



# County of Los Angeles

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

510 S. Vermont Avenue, Los Angeles, California 90020

(213) 351-5602

BRANDON T. NICHOLS  
Director

JENNIE FERIA  
Chief Deputy Director

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March 23, 2025

To: Supervisor Kathryn Barger, Chair  
Supervisor Hilda L. Solis  
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Supervisor Lyndsey P. Horvath  
Supervisor Janice Hahn

From: Brandon T. Nichols  
Director

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

#### REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted a virtual Contract Compliance Review of Koinonia Foster Homes Foster Family Agency (the Contractor) in April 2024. The Contractor has two contracted offices: one located in the Second Supervisorial District and one located in the Fifth Supervisorial District. The offices provide services to the County of Los Angeles DCFS placed children, Probation foster youth and children placed by other counties.

#### Key Outcomes

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

*“To Enrich Lives Through Effective and Caring Service”*

The CCD conducted a virtual Contract Compliance 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 and Transition Services; 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 8 of 11 applicable areas of the CCD's Contract Compliance Review: General Contract Requirements; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Plan Services; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

For the purpose of this review, seven DCFS placed children were selected for the sample. The CCD reviewed the files of the seven selected children and conducted virtual interviews with two children to assess the level of care and services they received; five children (ages 1 to 4 years old) were too young to be interviewed and were virtually observed to be clean and well-groomed. An additional four discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

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

CCD noted findings in the areas of:

***Priority 1***

- RFH Requirements (1 Finding)
  - Resource Family Parents with a pool did not have a current Water Safety training certificate.

***Priority 2***

- Facility and Environment (1 Finding)
  - Maintenance logs or proof of regular/annual service and maintenance for vehicles used to transport children were not maintained.
- Health and Medical Needs (2 Findings)

- Initial dental examinations were not conducted timely.
- Required follow-up dental examinations were not conducted timely.

On December 12, 2024, the Children Services Administrator teams from DCFS' CCD 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) 371-6052.

BTN:CMM  
RW:DF:ac

#### Attachments

c: Fesia Davenport, Chief Executive Officer  
Oscar Valdez, Auditor-Controller  
Guillermo Viera Rosa, Chief Probation Officer  
Public Information Office  
Audit Committee  
Krystal Edwards, Chief Executive Officer, Koinonia Foster Homes  
Tiffany Sickler, PhD. Executive Director, Koinonia Foster Homes  
Kellee Coleman, Assist Program Administrator (LA Region) CCLD  
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, CCLD  
Celeste M. Fitchett, MSW, Bureau Chief, Fiscal & Performance Audits, CDSS

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

Corrective Action Plan

2024

RESOURCE FAMILY HOME REQUIREMENTS

10. RFPs have current training

10c. When applicable, Water Safety certificate/training [Training Matrix][Training Matrix]

Facility

Site 1426

1. Explain the Cause.

The family did not complete water safety. This was not an agency requirement based on the age and needs of the child.

2. Corrective Action Taken.

The family completed water safety training on 12/18/2024. A retraining regarding the water safety training requirement was done with the social workers of the Gardena, Lancaster and Tustin offices on the following dates: 12/31/24, 12/30/24 and 12/17/24 respectively. Furthermore, the agency is now requiring any family with a pool on the property to complete water safety training at the time of certification.

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

Before certification, any family that has a pool on the property will have water safety as an item due in their file. Families with pools will not be approved without the completion of water safety. Supervisors will review the family's assessment and file before approval to ensure that if a pool is present, water safety is completed and discussed in the RFA written report. For current families, they must complete water safety if they have a pool by 2/28/2025.

FACILITY AND ENVIRONMENT

13. Vehicles used to transport children were well maintained and in good repair

## 13c. Maintenance Log or Proof of regular/annual service and maintenance (Title 22 80074(c) &amp; 87074(d))(Title 22 80074(c) &amp; 87074(d))

Facility

Site 1431

## 1. Explain the Cause.

The vehicles for the family had their insurance and registration up to date, however, they did not have vehicle inspections completed for these new cars.

## 2. Corrective Action Taken.

Vehicle inspections were completed for the 2019 Volkswagon on 6/13/2024 and the 2023 Volkswagon UT on 1/11/2024. A retraining regarding the completion of vehicle inspection forms was done with the social workers of the Gardena, Lancaster and Tustin offices on the following dates: 12/31/24, 12/30/24 and 12/17/24 respectively.

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

Administrators and Supervisors are to print out the task lists of coming due items and provide this on a monthly basis to FFA social workers. This will ensure that supervising staff and FFA social workers are made aware when vehicle inspection forms are due. Administrators and Supervisors will also audit files on a regular basis to ensure that vehicle inspection forms are being completed timely. Finally, the monthly home evaluation form indicates that the social workers are to review vehicle documents on a monthly basis.

## HEALTH AND MEDICAL NEEDS

## 42. Initial dental examinations were conducted on time (Contract, Section 19.0, SOW Part C, Sections 15.3.9)

Facility

Site 1427

## 1. Explain the Cause.

The child's medical was not active at the time of placement and the first exam that could be scheduled due to ongoing insurance issues was 3/18/2024.

## 2. Corrective Action Taken.

A retraining regarding the timely completion of dental exams was done with the social workers of the Gardena, Lancaster and Tustin offices on the following dates: 12/31/24, 12/30/24 and 12/17/24 respectively.

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

Administrators and Supervisors are to print out the task lists of coming due items and provide this on a monthly basis to FFA social workers. This will ensure that supervising staff and FFA social workers are made aware when a child's initial and ongoing dental exams are coming due. Administrators and Supervisors will also audit files on a regular basis to ensure that medical exams are being completed timely. Should there be delays in obtaining initial exams, the challenges will be documented in the file and communicated to the CSW.

## 44. Required follow-up dental examinations were conducted on time (Contract, Section 19.0, SOW Part C, Sections 15.3.9)

Facility

Site 1427

### 1. Explain the Cause.

The child was referred for to a specialist, however, due to ongoing issues with insurance, he could not be seen timely for this referral. The medical card was not received until 9/27/24.

### 2. Corrective Action Taken.

A specialty exam was completed on 11/14/24 with a follow up due in three months. The 561a was completed and sent to the CSW. Furthermore, a retraining regarding the timely completion of follow up exams was done with the social workers of the Gardena, Lancaster and Tustin offices on the following dates: 12/31/24, 12/30/24 and 12/17/24 respectively.

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

Administrators and Supervisors are to print out the task lists of coming due items and provide this on a monthly basis to FFA social workers. This will ensure that supervising staff and FFA social workers are made aware when a child's initial and ongoing follow-up exams are coming due. Administrators and Supervisors will also audit files on a regular basis to ensure that specialty exams are being completed timely. Supervisors also meet with FFA social workers at least once per month to review their cases and ensure timely access to services. Should there be a delay in services, this will be documented in the file and communicated with the primary CSW.