County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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January 14, 2016

To: Supervisor Hilda L. Solis, Chair
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

KOINONIA FOSTER HOMES FOSTER FAMILY AGENCY CONTRACT COMPLIANCE AND FISCAL COMPLIANCE ASSESSMENT REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review and a Fiscal Compliance Assessment review of Koinonia Foster Homes Foster Family Agency (the FFA) in September 2014. The FFA has six licensed offices; one in the Second Supervisorial District, one in the Fifth Supervisorial District, one in Orange County, one in San Bernardino County, one in Riverside County and one in Ventura County; and provides services to DCFS placed children, as well as children from other counties. According to the FFA's program statement, its stated mission is "to provide the highest quality treatment foster care program available for children, youth and their families whose special needs can be met through services delivered, supervised and supported by professional Agency staff."

At the time of the review, the FFA supervised 176 DCFS placed children in 109 Certified Foster Homes (CFHs). The placed children's average length of placement was 16 months and their average age was seven.

SUMMARY

CAD conducted a Fiscal Compliance Assessment, which included an agency-wide review of the FFA's financial records such as financial statements, bank statements, check register, and personnel files to determine the FFA's compliance with the terms, conditions, and requirements of the contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The FFA was in full compliance with 4 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influences; and Payroll and Personnel.

CAD identified one deficiency in the area of Cash Expenditures, related to the fixed asset inventory list missing the funding source.

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe at the FFA certified homes; having been provided with good care and appropriate services; being comfortable in their environment; and treated with respect and dignity. The Certified Foster Parents (CFPs) reported they were supported by the FFA staff in their efforts to provide care, supervision and service delivery to the children placed in their homes.

The FFA was in full compliance with 4 of 11 sections of our Contract Compliance Review: Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children and Personnel Records.

CAD noted deficiencies in the following areas: Licensure/Contract Requirements, related to a Special Incident Report (SIR) not being submitted timely, and Community Care Licensing (CCL) citations; Certified Foster Homes, related to the FFA not maintaining documentation of annual vehicle maintenance for CFPs; Facility and Environment, related to CFHs' exteriors/grounds, common areas, and children bedrooms not being well maintained, insufficient access to appropriate educational resources, and three CFHs having expired food; Maintenance of Required Documentation/Service Delivery, related to a CFP not participating in the development of the Needs and Services Plans (NSPs), FFA social workers not developing comprehensive initial and updated NSPs with the child's participation, therapeutic services received were not documented, FFA social workers did not complete comprehensive quarterly reports, and FFA social workers did not conduct the required visits; Education and Workforce Readiness, related to children not being enrolled in school within three days and current child's report card/progress reports not being maintained; Health and Medical Needs, related to a follow-up medical exam not being conducted timely, and an initial dental exam not being conducted timely; Personal Needs/Survival and Economic Well-Being, related to one child stating he is not involved in choosing his clothing, one child stating he does not have adequate grooming supplies and another child stating she does not receive a weekly monetary allowance and is not free to manage her own funds, and two children not having a Life Book or photo album.

Attached are the details of our review.

REVIEW OF REPORT

October 30, 2014, Vanessa Gutierrez, DCFS CAD, Joe Jimenez Jr., CAD, Fiscal and Kong Ng, Out-of Home Care Management Division (OHCMD) held an Exit Conference with FFA representatives: Dave Wesson, Associate Executive Director for the Southern California Region; Amber West, Supervising Foster Care Social Worker; Janina Miller, District Manager; Brianne Mancini, District Manager; Tiffany Sickler, District Manager; Sarah DeHay, District Manager; and Betina Scott, Interim District Manager. The FFA's representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Fiscal Corrective Action Plan (FCAP) and contract monitoring Corrective Action Plan (CAP).

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

The FFA provided the attached approved FCAP and CAP, addressing the recommendations noted in this compliance report.

CAD Compliance conducted a follow-up visit to the FFA on April 15, 2015, and verified implementation of the CAP.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:EM
LTI:vg

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Dave Wesson, MA, Associate Executive Director, Southern California Region
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

KOINONIA FOSTER HOMES FOSTER FAMILY AGENCY
FISCAL ASSESSMENT REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The Fiscal Compliance Assessment included review of the Koinonia Foster Homes Foster Family Agency's (the FFA's) financial records for the review period of July 1, 2012 through June 30, 2014. Contracts Administration Division (CAD) reviewed the financial statements, bank statements, check register, and personnel files to determine the FFA's compliance with the terms, conditions, and requirements of the FFA contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The on-site Fiscal Assessment focused on five key areas of internal controls:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The FFA was in full compliance with 4 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influences; and Payroll and Personnel.

FISCAL COMPLIANCE

CAD found the following one area out of compliance:

Cash/Expenditures

- The fixed asset inventory did not include the funding source.

Recommendation:

The FFA management shall ensure that:

1. The fixed asset inventory includes all required elements.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of the FFA has not been posted by the Auditor-Controller.

NEXT FISCAL ASSESSMENT

The next Fiscal Compliance Assessment of the FFA will be conducted in County Fiscal Year 2015-2016.

KOINONIA FOSTER HOMES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW SUMMARY

550 Carson Plaza Dr., #200
Carson, CA 9046
License Number: 197805272

500 Esplanade Drive, Suite 340
Oxnard, CA 93036
License Number: 565200575

38345 30th St. East, Suite A-1
Palmdale, CA 93550
License Number: 197602463

5150 E. Palma Ave., #205
Anaheim Hills, CA 92807
License Number: 306099603

41661 Enterprise Circle North
Suite 121
Temecula, CA 92590
License Number: 336423825

1881 S. Business Center Dr. #10-E
San Bernardino, CA 92408
License Number: 366408181

	Contract Compliance Review	Findings: September 2014
I	**Licensure/Contract Requirements** (7 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Timely, Cross-Reported SIRs	2. Improvement Needed
	3. Runaway Procedures in Accordance with the Contract	3. Full Compliance
	4. Are there CCL Citations/OHCMD Safety Reports	4. Improvement Needed
	5. If Applicable, FFA Ensures Complete Required Whole Foster Family Home Training	5. Non-Applicable
	6. FFA Pays Certified Foster Parents (CFP) Whole Foster Family Home Payments	6. Non-Applicable
	7. FFA Conducts an Assessment of CFP Prior to Placement of Two (2) or More Children	7. Full Compliance
II	**Certified Foster Homes (CFHs)** (12 Elements)	
	1. Home Study and Safety Inspection Conducted Prior to Certification	1. Full Compliance
	2. Agency's inquiry with OHCMD for Historical Information Prior to Certification	2. Full Compliance
	3. Timely Criminal Clearances (FBI, DOJ,CACI) Prior to Certification	3. Full Compliance
	4. Timely, Completed, Signed Criminal Background Statement	4. Full Compliance
	5. Health Screening & TB Test Prior to Certification	5. Full Compliance
	6. All Required Training Prior to Certification	6. Full Compliance
	7. Certificate of Approval on File/Including Capacity	7. Full Compliance
	8. Safety Inspections Completed At Least Every Six Months or Per Approved Program Statement	8. Full Compliance
	9. Completed Annual Training Hours for Re-certification and Current CPR/First-Aid/Water Safety Certificates	9. Full Compliance
	10. Current CDL/Auto Insurance/Annual Vehicle	10. Improvement Needed

	Maintenance Documentation for CFPs and Designated Drivers	
	11. Criminal Clearances and Health Screening/CDL/CPR/FBI/DOJ/CACI/Auto Insurance for Other Adults in the Home	11. Full Compliance
	12. FFA Assists CFPs in Providing Transportation Needs	12. Full Compliance
III	**Facility and Environment** (7 Elements)	
	1. Exterior/Grounds Well Maintained	1. Improvement Needed
	2. Common Areas were Maintained	2. Improvement Needed
	3. Children's Bedrooms/Interior Well Maintained	3. Improvement Needed
	4. Sufficient and Appropriate Educational Resources	4. Improvement Needed
	5. Adequate Perishable and Non-Perishable Food	5. Improvement Needed
	6. CFP Conducted Disaster Drills and Documentation Maintained	6. Full Compliance
	7. Money and Clothing Allowance Logs Maintained	7. Full Compliance
IV	**Maintenance of Required Documentation/Service Delivery** (10 Elements)	
	1. FFA Obtains or Documents Efforts to Obtain County Children's Social Worker's (CSW) Authorization to Implement NSPs	1. Full Compliance
	2. CFPs Participated in Development of the NSPs	2. Improvement Needed
	3. Children Progressing Towards Meeting NSP Goals	3. Full Compliance
	4. FFA Social Workers Develop Timely, Comprehensive Initial NSP with Child's Participation	4. Improvement Needed
	5. FFA Social Workers Develop Timely, Comprehensive Updated NSPs with Child's Participation	5. Improvement Needed
	6. Therapeutic Services Received	6. Improvement Needed
	7. Recommended Assessments/Evaluations Implemented	7. Full Compliance
	8. County Children's Social Workers Monthly Contacts Documented in Child's Case File	8. Full Compliance
	9. FFA Social Workers Develop Timely, Comprehensive Quarterly Reports	9. Improvement Needed
	10. FFA Social Workers Conduct Required Visits	10. Improvement Needed

V	**Education and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. Children Attend School as Required and FFA Facilitates in Meeting Children's Educational Goals 3. Current Children's Report Cards/Progress Reports Maintained 4. Children's Academic Performance and/or Attendance Increased 5. FFA Facilitates Child's Participation in YDS or Equivalent Services and Vocational Programs	1. Improvement Needed 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance
VI	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance
VII	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (All)
VIII	**Personal Rights and Social Emotional Well-Being** (10 Elements) 1. Children Informed of Agency's Policies and Procedures 2. Children Feel Safe in the CFP Home 3. CFPs' Efforts to Provide Nutritious Meals and Snacks 4. CFPs Treat Children with Respect and Dignity 5. Children Allowed Private Visits, Calls and to Receive Correspondence 6. Children Free to Attend or Not Attend Religious Services/Activities of Their Choice 7. Children's Chores Reasonable 8. Children Informed About Their Medication and Right to Refuse Medication 9. Children Aware of Right to Refuse or Receive Medical, Dental and Psychiatric Care 10. Children Given Opportunities to Participate in Extra-Curricular Activities, Enrichment and Social Activities	Full Compliance (All)

IX	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. Clothing Allowance Provided in Accordance with FFA Program Statement 2. Ongoing Clothing Inventories of Adequate Quantity and Quality 3. Children Involved in the Selection of Their Clothing 4. Provision of Sufficient Supply of Clean Towels and Personal Care Items Meeting Ethnic Needs 5. Minimum Weekly Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement/Assistance with Life Book or Photo Album	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Improvement Needed 5. Improvement Needed 6. Improvement Needed 7. Improvement Needed
X	**Discharged Children** (3 Elements) 1. Completed Discharge Summary 2. Attempts to Stabilize Children's Placement 3. Child Completed High School (if applicable)	Full Compliance (All)
XI	**Personnel Records** (9 Elements) 1. Criminal Clearances (FBI, DOJ and CACI) Signed and Submitted Timely 2. Timely, Completed, Signed Criminal Background Statement 3. FFA Social Workers Met Education/Experience Requirements 4. Timely Employee Health Screening/TB Clearances 5. Valid CDL and Auto Insurance 6. FFA Employees Signed Copies of FFA Policies and Procedures 7. FFA Employees Completed All Required Training and Documentation Maintained 8. FFA Social Workers Have Appropriate Caseload Ratio 9. FFA Maintained Written Declarations for Part-Time Contracted FFA Social Workers Caseloads Not to Exceed a Total of 15 Children	Full Compliance (All)

KOINONIA FOSTER HOMES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" visit. This compliance report addresses findings noted during the September 2014 review. The purpose of this review was to assess Koinonia Foster Homes Foster Family Agency's (the FFA) compliance with its County contract and State regulations and included a review of the FFA's program statement, as well as internal administrative policies and procedures. The review covered the following 11 areas:

- Licensure/Contract Requirements,
- Certified Foster Homes,
- 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, and
- Personnel Records.

For the purpose of this review, 12 placed children were selected for the sample. The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) interviewed nine of the 12 children. Three children were not interviewed as they were either pre-verbal or too young. During the home visits, the children were observed to be comfortable and well cared for. All 12 case files were reviewed to assess the care and services the children received. Additionally, four discharged children's files were reviewed to assess the FFA's compliance with permanency efforts. At the time of the review, three placed children were prescribed psychotropic medication. CAD reviewed one case file to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed six Certified Foster Home (CFH) files and five staff files for compliance with Title 22 regulations and County contract requirements. Interviews were conducted with six Certified Foster Parents (CFPs) to assess the quality of care and supervision provided to children.

CONTRACTUAL COMPLIANCE

CAD found the following six areas out of compliance:

Licensure/Contract Requirements

- Special Incident Report (SIR) was not submitted timely.

One SIR was not submitted timely. A placed child was taken to the hospital on November 23, 2013, while on a visit with his mother. The CFP informed the FFA social worker upon his return on November 25, 2013 via email. The FFA social worker received the email and did not submit the SIR

until December 2, 2013. The CFP was re-trained to call the FFA's after-hours number to contact the on-call worker immediately when reporting any medical emergency. CAD verified that on July 9, 2014, the FFA provided in-home training to the CFPs on serious incident reporting requirements, including calling the FFA's after-hours telephone line. The FFA also reported this same training was provided to all of its CFPs assigned to the FFA's Anaheim office.

During the Exit Conference, the FFA representatives stated they will continue to have foster care social workers remind CFPs to report incidents to the FFA immediately.

During a follow-up visit on April 15, 2015, CAD was informed by the FFA representative, that the FFA is developing a change in policy to cite CFPs who repeatedly delay reporting incidents to the FFA.

- Community Care Licensing (CCL) citations.

CCL cited the FFA as a result of deficiencies and findings in a complaint received by CCL on March 3, 2014. According to the report, a CFP left a four-month-old infant on the sofa and turned briefly to pick up a document on a nearby table when she heard the infant cry. CFP turned around to see the infant's two year old biological brother standing over the infant. The CFP immediately picked up the infant and calmed him. When she asked what happened, the two-year-old child replied he had thrown the baby. The infant was taken to the Pomona Valley Health Center Urgent Care and it was noted that the patient was neurologically and musculoskeletal stable and had no signs or concerns of abnormalities. A safety plan was developed by the FFA for the CFP to be trained on supervision and reporting protocols and for ensuring the children's safety. CCL requested a Plan of Correction (POC) that included provision of the infant's medical documentation post incident and the FFA's/CFH's documented safety plan. The POC was cleared by CCL on April 30, 2015. On March 5, 2014, the incident was cross reported to the DCFS Children's Social Worker (CSW) and Out-of-Home Care Management Division (OHCMD). The Child Protection Hotline (CPHL) confirmed that an, "Information Only" to the CSW was generated. No investigation was completed by the Out-of-Home Care Investigation Section (OHCIS).

CCL cited the FFA as a result of deficiencies and findings in a complaint received by CCL on May 13, 2014. According to the report, a CFP left a one-year-old child napping while doing laundry and the child fell off the bed. The CFP took the child to seek medical attention five days after the incident. A safety plan was developed by the FFA for the CFP to be trained on supervision and reporting protocols and for ensuring the children's safety. CCL issued a civil penalty in the amount of $150.00 and requested a POC that included provision of the child's medical documentation post incident and the CFH's documented safety plan. The POC was cleared by CCL on April 30, 2015. CAD Compliance generated a referral with the CPHL.

CCL cited the FFA as a result of deficiencies and findings in a complaint received by CCL on February 24, 2014. According to the report, a CFP sprayed a three-year-old child with an aerosol can of compressed air, used to clean computer keyboards, causing chemical burns to her entire body. The FFA decertified the CFPs effective February 28, 2014. According to the OHCIS report dated June 18, 2014, an indefinite hold was placed on the home and it will no longer be used as a resource for County of Los Angeles supervised children. San Bernardino CCL requested a POC and the FFA was instructed to provide training to all CFPs and the FFA social worker on reporting incidents, reporting child abuse/neglect to the Child Protection Hotline, and seeking emergent medical care for placed children. The POC was cleared by CCL on June 2, 2014. The FFA's records were recently

subpoenaed by the San Bernardino County District Attorney's Office regarding the ongoing criminal case against the former CFP.

CCL cited the FFA as a result of deficiencies and findings in a complaint received by CCL on November 20, 2013. This child's case that is named in this citation was closed on February 7, 2014 and released to his father. According to the report dated May 8, 2014, the CFP left a child unattended resulting in the child being bitten in the face by the family dog. The CFP stated she did not report the incident immediately because she thought the bite was minor and took the child to seek medical attention the day following the incident. CCL requested a POC that required the FFA to provide the CFP with additional training on providing proper care and supervision and on reporting requirements. The FFA noted they continue to train and remind all CFPs of their role to safely provide care to all children and that they are to report serious incidents to an on-call FFA social worker via the FFA after-hours telephone line. The POC was cleared on April 30, 2015. CAD generated a referral to the Child Protection Hotline.

During a follow-up visit on April 15, 2015, CAD was informed by the FFA representative, that the FFA is developing a change in policy to cite CFPs that repeatedly delay reporting incidents to the FFA.

Recommendations:

The FFA's management shall ensure that:

1. All SIRs are submitted timely as per SIR reporting guidelines.

2. The FFA is in compliance with Title 22 regulations and free of CCL citations.

Certified Foster Homes

- Current vehicle documentation for two CFPs was not maintained.

A CFP was driving a car with a "Check Engine" light on. The CFP agreed not to use this vehicle to transport children until the necessary repairs were completed. On January 20, 2015, the FFA provided CAD documentation indicating the repair was completed.

Another CFP had two vehicles in need of service and maintenance. The van was missing an exterior right mirror and the second vehicle, which was not being used, had a "Check Engine" light on and visibly worn tires. The CFP repaired the mirror on her van and confirmed she would not use the other vehicle until it is in safe operating condition.

The CFP provided a repair receipt dated December 14, 2014 for the exterior mirror. On January 8, 2015, CAD received documentation from the FFA confirming the completion of this repair. During the Exit Conference, the FFA representatives acknowledged a need for further oversight of the CFP's vehicles at certification and again at recertification.

CAD conducted a follow-up visit on April 15, 2015, and verified the FFA added a vehicle inspection form and vehicle maintenance log for completion during certification and annual re-certification evaluation of its CFPs.

Recommendation:

The FFA's management shall ensure that:

3. Annual vehicle maintenance documentation for CFPs and designated drivers is maintained.

Facility and Environment

- Exterior/grounds were not well maintained.

A CFP's home had an empty pond and rocks accessible to children and the tree branches were in need of trimming. CAD was informed the yard is used as a garden and the children do not play in that area. As of November 13, 2014, the trees and grounds were groomed. Another CFPs home was not clean, with old toys in the backyard and by the side of the house. There was also a broken screen door in the backyard. The FFA instructed the CFP to have the yard cleared of unused or broken items.

During the Exit Conference, the FFA representatives expressed a desire to have the exterior and grounds of the CFHs well maintained. On January 8, 2015, the FFA provided CAD documentation to demonstrate the items were addressed as of December 15, 2014.

- Common areas were not maintained.

A CFP's home was messy with toys, books and crayons on the floor in the hallway, which posed the danger of tripping. The CFP pushed the items to the side with her feet as she walked. There was a hole in the wall by the floor in the hallways that was covered with a piece of paper. In the upstairs shared bathroom, there was a container with 16 toothbrushes with at least six toothbrushes that had visibly worn down bristles. There was a sanitary concern about the children being able to choose their correct toothbrush out of the 16 old and current toothbrushes. A large section of the garage (about one third of the area) was piled high with various pieces of furniture, boxes, highchairs, old shelves and toys. There was a microwave box placed on top of highchairs. On the other side of the garage, there was a sitting area and a television, which was accessible to the children.

Another CFP's home did not have a working light in the kitchen and the only light source was a lamp that was insufficient to light the entire kitchen area. The FFA replaced the lighting and it was noted that the kitchen has adequate lighting as of November 13, 2014.

During the review, this finding was brought to the immediate attention of the FFA social worker. The FFA social worker stated the CFP has been informed to keep the floors clear of items, repair the wall, and to dispose of the old toothbrushes and provide replacements.

During the Exit Conference, the FFA stated improvements would be made in the above referenced CFH. On January 8, 2015, CAD received documentation indicating that on December 15, 2014, the FFA social worker completed a walk-through of the CFH and noted that all the necessary improvements were completed.

- Children's bedrooms were not well maintained.

A CFP's home had a downstairs bedroom with a broken closet. Both upstairs bedrooms had piles of toys on the floor. The pile in one child's bedroom was about a foot wide and a foot and a half long, while the pile in the other child's room was about a foot wide and two to three feet long. There were no toy bins or containers for the children's toys to be kept organized and easily accessible.

Another CFP's home had a hole in the bedroom belonging to a child. It was reported the child caused the hole. The hole was repaired as of November 13, 2014.

During the review, the FFA instructed the CFP to obtain bins to keep the children's toys accessible.

During the Exit Conference, the FFA representatives reported their social workers have been trained to be more observant of personal property and the facility's condition during their CFH visits. On January 8, 2015, CAD received documentation to confirm that on December 15, 2014, the FFA social worker completed a walk-through of the CFPs home and all improvements had been completed.

- Insufficient access to appropriate educational resources.

A CFP's home had only one computer in the home that is kept in the CFP's room. The CFP explained that she does not allow the children access to the computer and stated the children use computers at school. The CFP stated the children do not have a need to use a computer, but if the need should arise, she will provide access.

During the Exit Conference, the FFA representatives stated the CFPs will allow the placed children to have appropriate access to computers. On January 8, 2015, CAD received documentation indicating the FFA discussed appropriate computer use with the CFP and the children will be taken to the local library to use the computer. The FFA did not approve of the children having access to the CFP's bedroom and provided an acceptable alternative.

- Inadequate perishable and non-perishable foods.

A CFP's home had 19 expired boxes of food, including two items that expired in 2006. The expired items were immediately discarded.

A second CFP's home had items that appeared to be dusty and old, several items were beyond their expiration date, and including some Hamburger Helper type of boxes of food with expiration dates ranging from 2008 to 2013. The CFP agreed to throw out all food beyond its expiration date. During the walkthrough, fresh fruit was not observed in this home.

A third CFP's home had several items in their refrigerator in storage containers, without expiration or best by dates. The FFA has agreed to have the CFPs keep track of food stored with a first in, first out method.

During the Exit Conference, the FFA representatives noted the FFA social workers will review items in the CFHs' pantries during their annual home safety reviews.

During a follow-up visit on April 15, 2015, CAD verified the FFA has added the food storage form as an area to be evaluated during their home walk through prior to certification and at the annual re-certification process and documented on their home evaluation form.

Recommendations:

The FFA's management shall ensure that:

4. Exterior/grounds are well maintained.

5. Common areas are maintained.

6. Children's bedrooms are well maintained.

7. Sufficient and appropriate educational resources are available.

8. Adequate perishable and non-perishable foods are maintained.

Maintenance of Required Documentation/Service Delivery

- CFPs did not participate in the development of the Needs and Services Plans (NSPs).

Three children's NSPs did not have the CFP signature. The FFA representatives indicated that their social worker supervisors will reject reports without the CFP's signatures.

During the Exit Conference, the FFA representatives acknowledged the need for all CFPs to participate during the development of the NSPs and to sign the NSP as proof of their participation.

During the follow-up visit on April 15, 2015, CAD reviewed NSPs and verified that these documents contained the CFPs' signatures indicating their participation in its development.

- FFA social workers did not develop comprehensive initial NSPs with the child's participation.

One child's initial NSP did not have goals that were Specific, Measurable, Attainable, Realistic, and Time measured (SMART) goals and the child's goals were not specific. The FFA has noted the FFA social workers will use SMART goals during their development of NSPs.

During the Exit Conference, the FFA representatives agreed the FFA social workers' supervisors should not approve NSPs that do not contain SMART goals.

During a follow-up visit on April 15, 2015, CAD verified there were improvements in the two NSPs reviewed, the FFA will continue to train and support further improvement in this area.

- FFA social workers did not develop timely and comprehensive updated NSPs with the child's participation.

Six children's updated NSPs were not comprehensive. One NSP was late by three business days. Several NSPs were not comprehensive due to the children's goals not being "SMART" or not properly addressing the children's needs and services.

During the Exit Conference, the FFA representatives agreed NSPs should all be timely and comprehensive. During a follow-up visit on April 15, 2014, CAD verified the NSPs reviewed were timely and comprehensive.

- Therapeutic services received were not documented.

Two children's NSPs did not list the dates the children received therapy; and their participation in necessary therapeutic services could not be verified.

During the Exit Conference, the FFA representatives agreed to include therapy dates in the NSPs.

During a follow-up visit on April 15, 2015, CAD verified the files reviewed adequately documented information regarding therapeutic services.

- FFA social worker did not complete comprehensive quarterly reports.

One child's quarterly report did not have all the required information. The therapy dates were not listed and the goals were duplicated in two quarterly reports without noting any progress or modifications to the goals.

During the exit conference, the FFA agreed to complete comprehensive quarterly reports. During a follow-up visit on April 15, 2015, CAD verified the two quarterly reports reviewed were complete with all the required information and the goals were updated.

- FFA social worker did not conduct required visits.

Two children only received one of two required visits by the FFA social worker for the month of June 2014.

During the Exit Conference, the FFA representatives agreed the FFA social workers are to visit children in accordance to their program statement.

During a follow-up visit on April 15, 2015, CAD reviewed files that verified documented required contacts between the FFA social worker and their assigned children in accordance with their program statement.

Recommendations:

The FFA's management shall ensure that:

9. CFPs participate in development of NSPs.

10. FFA social workers develop comprehensive initial NSPs with the child's participation.

11. FFA social workers develop timely, comprehensive updated NSPs with the child's participation.

12. Therapeutic services received are documented.

13. FFA social workers develop comprehensive quarterly reports.

14. FFA social workers conduct required visits.

Education and Workforce Readiness

- Children were not enrolled in school within three days.

Two children's NSPs stated they were not enrolled immediately due to summer break. However, the case files noted the children were placed in February, several months prior to summer break. The FFA did not provide timely documentation to CAD indicating the children were enrolled within the required timeframe.

During the Exit Conference, the FFA representatives agreed the case files should consistently reflect accurate information regarding the child's school enrollment.

During a follow-up visit on April 15, 2015, CAD verified information regarding school enrollment was accurately documented in the files reviewed.

- Current child's report card was not maintained.

During the Exit Conference, the FFA representatives stated the maintenance of a report card would be added to their tracking system and their social workers were instructed to follow up and collect reports from the CFPs.

During the follow-up visit on April 15, 2015, CAD verified report cards were on file in the children's files and the FFA has implemented a report card follow-up field in their computer system for school-age children.

Recommendations:

The FFA's management shall ensure that:

15. Children are enrolled within three school days.

16. Current children's report cards or progress reports are maintained.

Health and Medical Needs

- Follow-up medical exam was not conducted timely.

One child did not receive an annual optometry visit. During the CFH visit, the 16 year-old child, was wearing eyeglasses and stated she wanted to see an optometrist because she had not seen an optometrist in over a year. The CFP stated she took the child to see the optometrist once every two years because of Medi-Cal coverage. However, the FFA verified Medi-Cal covers a yearly eye examination and eyeglasses every two years. The case file indicated that the child received a physical examination; however, the child only received a vision screening rather than an optometric exam.

During the Exit Conference, the FFA representatives stated they were unaware a vision screening did not qualify as an optometrist examination and all children with optometrist needs would have an optometrist examination once a year, or as otherwise recommended by the optometrist.

During the follow-up visit on April 15, 2015, CAD verified the child received an optometry visit on December 19, 2014.

- Initial dental exam was not conducted timely.

One child received his initial dental exam eleven days late. His dental exam was due on June 6, 2014, and was not completed until June 17, 2014. The FFA documented that the child was replaced to a different home within the FFA during that time period, but did not ensure the child's dental needs were met timely.

During the Exit Conference, the FFA representatives agreed children in their care need to receive the initial dental exam within 30 days of placement.

Recommendations:

The FFA's management shall ensure that:

17. Follow-up medical exams are conducted timely.

18. Initial dental exams are conducted timely.

Personal Needs/Survival and Economic Well-Being

- Child not involved in selecting his clothing.

During one child's interview, the child stated he is not involved in choosing his clothing, but he would like to be.

During the Exit Conference, the FFA representatives agreed all age-appropriate children will participate in the selection of their clothing as appropriate.

- Insufficient supply of personal care items.

During one child's interview, the child stated that he did not have his own toothbrush. This was brought to the immediate attention of the FFA social worker who notified CAD on December 15, 2014 that each child would have has his or her own designated toothbrush.

During the Exit Conference, the FFA representatives agreed all children are to have their own personal care items. On January 8, 2015, CAD received documentation indicating the FFA social worker completed a home visit with the CFP's home on December 15, 2014 and all improvements had been completed.

- Minimum weekly monetary allowance was not provided.

During a five-year-old child's interview, she stated she does not receive an allowance.

During the Exit Conference, the FFA representatives agreed that all developmentally appropriate children will receive their weekly allowance.

- Management of allowance was not provided.

During the five-year-old child's interview, she stated she does not know how her allowance is spent.

During the Exit conference, the FFA representatives agreed that all developmentally appropriate children will manage their own allowance.

- Assistance with a Life Book or Photo Album was not provided.

During the CFPs home visit, the CFP stated they maintain pictures of the children in a digital format. The CFP did not have a version that the children could have in their possession.

During the Exit Conference, the FFA representatives agreed to encourage and assist all children in having a Life Book or Photo Album.

During a follow-up visit on April 15, 2015, CAD verified that the children now have a Life Book as documented in the CFH's quarterly evaluation form.

Recommendations:

The FFA's management shall ensure that:

19. Children are involved in the selection of their clothing.

20. Personal care items are sufficiently provided.

21. Minimum weekly monetary allowance is provided.

22. Management of allowance is provided.

23. Encouragement/assistance with Life Book or Photo Album.

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD) FOSTER FAMILY AGENCY CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report dated June 30, 2014, identified four recommendations.

Results:

Based on the results of CAD's review, the FFA fully implemented 3 of 4 recommendations, for which they were to ensure that:

- SIRs were cross-reported to all required parties.

- OHCMD is contacted for historical abuse/neglect background information regarding prospective CFPs prior to certification and documentation will be maintained in the CFPs file.

- Criminal clearances for any adults residing in the CFP's home must be completed in a timely manner and all information will be maintained in the Certified Foster Parent's file.

Based on the results of CAD's review, the FFA did not fully implement one prior recommendation, for which they were to ensure that:

- The FFA is in full compliance with Title 22 Regulations and free of CCL citations.

Recommendation:

The FFA management shall ensure that:

24. The outstanding recommendation from the June 20, 2014, report which is noted in this report as recommendation 2 is fully implemented.

At the Exit Conference, the FFA representatives expressed their desire to remain in compliance with all Title 22 regulations and contract requirements. On April 15, 2015, CAD conducted a follow-up visit to ensure the implementation of the new protocol. The FFA is making systematic changes to reach compliance as noted in this report. CAD found that the FFA had implemented 18 of 24 recommendations. The FFA had additional substantiated CCL findings and challenges in meeting NSP requirements. The FFA will continue to work on those recommendations not yet implemented. CAD will continue to assess implementation of the recommendations during our next review. The Out-of-Home Care Mangement Division will provide technical assistance prior to the next review.

KOINONIA FOSTER HOMES, INC.
ACCOUNTING DEPARTMENT
P.O. BOX 1403 • 3731 MAGNOLIA STREET
Loomis, CA 95650
(916) 652-5802
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MEMORANDUM

To: Joe Jimenez, Jr.

From: Deena Spann, Director of Accounting

Date: October 31, 2014

RE: Question No. 28 – Fixed Asset listing

-Fixed Assets listing was not formatted to display assets by serial number and sources of funding.
A-C Handbook Section B.4.2 states, "Each CONTRACTOR shall maintain a current listing of fixed assets, including the item description, serial number, date of purchase, acquisition cost and source(s) of funding.

FCAP to address finding-

In the future Koinonia Foster Homes, Inc. agrees to provide the required information (serial numbers and sources of funding) for all assets in all future reports requested.

If you have any questions, please contact me directly.

Deena Spann, Director of Accounting 11/21/2014

KOINONIA FAMILY SERVICES

Bringing Hope To a New Generation

August 19, 2015

Vanessa Gutierrez, MSW
Children Services Administrator I
Contract Compliance
Contracts Administration Division
Department of Children and Family Services
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

RE: 2014 - 15 Contract Compliance Review – Corrective Action Plan (CAP) Addendum

Dear Vanessa:

This letter is being written to address the findings listed in the Foster Family Agency Contract Compliance Review. The responses to your recommendations have now been implemented.

Koinonia's response to the findings as outlined in the Foster Family Agency Monitoring Review Field Exit Summary dated 10/30/2014:

I. Licensure/Contract Requirements:

#2 Are Special Incident Reports (SIRs) appropriately documented and cross-reported? (Safety)

Finding: FM reported the incident to FFASW, however FFASW did not read the contents of the e-mail until 12/02/13, when she returned to work from the weekend she then completed the SIR resulting in a late SIR.

Corrective Action: On 07/09/2014, the family received in-home training regarding Incidents and Reporting requirements. They were reminded of the Koinonia After-Hours phone number that they are to use to report such information to an on-call Social Worker. Around that same time, all families certified under License 306099603 received this in-home training.

#4 Is the agency free of substantiated Community Care Licensing Complaints' reports on safety and physical plant deficiencies since the last review? (Safety)

Finding:

1) 03/07/14 CFM not providing adequate supervision that resulted in an infant falling from a sofa.

2) 05/13/14 CFM left a sleeping child on the bed (inappropriate supervision) resulting in a fall and a buckle fracture. CFM did not take the child to the doctor immediately following the fall resulting in a delay in medical care the child has a right to receive.

3) 06/02/14 CFF sprayed a foster child I his care with an aerosol can of compressed air typically used to clean computer keyboards.

4) 05/08/14 Child left unattended resulting in the child being bit and the CFM failing to report the incident to the agency immediately.

Corrective Action:

1) Agency retrained CFM regarding supervising and caring for children and developing a safety plan.

2) Agency retrained CFM regarding supervising and caring for children and developing a safety plan. They were reminded of the Koinonia After-Hours phone number that they are to use to report such information to an on-call Social Worker.

3) CFPs were de-certified. All parents are receiving continued training and reminders that one of their main roles as a CFP is to provide safety for all children in their care.

4) All parents are receiving continued training and reminders that one of their main roles as a CFP is to provide safety for all children in their care. Along with reminders of the Koinonia After-Hours phone number that they are to use to report such information to an on-call Social Worker.

II. Certified Foster Homes

#17 Do the certified foster parents and /or designated drivers have a valid California driver's license, auto insurance, annual documentation of vehicle maintenance, and if applicable, car seat(s)? (Safety)

Finding:

1) CFP #5 were driving with a check engine light on.

2) CFP #6 had two vehicles, both needed maintenance. Vehicle 1 is a van and was missing the right side mirror. CFP was asked to mount the mirror. Vehicle 2, as it was explained is not being driven since the check engine light was turned on and the tires were visibly worn. CFP agreed not to use this vehicle for the children until it is in safe operation condition.

Corrective Action:

1) CFP #5 has agreed to not use the vehicle until the vehicle has been repaired. She was instructed to replace catalytic converter on her car by 01/01/15.

2) CFP #6 has repaired left side mirror on her van vehicle 1. Vehicle 2 is not being driven.

A new monitoring tool is being implemented to be conducted at the resource parent's annual certification.

III. Facility and Environment

#20 Are the exterior and the grounds of the certified foster home well maintained? (Front and back yards clean, and adequately manicured lawns/yards; condition of home exterior, drives, walkways and fences; window screens? (Safety)

Finding:

1) Home of CFPs #2 was in need of being maintained. There was an empty pond and rocks within the access to the children. There were branches that needed to be trimmed.

2) Home of CFPs #6 backyard was not clean, there were old toys in the backyard and by the side of the house. There was also a broken screen door in the backyard.

Corrective Action:

1) At the home of CFPs #2 backyard, as of 11/13/14 an inspection was made by the DA and AED who found no concerns with the backyard. The majority of the backyard is designed as a garden and the clients don't play in the garden area. Trees were trimmed and ground was well groomed.

2) CFP #6 - Has been instructed to clear unused and broken toys from her yard. This will be completed by December 15, 2014. Staff have been trained to be more observant of these issues in the RP's homes they visit monthly.

#21 Are common areas/interior well maintained? (Clean/sanitary; neat; adequate furniture and lighting; home-like environment, no safety hazards) (Safety)

Finding:

1) Home of CFPs #2 there was no light in the kitchen, only light source was a lamp that was insufficient to light the entire kitchen area.

2) Home of CFP #6 The home was messy overall with toys, books and crayons on the floor in the hallway (posing a danger of tripping), CFP pushed the items to the side with her feet as she walked. There was a hole in the wall by the floor in the hallway that was covered with a piece of paper. In the upstairs shared bathroom, there was a container with 16 toothbrushes with a minimum of 6 toothbrushes with visibly worn down bristles. There was a sanitary concerns about the children being able to choose their correct toothbrush out of 16 and the sanitary condition of having old toothbrushes and current toothbrushes. A large section of the garage (about 1/3) was pile high with various pieces of furniture, boxes, highchairs, old shelves and toys. There was a microwave box placed on top of highchairs. On the other side of the garage there was a sitting area and a television (this pile appears to be accessible to the children).

Corrective Action:

1) The light in the kitchen of CFPs #2 home has been repaired and there is proper lighting as of 11/13/14. Staff are being instructed in addressing such matters during their home inspection.

2) CFP #6 - The KSW has weekly home visits in the CFP #6. KSW states toys, books, crayons, etc. have not been left out when children are not using them in past visits. KSW reinforced with CFP that items should be picked up after every use. CFP has been instructed to fill hole in the wall; dispose toothbrushes not currently being used by placed children; throw away old toothbrushes when new ones are given to the children. KSW to visit CFH #6 the week of December 15, 2014 to ensure this has been completed. CFP #6 - The garage is off limits for children to play and the CFP has ensured that children are not permitted to be in the garage, with the exception of coming inside from the driveway. There is a walkway to get through the garage.

#22 Are children's bedrooms well maintained? (Clean/sanitary; neat; comfortable/ adequate lighting, window coverings, and storage space; beds, mattresses, furniture, flooring; full complement of clean linens on beds, age- appropriate decorations; and appropriate sleeping arrangements) (Safety)

Finding:

1) Home of CFP #2 had a hole in the bedroom belonging to the sample child #3. It was reported the child caused the hole while opening the door.

2) Home of CFP #6 the downstairs child's bedroom had a broken part to their closet. In both upstairs child bedrooms there were piles of toys on the floor. The pile in the boy's bedroom was about a foot wide and a foot and a half long, while the pile in the girl's room was about a foot wide and two to three feet long. There were no toy bins or containers for the children's toys to be kept organized and easily accessible.

Corrective Action:

1) The hole in CFP #2 has been repaired as of 11/13/14. Staff have been trained to be more observant of these issues in the RP's homes they visit monthly.

2) CFP #6 has been instructed to obtain bins to place children's toys in when toys are not in use and has been instructed to dispose of broken closet parts by December 15, 2014. Staff have been trained while in the home checking on the child's welfare to be more observant of the care of personal property and the condition of the facility.

#23 Does the certified foster home maintain sufficient and an appropriate selection of (quantity and quality) reading materials and educational resources and supplies, including computers, which are age-appropriate, readily available to children, and in good repair? (Self-Sufficiency)

Finding: Home #6 there was only one computer in the home that is kept in the CFP's room. She explained that she does not allow the children access to the computer, the children use the ones at school. CFP stated the children do not have a need to use a computer, but if the need should arise, she will provide access.

Corrective Action: CFP #6 has ensured that should children need access to a computer, she will take them to the local library for access. All homes are now reviewed for computer and/or internet access availability.

#24 Does the certified foster home maintain adequate nutritious perishable and non-perishable foods and adhere to product "used or freeze by," "best by," "sell by," or expiration dates? (A minimum of three meals and between meal snacks) (Well Being)

Finding:

1) Home CFPs #2 had several items in their refrigerator that were out of their original container and in storage containers, however were missing their expiration or best by dates.

2) Home #5 CFP's home had several expired items – a total of 19 expired boxes. Home #6 – Of the sample of food in the pantry several items were beyond their expiration date and other items outside of the sample appeared to be dusty and old. CFP was asked to throw out all food beyond its expiration date. On the date of the walkthrough fresh fruit was not observed.

Corrective Action:

1) For CFPs #2 home and other CFPs home, a new training on the Home Safety Review (HSR) will address the method of "First In, First Out" for food stored in refrigerators.

2) CFP #5 and #6 have been instructed to dispose of any items that are past expiration. Koinonia Social Workers will look at items in pantry, once a year during annual home safety review, and ask CFP to dispose of any expired items.

IV. Maintenance of Required Documentation and Service Delivery

#28 Do certified foster parents participate in development of the NSPs? (Well-Being)

Finding: No CFP signature on several NSP.

Corrective Action: Koinonia Social Workers have been instructed to obtain CFP signatures on all reports. Supervisors will reject reports submitted if CFP signature is not on the report.

#30 Did the FFA social worker develop timely, comprehensive, initial (NSPs) with the participation of the developmentally age-appropriate child? (Well-Being)

Finding: Child #9 Initial NSP dated 7/12/14, not SMART, does not have specific goals.

Corrective Action: Staff have been reinstructed on the use of SMART goals in their development of the NSPs for children.

#31 Did the FFA social worker develop timely, comprehensive, updated (NSPs) with the participation of the developmentally age-appropriate child? (Well-Being)

Finding: Multiple reports were found to be late and/or not have SMART goals and/or client's age-appropriate signatures.

Corrective Action: FAST program (Koinonia's new tracking instrument) has been created to inform Koinonia Social Workers of upcoming items due. NSP will be turned in to the Supervisor one to two weeks prior to due date, in order for report to be submitted to CSW on time. Koinonia Social Workers were provided training on 11/18/14 in Palmdale regarding SMART goals and documenting those appropriately on reports.

NSP for child #1 was reviewed with KSW. Because the tantrum behavior continues, a goal for the 11/12/2014 NSP was included to address this behavior; with Wraparound interventions, the compulsive habit of plucking his eyebrows has already dissipated. Additionally, all Koinonia staff in Anaheim were informed collectively of the goals expectations during Staff Meeting on 11/13/2014. These expectations will include ongoing modification of goals to address the treatment needs of the clients, as well as inclusion of goals pertaining to the identified needs of the clients. This expectation was also relayed via email on 11/10/2014 to Anaheim staff by the KSSW.

#32 When applicable, are children receiving necessary therapeutic services? (i.e. indiv. Group therapy, substance abuse counseling, etc.) (Well-Being)

Finding: Child #3 and #4 therapy dates were not listed on NSP. Actual dates were requested.

Corrective Action: At the staff meeting held on 11/13/2014 in the Anaheim District Office, all staff were collectively informed of the expectation to list out the dates of therapy in all NSPs. This expectation was also relayed via email on 11/10/2014 to Anaheim staff by the KSSW.

#35 Does the FFA social worker complete timely, comprehensive, quarterly reports? (to County workers by 10th business days following the end of each quarter for the date the child was placed). (Well-Being)

Finding: The findings in this section were the same issues in #31 with the exception of Child #4 did not have therapy dates listed.

Corrective Action: For #1-3, KSSW reviewed the NSP goals for the aforementioned reports with KSW. They have discussed the creation of new and/or modified goals to be included in the next NSP that is due on 02/01/2015, as the NSP for 11/01/2014 has already been submitted. Additionally, all Koinonia staff in Anaheim have be informed collectively of the goals expectations during Staff Meeting on 11/13/2014. These expectations will include ongoing modification of goals to address the treatment needs of the clients, as well

as inclusion of goals pertaining to the identified needs of the clients. This expectation was also relayed via email on 11/10/2014 to Anaheim staff by the KSSW.

#36 Do FFA social workers conduct required visits with placed children in accordance with the contract? (Safety)

Finding: Children #10 and 11 were only seen once for the month of June by FFASW.

Corrective Action: KSW did not make a second attempt to visit the home in the month of June 2014. Koinonia Social Workers were re-trained on the importance of conducting required visits with placed children in accordance with the contract on 11/18/14. Supervisors will be managing and approving items on FAST (Koinonia's new tracking system) to ensure these expectations are being met.

V. Education and Workforce Readiness

#37 Was the child enrolled in school within three school days after placement or did the FFA documents efforts? (Well-Being)

Finding: Children #10 and 11 were not enrolled within the required time frame. NSP incorrectly states the children were not enrolled immediately due to summer break, however the children were placed on 2/28/2014.

Corrective Action: There must have been a mix up on the clients. Child #10 was not enrolled in school due to being four years old when he was placed in CFH. Child #11 was enrolled in school on 3/1/12, the following day after placement. This is documented on his Initial NSP dated 3/30/12.

Koinonia Social Workers are being trained to make sure current information on documents matches the client's current situation.

#39 Are current copies of the children's report cards or progress reports maintained? (Well-Being)

Finding: Child #3, most recent report is missing from case file. Requested, but still pending.

Corrective Action: At this time we have not been able to obtain the Child #3's kindergarten report card. An expiration field date was added to our tracking system to notify the KSW to follow up and collect these reports from the resource parent.

VI. Health and Medical Needs

#43 Are required follow-up medical examinations conducted timely? (Well-Being)

Finding: Child #9 needs annual optometry visit, currently only visiting once every 2 years.

Corrective Action: Child #9 was seen at optometrist prior to placement with Koinonia Family Services. Documentation of this would be completed at Walden Family Services. Per her Health and Education Passport, the child was seen at High Desert Medical on 04/25/2013, and it was reported and documented that her hearing was normal and vision was normal.

Koinonia's new tracking system (FAST) will add a requirement for mandatory annual eye exams for all clients who are required to wear glasses.

#44 Are initial dental examinations conducted timely? (Well-Being)

Finding: Child #12 initial dental exam completed on 6/17/14, however it was due by 6/6/14 based on placement date of 5/6/14.

Corrective Action: Client had an original dental exam scheduled for 06/05/14. However, he was moved to a new CFH with Koinonia Family Services on 05/29/2014 and his appointment was missed due to the move and new CFP being unavailable to take him to the dentist that day. He was immediately rescheduled and seen on 06/17/14. Staff has been trained to step in and complete appointments like this in the future to make sure requirements and expectations are met.

VII. Psychotropic Medication

No Findings

VIII. Personal Rights and Social/Emotional Well-Being

No Findings

IX. Personal Needs/Survival and Economic Well-Being

#60 Are children, appropriate to their developmental level, involved in the selection of their clothing? (Self-Sufficiency)

Finding: Child #3 stated he is not involved in choosing his clothing, however he would like to be.

Corrective Action: Child #3 is six years old and wears a uniform to school daily. However, the child's voiced desire will be incorporated into his Monthly Treatment Plan and/or NSP goals, as appropriate.

#61 Are children provided with a sufficient supply of clean towels along with adequate personal care items appropriate to their ethnic needs, and are these items readily accessible? (Well-Being)

Finding: Child #11 said he does not have his own toothbrush, this is consistent with description of upstairs bathroom and storage of toothbrushes.

Corrective Action: This has been addressed with the resource parent and all the children now have a designated toothbrush of their own.

#62 Are children always provided with weekly monetary allowances? (If after November 1, 2012, minimum base allowance per contract) (Self-Sufficiency)

Finding: Child #6 stated she is not sure how her money is spent.

Corrective Action: Children 5 years old and older, as developmentally appropriate, will be given their allowance to spend and manage on their own.

#63 If applicable, are children free to manage their allowance and/or earnings as noted in the FYBR? (Self-Sufficiency)

Finding: Child #4 stated she does not receive an allowance and does not know how her money is spent.

Corrective Action: Child #4 is 5 years of age. Children 5 years old and older, as developmentally appropriate, will be given their allowance to spend and manage on their own.

#64 Does the certified foster parent encourage and assist children to update a life book or a photo album? (Permanency)

Finding: Children 3 & 4 do not have a life book or photo album, however foster parents keep their pictures on their laptop.

Corrective Action: Resource Parent has already purchased binders and has printed some photographs of the children to ensure that they have a tangible Lifebook available to the children, as opposed to solely electronic photographs. Koinonia Social Workers are required to check the family's progress on Lifebook creation on a quarterly basis, and are instructed to physically see the Lifebook that is being created.

X. Discharged Children

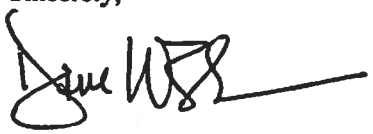
No Findings

XI. Personnel Records

No Findings

Thank you for taking the time to come out and evaluate our current program. Your audit has provided us with valuable feedback. Please call me if you have any additional questions or suggestions.

Sincerely,



Dave Wesson, MA
Associate Executive Director, Southern California Region