



**County of Los Angeles**  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
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October 31, 2025

To: Supervisor Kathryn Barger, Chair  
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Supervisor Lindsey P. Horvath  
Supervisor Janice Hahn  
From:  for  
Brandon T. Nichols  
Director

**KOREAN AMERICAN FAMILY SERVICES  
FOSTER FAMILY AGENCY  
CONTRACT COMPLIANCE REVIEW**

**REVIEW OF REPORT**

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted an in-person Contract Compliance Review of Korean American Family Services (Contractor), Foster Family Agency (FFA) in July 2025. The Contractor has one office located in the Second Supervisorial District. The office provides services to the County of Los Angeles DCFS and Probation placed children, youth and Non-Minor Dependents (NMDs) and children, youth and NMDs placed by other counties

**Key Outcomes**

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 5
PRIORITY 3 0

The CCD conducted an in-person 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;

*"To Enrich Lives Through Effective and Caring Service"*

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 9 of 11 applicable areas of the CCD's Contract Compliance Review: General Contract Requirements; Resource Family Home Requirements; Engagement and Teamwork; Needs and Services Plans; 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.

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 interviews with five children to assess the level of care and services they received; two children (ages 2 and 3) were unable to be interviewed and were observed to be clean and well-groomed. An additional four discharged children's files were also reviewed to assess the Contractor's compliance with permanency efforts.

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

The CCD noted findings in the areas of:

***Priority 1***

- Facility and Environment (1 Finding)
  - One RFH had security bars on a child's bedroom windows that were not equipped with operable safety release devices.

***Priority 2***

- Facility and Environment (1 Finding)
  - One RFH was missing a window screen; had an electrical extension cord that ran from inside of the house to the outside connecting to a washing machine; and, had hot water from the faucet that was not delivered at a safe temperature.
- Permanency and Transition Services (4 Findings)

- FFA did not submit four children's discharge summaries to the Children's Social Worker to identify they were discharged according to their permanency plans.

On August 21, 2025, 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:LM:RT

KR:DF:cs

#### Attachments

c: Fesia Davenport, Chief Executive Officer  
Oscar Valdez, Auditor-Controller  
Guillermo Viera Rosa, Chief Probation Officer  
Public Information Office  
Audit Committee  
Katherine Yeom, Executive Director, Korean American Family Services  
Kellee Coleman, Assist. Program. Administrator LA Region, Community Care Licensing Division  
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division  
Celeste M. Fitchett, MSW, Bureau Chief, Fiscal and Performance Audits, California Dept. of Social Services



LOS ANGELES COUNTY  
KOREAN AMERICAN FAMILY SERVICES (FFA)



Corrective Action Plan  
2025

FACILITY AND ENVIRONMENT

14. Exterior and grounds of the RFH were safe and well maintained

14a. Each operable window has an intact window screen (Title 22 80087(a)(1), & 80088(b))(Title 22 80087(a)(1), & 80088(b))

Facility

Site 1737

14b. Security bars used on windows are equipped with operable, safety release devices (Title 22 80020(a); H&S Code 1531.1)(Title 22 80020(a); H&S Code 1531.1)

Facility

Site 1737

14d. Yard and outdoor activity space are free from safety hazards ILS 88487.2 (a) (1); Title 22 89387 (h) ILS 88487.2 (a) (1); Title 22 89387 (h)

Facility

Site 1737

1. Explain the Cause.

1) In the resource home, one of the bedrooms was missing a window screen. 2) In the resource home, the security bars on two windows lacked safety release devices. 3) In the resource home, an extension cord was found running from inside the house to the outside to connect a washing machine. Noncompliance was due to human error, because for 1) and 2) the FFA supervisor thought this was okay as there was no one living in this bedroom and it was never a room intended for use by foster children. FFA supervisor did not fully understand the scope of the regulation. Noncompliance for 3) was due to human error because FFA supervisor believed the use of the extension cord was okay because it was assembled by the technician who installed the washing machine and who confirmed it was safe, and it was only being used for a short time, until the full installation was complete.

2. Corrective Action Taken.

FFA supervisor, with the assistance of the FFA Program Coordinator is responsible for the corrective action plan. 1) A window screen was installed on 8/1/2025. 2) The two window bars were removed from the windows on 8/18/2025. 3) The extension cord was immediately removed from the washing machine, and it was correctly fully installed on 8/1/2025. The electrical parts above the laundry machine meet safety standards. Prior to 9/18/2025 FFA supervisor and FFA Program Coordinator met on numerous occasions to discuss these findings. On 9/18/2025, the FFA supervisor reviewed the above findings with FFA social workers and provided training on the corrective action plan. Please refer to the meeting notes 9/18/2025 initially submitted via the system on 9/19/2025. All FFA staff were re-trained on 9/18/2025 by the FFA Supervisor to ensure that they understand what to look for and what qualifies as a child safety issue.

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

To make sure that the CAP is being implemented and followed through with, FFA supervisor updated the “KFAM (Korean American Family Services) Supplemental Home Health and Safety Checklist” by adding #7, #8, and #9 under the subsection “B. Safety.” This change will become effective immediately, the week of 9/22/2025. #7 states: Each window that opens has a window screen in good condition. #8 states: At least one window in each bedroom with security bars is equipped with a safety release device. #9 states: There are no electrical extension cords running from inside the house to the outside. FFA Supervisor will review the completed home inspection sheets of all resource families quarterly. If a subsequent violation is found, FFA Supervisor will meet with the FFA social workers to ascertain what the problem might be with the resource family following the regulations. If necessary, the FFA supervisor will also meet with the Resource Family and re-educate the resource family on the importance of meeting the regulations and keeping the child(ren) safe.

15. Common areas were safe and well-maintained

15m. Hot water from faucets is delivered at a safe temperature Title 22 80088(e)Title 22 80088(e)

Facility
Site 1737

1. Explain the Cause.

Water temperature at Resource Parent home was too hot. Temperature was above the allowable 120 °F degrees. FFA supervisor was responsible for ensuring the water temperature was correct. Due to human error, the FFA supervisor forgot to take the thermometer to the last quarterly home inspection and did not check the water.

2. Corrective Action Taken.

FFA supervisor is responsible for the corrective action plan. The hot water temperature was immediately lowered by a technician. When FFA Supervisor visited the home on 8/22/2025 and measured the temperature, it was 111.2°F. On 9/18/2025, the FFA supervisor reviewed this finding with FFA social workers and provided training on the corrective action plan. Each of the FFA social workers are now equipped with their own thermometer to test the water temperature during home inspections and are aware the temperature should be no less than 105 °F degrees and no more than 120 °F degrees. All FFA staff were re-trained on 9/18/2025 by FFA Supervisor to ensure that they understand what to look for and what qualifies as a child safety issue. Please refer to the meeting notes 9/18/2025 initially submitted via the system on 9/19/2025.

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

FFA social workers will ensure the water temperature is at a safe temperature when they do the “Resource Home Health & Safety Assessment” on a quarterly basis. To make sure that the CAP is being implemented and followed through with, FFA supervisor updated the “KFAM Supplemental Home Health and Safety Checklist” by adding #10 under the subsection “B. Safety.” This change will become effective immediately, the week of 9/22/2025. #10 states: “The hot water temperature should not be less than 105 °F degrees or more than 120 °F degrees.” FFA supervisor will review the completed home inspection sheets of all resource families quarterly. If a subsequent violation is found, FFA supervisor will meet with the FFA social workers to ascertain what the problem might be with the resource family following the regulations. If necessary, the FFA supervisor will also meet with the Resource Family and will re-educate the resource family on the importance of meeting the regulations and keeping the child(ren) safe.

PERMANENCY AND TRANSITION SERVICES

34. The child's discharge summary (submitted to the CSW 30 Days from the date the child's placement was terminated) identified being discharged according to the child's permanency plan

Facility
Site 1734
Site 1736
Site 1737
Site 1735

1. Explain the Cause.

Four discharged children did not have their discharge summaries sent to their county social workers (CSWs). FFA case carrying social workers are responsible for sending the discharge summaries to the CSWs. Non-compliance was due to human error, as the social worker missed this step in the final discharge process of a client.

2. Corrective Action Taken.

FFA supervisor was responsible for the corrective action and immediately sent the four discharge summaries to each case-carrying CSW respectively via email on 9/18/2025. On 9/18/2025, the FFA supervisor reviewed this finding with FFA social workers and provided training on the corrective action plan, reminding staff of the step that was missed. Please refer to the meeting notes 9/18/2025 initially submitted via the system on 9/19/2025.

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

FFA social workers will ensure all case discharge summaries are sent to the case-carrying CSWs within 30 days of case termination via email. The email page will be filed along with the discharge summary in the case file. This change will become effective immediately the week of 9/22/2025. The FFA supervisor reviews discharge summaries and finalizes the closure of a case whenever a child is discharged. From now on, the case will only be considered closed when the FFA social workers email the discharge summary to the case carrying CSW and the FFA supervisor sees the email in the case file. If a subsequent violation is found, FFA supervisor will meet with the FFA social workers to ascertain what the problem might be and work closely with the FFA social worker to resolve it. That could include additional weekly supervision, or a meeting with the Program Coordinator or Program Manager.