT A, SECTION VII. E.
PSC: EXHIBIT A, SECTION V. D.
DRC: N/A

**VERIFICATION:** VISUAL TOUR OF FACILITY

**COMMENTS:**
4. Are participants provided wholesome and nutritionally balanced diet?  

☑ YES ☐ NO ☐ N/A

FOTEP: PA1 EXHIBIT A, SECTION V. J.; PA2 & 5 EXHIBIT A, SECTION VI. J.; PA3 & 4 EXHIBIT A, SECTION VI. K.; PA6 EXHIBIT A, SECTION III. C.
RMSC: EXHIBIT A, SECTION VII. D.
STOP: EXHIBIT A, SECTION VII. E.
PSC: EXHIBIT A, SECTION V. D.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY, REVIEW MEAL MENU

COMMENTS:

5. Does the contractor provide an on-site laundry facility that is well ventilated and includes, at minimum, one washer and one dryer to every 16 participants?  

☑ YES ☐ NO ☐ N/A

FOTEP: PA1 EXHIBIT A, SECTION V. M.; PA2 & 5 EXHIBIT A, SECTION VI.M.
PA3 & 4 EXHIBIT A, SECTION VI. N.; PA6 EXHIBIT A, SECTION III. E.
RMSC: EXHIBIT A, SECTION VII. H.
STOP: EXHIBIT A, SECTION VII. D.
PSC: EXHIBIT A, SECTION V. H.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:

6. Is there a secured maintenance room for the storage of tools, cleaning supplies, and equipment?  

☑ YES ☐ NO ☐ N/A

FOTEP: PA1 EXHIBIT A, SECTION V. N.; PA2 & 5 EXHIBIT A, SECTION VI. N.
PA3 & 4 EXHIBIT A, SECTION VI. O.; PA6 EXHIBIT A, SECTION III. K.
RMSC: EXHIBIT A, SECTION VII. J.
STOP: EXHIBIT A, SECTION VII. D.
PSC: EXHIBIT A, SECTION V. J.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:
7. Is there a secured medicine cabinet with medication log that is maintained as specified in the contract?  

☑ YES ☐ NO ☐ N/A

FOTEP: PA1 EXHIBIT A, SECTION VII. E.; PA2 & 5 EXHIBIT A, SECTION VIII. F.;
PA3 & 4 EXHIBIT A, SECTION VIII. G.; PA6 EXHIBIT A, SECTION VIII. E.
RMSC: EXHIBIT A, SECTION VII. E.
STOP: EXHIBIT A, SECTION VII. D.
PSC: EXHIBIT A, SECTION V. E.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY; REVIEW POLICIES AND PROCEDURES

COMMENTS: STUDENTS REFERRED TO KEDREN COMM CLINIC. FIND FOR MEDICAL COVERAGE.

8. Are fully-stocked first aid kits located throughout the facility?  

☑ YES ☐ NO ☐ N/A

FOTEP: PA1 EXHIBIT A, SECTION VII. E.; PA2 & 5 EXHIBIT A, SECTION VIII. F.;
PA3 & 4 EXHIBIT A, SECTION VIII. G.; PA6 EXHIBIT A, SECTION VIII. E.
RMSC: EXHIBIT A, SECTION XI. E.
STOP: EXHIBIT A, SECTION VII. D.
PSC: EXHIBIT A, SECTION V. V.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:

9. Is the facility equipped with emergency lighting?  

☑ YES ☐ NO ☐ N/A

FOTEP: PA1 EXHIBIT A, SECTION VIII. E.; PA2 & 5 EXHIBIT A, SECTION IX. E.;
PA3 & 4 EXHIBIT A, SECTION IX. E.; PA6 EXHIBIT A, SECTION III. M.
RMSC: EXHIBIT A, SECTION VII. Y.
STOP: EXHIBIT A, SECTION XI. D.
PSC: EXHIBIT A, SECTION V. Y.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS: THROUGH OUT FACILITY
10. Does the facility have operational smoke detectors in key locations?

□ YES □ NO □ N/A

FOTEP: PA1 EXHIBIT A, SECTION VIII. J.; PA2-5 EXHIBIT A, SECTION IX. J.; PA6 EXHIBIT A, SECTION III. J.
RMSC: EXHIBIT A, SECTION IX. B.
STOP: EXHIBIT A, SECTION XI. I.
PSC: EXHIBIT A, SECTION V. X.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:

11. Does the contractor provide classroom space for programs and services?

□ YES □ NO □ N/A

FOTEP: PA1 EXHIBIT A, SECTION V. K.; PA2 & 5 EXHIBIT A, SECTION VI. K.;
PA3 & 4 EXHIBIT A, SECTION VI. L.; PA6 EXHIBIT A, SECTION III. D.
RMSC: EXHIBIT A, SECTION VII. G.
STOP: EXHIBIT A, SECTION VII. D.
PSC: EXHIBIT A, SECTION V. G.
DRC: N/A

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:

12. Are participant files maintained and secured as required and in accordance to Title 42, CFR, Part 2?

□ YES □ NO □ N/A

FOTEP: PA1 EXHIBIT A, SECTION VIII. A.; PA2-5 EXHIBIT A, SECTION IX. A.; PA6 EXHIBIT A, SECTION IX. C.
RMSC: EXHIBIT A, SECTION III. F.
STOP: EXHIBIT A, SECTION XI. A.
PSC: EXHIBIT A, SECTION III. E.
DRC: EXHIBIT A, SECTION II. E.

VERIFICATION: VISUAL TOUR OF FACILITY; PARTICIPANT FILE REVIEW

COMMENTS:
13. Does the contractor provide, or make available, transportation for participants?  
☑ YES ☐ NO ☐ N/A

If public transportation is utilized, is it located within the required distance from the facility?  
☑ YES ☐ NO ☐ N/A

FOTEP: PA1 EXHIBIT A, SECTION VII. A.; PA2-5 EXHIBIT A, SECTION VIII. A.; PA6 EXHIBIT A, SECTION VIII. G.  
RMSC: EXHIBIT A, SECTION IX. F.  
STOP: EXHIBIT A, SECTION XIII. H.  
PSC: EXHIBIT A, SECTION VI. F.  
DRC: EXHIBIT A, SECTION II. C.

VERIFICATION: ASK STAFF; REVIEW TRANSPORTATION LOG AND/OR POLICIES AND PROCEDURES

COMMENTS:

PROGRAMMING

14. Does the contractor utilize evidence-based programs/practices and curriculum?  
☑ YES ☐ NO ☐ N/A

FOTEP: PA1 EXHIBIT A, SECTION IV.; PA2-5 EXHIBIT A, SECTION V.; PA6 EXHIBIT A, SECTION V. A.  
RMSC: EXHIBIT A, SECTION V. A.  
STOP: EXHIBIT A, SECTION IV. A.  
PSC: EXHIBIT A, SECTION VIII. B.  
DRC: EXHIBIT A, SECTION V. A.

VERIFICATION: REVIEW POLICIES AND PROCEDURES, PARTICIPANT FILE REVIEW; REVIEW PROGRAMMING SCHEDULE

COMMENTS:

15. Does the contractor provide cognitive behavioral therapy-based (CBT) interventions for the following:  
   a. Anger Management  
      ☑ YES ☐ NO ☐ N/A  
   b. Criminal Thinking  
      ☑ YES ☐ NO ☐ N/A  
   c. Family Relations  
      ☑ YES ☐ NO ☐ N/A

FOTEP: PA1 EXHIBIT A, SECTION V. E.; PA2 & 5 EXHIBIT A, SECTION VI. E.;  
      PA3 & 4 EXHIBIT A, SECTION VI. F.; PA6 EXHIBIT A, SECTION VI. G.  
RMSC: EXHIBIT A, SECTION IV. D.  
STOP: EXHIBIT A, SECTION VI. C.  
PSC: N/A  
DRC: EXHIBIT A, SECTION VI. C.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; PARTICIPANT FILE REVIEW; REVIEW PROGRAMMING SCHEDULE

COMMENTS:  Amity curriculum
16. Does the contractor provide programming that is:

<table>
<thead>
<tr>
<th>Option</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Gender Responsive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Cultural Competent</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. Trauma-Informed</td>
<td></td>
<td></td>
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<tr>
<td>d. Family-Focused</td>
<td></td>
<td></td>
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<tr>
<td>e. Strengthen-Based</td>
<td>[WORKSHOPS]</td>
<td></td>
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</tr>
</tbody>
</table>

FOTEP: PA1 EXHIBIT A, SECTION III.; PA2-5 EXHIBIT A, SECTION IV.; PA6 EXHIBIT A, SECTION V. B-F.
RMSC: EXHIBIT A, SECTION V. E.
STOP: EXHIBIT A, SECTION VI.
DRC: EXHIBIT A, SECTION III.
PSC: N/A

VERIFICATION: REVIEW POLICIES AND PROCEDURES; PARTICIPANT FILE REVIEW; REVIEW PROGRAMMING SCHEDULE

COMMENTS:

17. Does the contractor provide, or make available, other programming components, as applicable:

<table>
<thead>
<tr>
<th>Option</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Employability/Job Development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Education/Literacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Life Skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Community Partnerships/Linkages</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e. Anger and Stress Management</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>f. 52-Week Domestic Violence Program</td>
<td>[REPEATED]</td>
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<td></td>
</tr>
<tr>
<td>g. Self Help Groups (i.e. N/A, A/A, or secular equivalent)</td>
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</tr>
<tr>
<td>h. Individual/Group Counseling</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>i. Social and Recreational Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. General Health/Mental Health Services/Referrals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Relapse Prevention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. AIDS/HIV and Sexually Transmitted Diseases Education</td>
<td>[PAIRED]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Communications &amp; Interpersonal Relations</td>
<td></td>
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</tbody>
</table>

FOTEP: VARIOUS
RMSC: EXHIBIT A, SECTION V. E.
STOP: EXHIBIT A, SECTION VIII.
PSC: SEE PSC SECTION
DRC: EXHIBIT A, SECTION VI.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; PARTICIPANT FILE REVIEW; PROGRAMMING SCHEDULE

COMMENTS:
18. Does the contractor facilitate enrollment and/or annual renewal assistance, as applicable, for health care coverage?  

☐ YES ☐ NO ☐ N/A

FOTEP: PA1 EXHIBIT A, SECTION VII. E.; PA2, 5 & 6 EXHIBIT A, SECTION VIII. E.;  
PA3 & 4 EXHIBIT A, SECTION VIII. F.  
RMSC: EXHIBIT A, SECTION III. T.  
STOP: EXHIBIT A, SECTION X. D.  
PSC: EXHIBIT A, SECTION IV. A.  
DRC: N/A

VERIFICATION: REVIEW POLICIES AND PROCEDURES, PARTICIPANT FILE REVIEW

COMMENTS: STUDENTS ARE REFERRED TO KEDREN COMM CLINIC & JWCH FOR MEDICAL COVERAGE.

19. Has the contractor established a participant’s savings/trust fund account for each participant receiving an income as specified in the contract?  

☑ YES ☐ NO ☐ N/A

FOTEP: PA1 EXHIBIT A, SECTION VII. F.; PA2 & 5 EXHIBIT A, SECTION VIII. G.;  
PA3 & 4 EXHIBIT A, SECTION VIII. H.; PA6 EXHIBIT A, SECTION X. N.  
RMSC: EXHIBIT A, SECTION II. Q.  
STOP: EXHIBIT A, SECTION X. E.  
PSC: EXHIBIT A, SECTION III. O.  
DRC: N/A

VERIFICATION: REVIEW POLICIES AND PROCEDURES

COMMENTS: STUDENTS RECEIVE MONTHLY STATEMENTS.

20. Does the contractor provide, or make available, DHCS licensed detoxification services?  

☐ YES ☑ NO ☐ N/A

FOTEP: PA1 EXHIBIT A, SECTION II. D.; PA2-5 EXHIBIT A, SECTION III. D.; PA6 EXHIBIT A, SECTION VI. E.  
RMSC: EXHIBIT A, SECTION IV. D.  
STOP: EXHIBIT A, SECTION IV. D.  
PSC: N/A  
DRC: N/A

VERIFICATION: REVIEW POLICIES AND PROCEDURES

COMMENTS:
21. Does the contractor maintain a procedure/operations manual that describes the facilities' purpose, philosophy, programs, services, and policies and procedures?  

☑ YES ☐ NO ☐ N/A

FOTEP: PA1 EXHIBIT A, SECTION X. E.; PA2-5 EXHIBIT A, SECTION XI. E.; PA6 EXHIBIT A, SECTION VIII. D.
RMSC: EXHIBIT A, SECTION III. E.
STOP: EXHIBIT A, SECTION IX. D.
PSC: EXHIBIT A, SECTION VII. A.
DRC: EXHIBIT A, SECTION VI. B.

VERIFICATION: REVIEW POLICIES AND PROCEDURES

COMMENTS:

22. Does the contractor utilize positive reinforcements and motivational incentives?  

☑ YES ☐ NO ☐ N/A

OUTINGS / TRIPS / GAMES / OUTDOOR ACTIVITIES.

FOTEP: PA1 EXHIBIT A, SECTION VI. C.; PA2-5 EXHIBIT A, SECTION VII. C.; PA6 EXHIBIT A, SECTION VIII. M.
RMSC: EXHIBIT A, SECTION III. F.
STOP: EXHIBIT A, SECTION VIII. E.
PSC: EXHIBIT A, SECTION IV.
DRC: EXHIBIT A, SECTION VII. B.

VERIFICATION: REVIEW POLICIES AND PROCEDURES

COMMENTS:  

AFFIRMATIONS

23. Does the contractor/job developer assist participants in obtaining/securing employment? If so, how?  

☑ YES ☐ NO ☐ N/A

FOTEP: PA1 EXHIBIT A, SECTION V. F.; PA2 & 5 EXHIBIT A, SECTION VI. F.; PA3 & 4 EXHIBIT A, SECTION VI. G.; PA6 EXHIBIT A, SECTION VI. F.
RMSC: EXHIBIT A, SECTION III. F.
STOP: EXHIBIT A, SECTION VIII. E.
PSC: EXHIBIT A, SECTION IV.
DRC: EXHIBIT A, SECTION VII. B.

VERIFICATION: REVIEW POLICIES AND PROCEDURES

COMMENTS:  

5 KEYS

IN HOUSE "JOB DEVELOPMENT DEPT."
### Policies & Procedures

24. Does the contractor have written personnel policies and procedures for:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Security Clearances</td>
<td>✓</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>b. Vacancies</td>
<td>✓</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>c. Nepotism</td>
<td>✓</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>d. Fraternization</td>
<td>✓</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>e. Staff training</td>
<td>✓</td>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

FOTEP: PA1 EXHIBIT A, SECTION IX. E.; PA2-5 EXHIBIT A, SECTION X. E.; PA6 EXHIBIT A, SECTION IV.
RMSC: EXHIBIT A, SECTION XI.
STOP: EXHIBIT A, SECTION XII.
PSC: EXHIBIT A, SECTION B.
DRC: EXHIBIT A, SECTION IX.

**VERIFICATION:** REVIEW POLICIES AND PROCEDURES; REVIEW EMPLOYEE HANDBOOK

**COMMENTS:**

HR (INTERNAL)

---

25. Does the contractor have written policies and procedures for:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Alcohol and Drug Screening</td>
<td>✓</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>b. Confidentiality</td>
<td>✓</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>c. Routine and Emergency Medical Care of Participants</td>
<td>✓</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>d. Hazardous, Toxic, and Volatile Substances</td>
<td>✓</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>e. Emergency Evacuation, Fire Prevention and Safety Requirements</td>
<td>✓</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>f. Motivational Incentive Program</td>
<td>✓</td>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

FOTEP: VARIOUS
RMSC: VARIOUS
STOP: VARIOUS
PSC: VARIOUS
DRC: VARIOUS

**VERIFICATION:** REVIEW POLICIES AND PROCEDURES

**COMMENTS:**

FACILITY HANDBOOK
1. Does the contractor provide either of the following outpatient services:
   a. Substance Use Disorder Outpatient Services
   b. Other Outpatient Services

STOP: EXHIBIT A, SECTION VII. F.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; REVIEW PROGRAMMING SCHEDULE

COMMENTS:

2. Is the TH/SLE house manager or designee available 7 days a week; on-site between the hours of 10:00 pm to 6:30 am and via phone 24 hours a day?

STOP: EXHIBIT A, SECTION VII. C.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; REVIEW STAFF SCHEDULE

COMMENTS:

3. Does the contractor maintain formal TH/SLE residency records which include a residency agreement, guidelines, and policies and procedures of the facility?

STOP: EXHIBIT A, SECTION VII. D.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; PARTICIPANT FILE REVIEW

COMMENTS:

4. Does the contractor have policies and procedures in place to ensure an alcohol and drug free environment? (SLE Only)

STOP: EXHIBIT A, SECTION VII. D.

VERIFICATION: REVIEW POLICIES AND PROCEDURES

COMMENTS:
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How is the contractor ensuring that all participants are placed in appropriate programming? DRC: EXHIBIT A, SECTION VI. A.</td>
<td>☐</td>
<td>☐</td>
<td>☐/A</td>
</tr>
<tr>
<td></td>
<td><strong>VERIFICATION:</strong> COMPARE ASSESSED NEEDS TO CLASSES ASSIGNED TO AND ATTENDING; REVIEW SIGN-IN SHEETS <strong>COMMENTS:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Is the contractor providing non-residential substance abuse treatment services to participants with substance abuse treatment needs? DRC: EXHIBIT A, SECTION VI. B.</td>
<td>☐</td>
<td>☐</td>
<td>☐/A</td>
</tr>
<tr>
<td></td>
<td><strong>VERIFICATION:</strong> REVIEW POLICIES AND PROCEDURES; PARTICIPANT FILE REVIEW <strong>COMMENTS:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Is transitional housing available? If so, where is the location? DRC: EXHIBIT A, SECTION II. C.</td>
<td>☐</td>
<td>☐</td>
<td>☐/A</td>
</tr>
<tr>
<td></td>
<td><strong>VERIFICATION:</strong> REVIEW POLICIES AND PROCEDURES; REVIEW TRANSITIONAL HOUSING LISTING <strong>COMMENTS:</strong></td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td>Is there at minimum, two journey level staff present at the facility during hours of operation? Is the staff to participant ratio, in groups, of 1:18 being met? DRC: EXHIBIT A, SECTION II. B.</td>
<td>☐</td>
<td>☐</td>
<td>☐/A</td>
</tr>
<tr>
<td></td>
<td><strong>VERIFICATION:</strong> REVIEW STAFF SCHEDULE; REVIEW CLASS ROSTER <strong>COMMENTS:</strong></td>
<td></td>
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<tr>
<td>5</td>
<td>Are wholesome refreshments provided for participants during the course of the day? DRC: EXHIBIT A, SECTION II. C.</td>
<td>☐</td>
<td>☐</td>
<td>☐/A</td>
</tr>
<tr>
<td></td>
<td><strong>VERIFICATION:</strong> VISUAL TOUR OF FACILITY; REVIEW SNACK LIST/MENU <strong>COMMENTS:</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### 1. Are LTO participants following a separate LTO core curriculum that offers services that are LTO responsive?
- **YES**
- **NO**
- **N/A**

**PSC: EXHIBIT A, SECTION II. P.**

**VERIFICATION:** REVIEW POLICIES AND PROCEDURES; PARTICIPANT FILE REVIEW; REVIEW PROGRAMMING SCHEDULE

**COMMENTS:**

### 2. Does the facility operate at the required participant to item ratios for the following:

- **a. Restrooms**
  - i. Toilets/Urinals: 1:10
  - ii. Sinks: 1:10
  - iii. Showers: 1:20

- **b. Classroom**
  - i. Computers: 1:9

- **c. Laundry**
  - i. Commercial Grade Washer & Dryer: 1:16

**PSC: VARIOUS**

**VERIFICATION:** VISUAL TOUR OF FACILITY

**COMMENTS:**

### 3. Is there a property room as specified in the contract?
- **YES**
- **NO**
- **N/A**

**PSC: EXHIBIT A, SECTION V. J.**

**VERIFICATION:** VISUAL TOUR OF FACILITY

**COMMENTS:**
4. Is telephone access provided as specified in the contract?

PSC: EXHIBIT A, SECTION VI. B.

VERIFICATION: VISUAL TOUR OF FACILITY

COMMENTS:

5. Are participants completing the required programming in Phase II?

a. Life Skills Training (20 hours minimum)
   - YES  NO  N/A

b. Anger and Stress Management (20 hours minimum)
   - YES  NO  N/A

c. Victim Awareness Training (20 hours minimum)
   - YES  NO  N/A

d. Parenting and Family Reintegration (10 hours minimum)
   - YES  NO  N/A

e. Budgeting and Money Management Training (20 hours minimum)
   - YES  NO  N/A

f. Substance Abuse Education (20 hours minimum)
   - YES  NO  N/A

g. HIV/Sexually Transmitted Disease Awareness (10 hours minimum)
   - YES  NO  N/A

h. Computer Training (40 hours minimum)
   - YES  NO  N/A

i. Community Reentry Planning (15 hours minimum)
   - YES  NO  N/A

j. Job Readiness and Resume Writing (40 hours minimum)
   - YES  NO  N/A

k. Interview Skills (40 hours minimum)
   - YES  NO  N/A

l. Job Search and Employment (40 hours minimum)
   - YES  NO  N/A

m. 52 Weeks Domestic Violence Program (Hours to be determined)
   - YES  NO  N/A

PSC: EXHIBIT A, SECTION VII. H.

VERIFICATION: REVIEW POLICIES AND PROCEDURES; PARTICIPANT FILE REVIEW; REVIEW PROGRAMMING SCHEDULE

COMMENTS:
<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Title</th>
<th>Date of Hire</th>
<th>Job Description</th>
<th>Minimum Qualifications Met</th>
<th>90 Day Provisional Approval Date</th>
<th>Live Scan Approval Date</th>
<th>TB Test Date</th>
<th>Professional Licensure/Certifications Expiration Date</th>
<th>First Aid/CPR Expiration Date</th>
<th>Food Prep Certification Expiration Date (if Applicable)</th>
<th>Motivational Interviewing Training</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments</td>
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</tbody>
</table>

Comments
PARTICIPANT FILE REVIEW

Facilitation Counselor: JEN MARIN

Release of Information:
- Yes ☑ No ☐ Date: ______
- Yes ☑ No Date: ______
- Yes ☑ No Date: ______

Admission Agreement:
- Yes ☑ No Date: ______
- Yes ☑ No Date: ______
- Yes ☑ No Date: ______

Orientation Packet:
- Yes ☑ No Date: ______
- Yes ☑ No Date: ______
- Yes ☑ No Date: ______

Health Questionnaire:
- Yes ☑ No Date: ______
- Yes ☑ No Date: ______
- Yes ☑ No Date: ______

Assessment Type: DENS ASI

Individual Treatment Plan:
- Yes ☑ No Date: ______
- Yes ☑ No Date: ______
- Yes ☑ No Date: ______

Updated Treatment Plan: CONT. CARE PLAN

Date: ______

30 Days

60 Days

90 Days

Progress Notes: Yes ☑ No ☐
Date of Recent Notes: ______

OTHER

Drug Screen Documented:
- Yes ☑ No 6-11-21

Activity/Incident Reports:
- Yes ☑ No

Exit Plan:
- Yes ☑ No Date: ______
- N/A

SECTIONS

Individual Sessions: Yes ☑ No ☐

Group Sessions:
- Yes ☑ No

Group Session Attendance Sheet: Yes ☑ No ☐

STOP/DRC/PSC

Case Manager: DNA

Secondary Assessment:
- Yes ☑ No Date: ______
- Yes ☑ No Date: ______

Case Management Plan:
- Yes ☑ No Date: ______
- Yes ☑ No Date: ______
- Yes ☑ No Date: ______

Updated Case Management Plan:
- Yes ☑ No Date: ______
- Yes ☑ No Date: ______
- Yes ☑ No Date: ______

WEEKLY PROGRAMMING HOURS

STOP/FOTEP

25 Hours Individual/Group Activity:
- Yes ☑ No ☐ N/A

6 Hours Structured (i.e. N/A, A/A):
- Yes ☑ No ☐ N/A

RMSC

40 Hours
- Yes ☑ No ☐ N/A

20 Hours (if employed)
- Yes ☑ No ☐ N/A

PSC

35 Hours minimum Programming:
- Yes ☑ No ☐

PSC Procedures Provided:
- Yes ☑ No ☐

LTO Programming:
- Yes ☑ No ☐

Program Data Collection Form:
- Yes ☑ No ☐
PARTICIPANT INTERVIEW

Participant Name: [Redacted]  CDCR#: [Redacted]  Admit Date: [Redacted]

1. Have you ever participated in rehabilitative programs? If so, how many and what was your experience like?

First time in any program. Student feels like he would have struggled. Program has given him structured. Student has received his license. B/c SS card.

2. Could you walk me through your typical day at this facility?

6:30 Wake up. Attends groups and seeks employment. Breakfast. Also attends night groups.

3. What types of groups/services do you attend?

Community Circle  Amity Curriculum  Expressing Experiences
Community Gathering (Thurs) AA Zoom

4. Do you attend groups outside of the facility?

Not at the moment.

5. Do you go out on passes? How often and for what?

Yes. Visits, Library, ARC referral

3 hr passes

6. Do you or have you had to pay for any services/items while in the program?

No

7. Do you have any comments or concerns you would like to share?

Sat clinic 6-1 4th
### STAFF INTERVIEW

<table>
<thead>
<tr>
<th>Staff Name:</th>
<th>Title/Position:</th>
<th>Hire Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Can you walk me through your typical day at this facility?

2. Do you experience any challenges with your position?

3. Do you receiving any training? If so, what type and who facilitates?

4. Do you possess any credentials? (Licensure, certifications, etc.)

5. Do you conduct UAs/Med Calls? If so, can you walk me through the policy and procedure?

6. Do you have any comments or concerns you would like to share?
EXIT CONFERENCE

Facility Name and Program Type: AMISTAD - AMITY FOUNDATION

The Exit Conference Meeting was conducted with: Raul Frias, Director

Date: 6/24/21

PROGRAM DEFICIENCIES AND FINDINGS

The purpose of the Exit Conference Meeting is to inform you of the major and minor deficiencies found at this location during the Program Accountability Review Site Inspection. The Site Inspection is performed to ensure the contractor is adhering to their program responsibilities and to ensure contract compliance. A complete Program Accountability Report will be forthcoming.

No Deficiencies Found

Program Analyst Signature: [Signature]
Printed Name: [Name] Date: 6/24/21

Facility Representative Signature: [Signature]
Printed Name: Raul Frias Title: Director Date: 6/24/21