



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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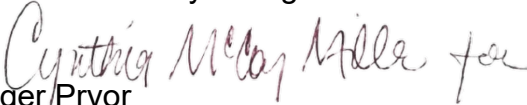
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February 7, 2022

To: Supervisor Holly J. Mitchell, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: 
Ginger/Pryor
Acting Director

**KOINONIA FOSTER HOMES FOSTER FAMILY AGENCY
CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a virtual Contract Compliance Review of the Koinonia Foster Homes Foster Family Agency (the Contractor) in March 2021. The Contractor has five offices: one located in the Fourth Supervisorial District, one located in the Fifth Supervisorial District, one located in San Bernardino County, one located in Orange County, and one located in Ventura County. The offices provide services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 6
PRIORITY 3 0

“To Enrich Lives Through Effective and Caring Service”

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Resource Family Home (RFH) Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency; Education and Independent Living Plan Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

The Contractor was in full compliance with 6 of 11 applicable areas of CAD's Contract Compliance Review: RFH Requirements; Needs and Services Plans; Permanency; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, 10 DCFS placed children were selected for the sample. CAD reviewed the files of the 10 selected children, four children were virtually interviewed to assess the level of care and services they received, one child declined to be interviewed and five children (ages 7 months, 3 and 2 years, and two 1 year olds) were too young to be interviewed and were virtually observed to be clean, well-groomed and healthy. An additional four discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed seven RFH files and five staff files for compliance with Title 22 Regulations and County contract requirements. CAD also conducted telephonic interviews with staff and virtual interviews with the Resource Family Parents. To assess the quality of care and supervision provided to the placed children, DCFS also conducted virtual site visits at the Contractor's location and the RFHs.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment
 - Cleaning supplies were not properly secured and were accessible to children.

Priority 2

- General Contract Requirements
 - Special Incident Reports were not properly cross-reported.
- Facility and Environment
 - Required posting (emergency telephone numbers and legal rights of teens) were not posted or available.

- Engagement and Teamwork
 - Child and Family Team (CFT) participant information was not documented.
 - Efforts to participate/collaborate in the CFT meetings were not documented.
- Education and Independent Living Plan Services
 - Child was not maintained in their school of origin and efforts were not documented.
- Health and Medical Needs
 - Initial dental exams were not conducted timely.

On May 5, 2021, the Children Services Administrator teams from DCFS' CAD and the Out-of-Home Care Management Division held an exit conference with the Contractor's representatives.

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

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

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

GP:KDR
LTI:ajrl

Attachments

c: Fesia Davenport, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Dr. Adolfo Gonzales, Chief Probation Officer
Public Information Office
Audit Committee
Sam Golden, Chief Executive Officer, Koinonia Foster Homes
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



LOS ANGELES COUNTY
KOINONIA FOSTER HOMES, INC. (FFA)



Corrective Action Plan

2021

General Contract

Special Incident Reports are properly documented.

Properly cross-reported in the I-Track system([Contract, Exhibit A-5, SOW, Part B, Section 10.4](#))

Facility

Site 488

1. Explain the Cause.

The SIR was not submitted according to the timelines specified by DCFS, and is considered almost one week late.

2. Corrective Action Taken.

By 6/11/21, Koinonia staff will be retrained on the expectations outlined on Serious Incident Reporting (SIR) Guide For Foster Care Placement Service Providers, Exhibit A-5, to add that “chronic truancy” includes the youth’s substandard participation in individual virtual classes.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

On at least a quarterly basis, all SIR submitted by Koinonia staff are reviewed by Koinonia's Upper Management team as well as by the Board of Directors. Further, SIRs are currently being analyzed at the end of year. While a number of things are reviewed during those times, one of the reasons for review include timely and proper reporting and/or cross-reporting.

Engagement and Teamwork

20. CFT participants have been identified or the FFA has documented efforts to obtain the information

Facility

Site 487

1. Explain the Cause.

The CFT participants were not clearly identified in the NSP. Koinonia was unaware that specific documentation of the CFT members was required since the NSP template does not have a specific CFT section to delineate this information.

2. Corrective Action Taken.

Koinonia staff will maintain record of CFT documents that are provided to the FFA to clearly document CFT members. When Koinonia staff are excluded from the CFT or not provided with the documentation following a CFT, Koinonia staff will begin documenting identified CFT members within the Needs and Services Plan or case notes.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Following the staff training on this item, supervisors will ensure that the staff are properly completing Koinonia's Child/Youth Assessment form as well as the quarterly NSPs with regard to ensuring proper identification of CFT participants.

21. The FFA documented efforts to participate in the children's CFT meetings and collaboration

Facility

Site 487

1. Explain the Cause.

The Koinonia staff member indicated that they were unaware of the need for Koinonia to make documented requests for invitation to and/or attendance at CFT meetings, and believed that it was the role of the county social worker to notify the FFA of the meetings and invite them to them.

2. Corrective Action Taken.

By 6/11/21, Koinonia staff will be trained to properly document efforts for invitation, notification, and/or attendance at Child and Family Team (CFT) meetings. Documentation shall be completed in the Needs and Services Plans (NSPs) and/or case notes.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Following the staff training on this item, supervisors will ensure that the NSPs and/or case notes for the placed children indicate request for, invitation to, and/or attendance at CFT meetings.

Facility And Environment

15. Common areas were safe and well-maintained

15k. Disinfectants, cleaning solutions, poisons, firearms and other dangerous items are not accessible to children [Title 22 80087\(g\), 84067](#)

Facility

Site 487

1. Explain the Cause.

The resource family was in the process of deep cleaning, and had failed to return the items to their designated and locked areas.

2. Corrective Action Taken.

On 4/6/21, this agency was informed by DCFS of this finding, and a corrective action plan was developed at that time. The family agreed to immediately secure all hazardous items and cleaning supplies, and they both completed a 2-hour training through Foster Parent College entitled "Child Safety & Supervision" (4/6/2021 and 4/15/2021).

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Following the surge and then decline of cases with regard to the COVID-19 pandemic, Koinonia has returned to conducting monthly in-home Home Evaluations for resource homes who have children placed with them. Koinonia staff will continue to assess for ongoing compliance with regard to locking cleaning supplies or other hazardous items.

16. RFH's made available in the home all required notices

16e. Emergency Telephone Numbers

Facility

Site 488

16f. Legal Rights of Teens in Out-of-Home Care (11+ years)

Facility

Site 488

1. Explain the Cause.

RFP3's emergency numbers were not posted at the time of the virtual walk-through; she believed the previously posted sheet may have fallen behind her refrigerator. The child was placed at the age of 10, and turned 11 on 2/7/21. He had not signed an Orientation document that indicated review of the Legal Rights of Teens in Out-of-Home Care upon his 11th birthday; however, this document (Legal Rights of Teens) was no longer being used at the time of the virtual visit on 4/6/21 due to changes in the SOW dating back to 1/20/21. The document was not posted in the resource home.

2. Corrective Action Taken.

Koinonia will ensure that emergency numbers are posted in each approved resource home during walk-throughs, which shall be verified during the scheduled Home Evaluations. Koinonia will continue to follow the current FFA Statement of Work (SOW); this revision includes the removal of any requirements for the Legal Rights of Teens in Out-of-Home Care (11+ years) from the SOW Amendment No. 2 dated 1/20/21. Verification of postings required by the SOW for the Service Delivery Sites, per the January 2021 revision were verified to be present in all Service Delivery Sites as of 4/19/21. Further, per the current SOW, the Foster Youth Bill of Rights will be formally incorporated into the Orientation of newly placed children/youth/NMDs as an attachment to the document reviewed and signed by children, as is age-appropriate, or by their authorized representative.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Ongoing compliance regarding emergency numbers being posted in approved resource homes shall be documented through the use of Koinonia's Home Evaluation form that is used by Koinonia social workers during walk-throughs of the homes. Ongoing compliance regarding the document entitled Legal Rights of Teens in Out-of-Home Care is not applicable, as it has been removed from the SOW. Koinonia will ensure, however, that the Foster Youth Bill of Rights remains posted in its Service Delivery Sites, per the SOW.

Education and Independent Living Plan Services

39. The FFA has documented its efforts to maintain children in their school of origin after placement, if determined in the best interest of the child

Facility

Site 489

Site 487

Site 488

1. Explain the Cause.

Koinonia staff did not document any efforts to maintain the children in their school or origin. The cause was simply a lack of knowledge for the need to specifically document these efforts in the NSP.

2. Corrective Action Taken.

By 6/11/21, Koinonia will train staff to also clearly document on the Referral Screening Assessment and/or Education Section of the NSP when a child remains and/or our efforts to maintain a child's attendance in their school of origin. By 6/11/21, Koinonia will train staff to clearly document when a referred child's CFT has determined, prior to placement, that it would be in the child's best interest not to attend their most recent school/school of origin.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

During ongoing review of NSPs (intake and quarterly), prior to their submission to the county CSW, Koinonia supervisory staff will continue to ensure compliance with this CAP.

Health & Medical Needs

42. Initial dental examinations were conducted on time

Facility

Site 489

Site 489

1. Explain the Cause.

Dental examinations following the children's replacement into the Koinonia home were considered to be 5 days late due to lack of availability of appointments at the preferred dental provider. Resource parents did not seek out secondary options for providers that might have had earlier appointments. Additionally, DCFS did not provide copies of the most recent examinations from the children's initial foster placement prior to replacement into the Koinonia resource home; therefore, there was no record of those initial examinations on file with Koinonia.

2. Corrective Action Taken.

By 6/11/21, Koinonia will train staff to ensure current dental exams for children being replaced from a resource home outside of Koinonia are on file (or an updated exam scheduled within 30 days of replacement). However, within the first 30 days of placement, Koinonia staff will document efforts to see if the dental examination requirement has been met per DCFS Policy 0600-506.10.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

During ongoing review of NSPs (intake and quarterly), prior to their submission to the county CSW, Koinonia supervisory staff will continue to ensure compliance with this CAP, specifically as they review the section regarding initial medical and dental examinations.