

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**KANSAS DID NOT ENSURE THAT
GROUP HOMES FOR CHILDREN IN
FOSTER CARE COMPLIED WITH
ALL STATE HEALTH AND SAFETY
REQUIREMENTS**

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Office of Inspector General

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The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

Report in Brief

Date: July 2020

Report No. A-07-19-06087

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

Congress has expressed concerns about the safety and well-being of children in foster care. Additionally, in a recent series of audits of State-monitored child care facilities in various States, we found that the majority of child care providers had instances of potentially hazardous conditions and noncompliance with State health and safety requirements, including employee background record check requirements. To determine whether similar vulnerabilities exist in foster care group homes, we performed this audit in Kansas. Allegations of neglect and abuse at some foster care group homes in Kansas were the subject of a number of reports in the media, both before and during our audit.

Our objective was to determine whether Kansas ensured that foster care group homes complied with State licensing requirements related to the health and safety of children in those group homes in accordance with Federal laws and regulations.

How OIG Did This Audit

We conducted site visits at all of the 31 foster care group homes that were licensed to house between 5 and 24 foster care children to determine whether the group homes complied with State licensing requirements related to health and safety. We reviewed background record check completion dates for each group home employee who could engage in unsupervised contact with children in foster care.

Kansas Did Not Ensure That Group Homes for Children in Foster Care Complied With All State Health and Safety Requirements

What OIG Found

Kansas did not ensure that all foster care group homes complied with State licensing requirements related to the health and safety of children in those group homes in accordance with Federal laws and regulations. Specifically, at the times of our site visits we found that 24 of the 31 group homes did not comply with State environmental requirements; this is because Kansas did not address all instances of noncompliance with environmental standards during annual inspections. In addition, 29 of the 31 group homes did not comply or could not document compliance with the required background record check or fingerprint submission requirements for employees. These instances occurred because Kansas did not ensure that the required background checks for all employees were requested in a timely manner. Furthermore, 1 of the 31 group homes did not comply with the terms of its State licensing requirements because it housed both male and female children but was licensed to house only female children. Nevertheless, Kansas allowed this foster care group home to continue operations and did not require that the home submit a request for an amended license allowing the home to also house males.

What OIG Recommends and Kansas Comments

We recommend that Kansas: (1) follow up with all foster care group homes to verify that all of the maintenance deficiencies that we identified are corrected, (2) improve controls to ensure that group homes are in compliance with State licensing requirements related to the health and safety of the residents, and (3) ensure that corrective action is taken when issues of noncompliance are found. We also make procedural recommendations to Kansas regarding the controls over and timely completion of background record checks and the monitoring of the group homes to ensure that they are in compliance with the age and gender requirements of their State licensing agreements.

Kansas concurred with all of our recommendations and with our finding on the foster care group home that housed both male and female children; this group home lost its license and was closed. Kansas also described corrective actions taken or planned. Kansas disagreed with our other findings and provided additional documentation regarding some of them. After reviewing that material, we revised the number of errors we identified. We acknowledge Kansas's oversight efforts and corrective actions but continue to hold that our findings as revised—and all of our recommendations—are valid.

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INTRODUCTION

WHY WE DID THIS AUDIT

The Children’s Bureau within the Department of Health and Human Services (HHS), Administration for Children and Families (ACF), administers the Federal Foster Care Program, which awards grants to States to help provide safe foster care placements for eligible children who cannot remain in their homes. This program operates under the auspices of Title IV-E of the Social Security Act (the Act). Congress has expressed concerns about the safety and well-being of children in foster care. Furthermore, the media has reported on issues involving deaths and abuse of children in foster care.¹ Additionally, in a recent series of audits of State-monitored child care facilities in various States,² we found that the majority of child care providers had instances of potentially hazardous conditions and did not comply with State health and safety requirements, including employee background record check requirements. To determine whether similar vulnerabilities exist in foster care group homes, we performed this audit in Kansas, where the Department for Children and Families (State agency) is responsible for administering the Title IV-E foster care program. Allegations of neglect and abuse at some foster care group homes in Kansas were the subject of a number of reports in the media, both before and during our audit.³

OBJECTIVE

Our objective was to determine whether the State agency ensured that foster care group homes complied with State licensing requirements related to the health and safety of children in those group homes in accordance with Federal laws and regulations.

BACKGROUND

Federal Foster Care Program

Title IV-E of the Act established the Federal Foster Care Program, which helps States provide safe and stable out-of-home care for children who meet certain eligibility requirements until they are safely returned home, placed permanently with adoptive families, or placed in other

¹ Mother Jones, “The Brief Life and Private Death of Alexandria Hill.” Available online at <https://www.motherjones.com/politics/2015/02/privatized-foster-care-mentor/>. Accessed on August 7, 2019.

² All 20 audit reports in the HHS, Office of Inspector General, series *Child Care Providers: Compliance with State Health and Safety Requirements* can be viewed at <https://oig.hhs.gov/oas/child-care/text-map.asp>.

³ A recent report appeared in the *Kansas City Star*: “Kansas Child Welfare Leader Says More Money, Employees Needed to Fix Troubled System.” Available online at <https://www.kansascity.com/news/politics-government/article209603239.html>. Accessed on December 5, 2019. See also the *Kansas City Star*, “Foster Teen Was Assaulted as She Slept in Kansas Child Welfare Office, Court Docs Say.” Available online at <https://www.kansascity.com/news/local/crime/article219058030.html>. Accessed on December 5, 2019.

planned arrangements. At the Federal level, ACF administers the program. The State agency is responsible for administering the program at the State level.

Each State must submit to ACF for approval a State plan that designates a State agency that will administer the program for the State (the Act § 471(a)(2)). The State plan also provides for the establishment or designation of a State authority or authorities responsible for establishing and maintaining standards for foster family homes and child care institutions, including standards related to safety, and requires that the State apply the standards to any foster family home or child care institution receiving funds under sections IV-E or IV-B of the Act (the Act § 471(a)(10)). The State plan must also provide that the State has developed and implemented standards to ensure that children in foster care placements in public or private agencies receive quality services that protect their health and safety (the Act § 471(a)(22)).

Provisions for claiming Federal reimbursement for the costs of the foster care program are codified in 45 CFR part 1356.

The Foster Care Program in Kansas

Kansas provides foster care-related services under the provisions of its ACF-approved State plan. These services have been provided by nongovernmental, nonprofit entities since 1997, when the State agency (formerly known as Kansas Department of Social and Rehabilitation Services) privatized child welfare services. The State agency administers child welfare services through regional offices and two geographically based contractors.⁴ These two contractors administer the foster care program, including placement of foster care children, and the remitting of payment for various services including room, board, and transportation of the children.

For State fiscal year 2017 (July 1, 2016, through June 30, 2017), Kansas claimed more than \$18.6 million (Federal share) in expenses for Title IV-E foster care.⁵ As of May 31, 2018, Kansas had more than 7,600 children in foster care.

⁴ Family services, family preservation services, reintegration services, foster care services, and adoption services are provided through contracts with Saint Francis Community Services in the western part of Kansas and the Wichita area and with KVC Kansas in the eastern part of the State, including the Kansas City area.

⁵ The \$18.6 million Federal reimbursement is not the only funding available for foster care children and related populations (such as adoption assistance). The State agency receives Federal and State funding from a variety of sources to support its assistance programs.

State Requirements

State statute contains requirements for the operation and maintenance of child care facilities.⁶ The rules and regulations for these facilities aim:

to promote the health, safety and welfare of any . . . child served in such facilities by ensuring safe and adequate physical surroundings, healthful food, adequate handwashing, safe storage of toxic substances and hazardous chemicals, sanitary diapering and toileting, home sanitation, supervision and care of the residents by capable, qualified persons of sufficient number, after-hour care, an adequate program of activities and services, sudden infant death syndrome and safe sleep practices training, prohibition on corporal punishment, crib safety, protection from electrical hazards, protection from swimming pools and other water sources, fire drills, emergency plans, safety of outdoor playground surfaces, door locks, safety gates and transportation, and such appropriate parental participation as may be feasible under the circumstances [Kansas Statutes Annotated (K.S.A.) 65-508(c)(1)].

The environmental standards that foster care group homes must follow are specified in Kansas Administrative Regulations (K.A.R.) 28-4-277. They include standards and practices necessary for, among other things, meeting each resident's need for space, comfort, privacy, and community while protecting residents from fire, health, and accidental hazards. The regulations address requirements for premises, sleeping facilities, water supply, toilet and lavatory facilities, and laundry facilities.

In addition, State regulations convey the requirements for initial and renewal background checks for each individual 10 years or older who will be residing, working, or regularly volunteering in the residential center, group boarding home, or child placement agency (K.A.R. 28-4-94).⁷

HOW WE CONDUCTED THIS AUDIT

We conducted site visits at all of the 31 foster care group homes in Kansas that were licensed to house between 5 and 24 foster care children to determine whether the group homes complied

⁶ K.S.A. 65-503 defines "child care facility" as including a facility maintained by a person who has control or custody of one or more children under 16 years of age, unattended by a parent or guardian, for the purpose of providing the children with food or lodging, or both, except children in the custody of the State who are placed with a prospective adoptive family under the provisions of an adoptive placement agreement or who are related to the person by blood, marriage, or legal adoption.

⁷ To initiate a request for an employee background record check, foster care group homes must submit to the State agency a Form FCL-002, which is a request for the Kansas Bureau of Investigation in coordination with the State agency, to conduct a check of the Child Abuse Registry for that individual.

with State licensing requirements related to health and safety.⁸ To verify completion of the required background record checks at these group homes, we reviewed background record check completion dates for each group home employee who could engage in unsupervised contact with children in foster care. We informed the State agency of any issues we found during the audit to ensure prompt, corrective action.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

Appendix A contains the details of our audit scope and methodology.

FINDINGS

The State agency did not ensure that all foster care group homes complied with State licensing requirements related to the health and safety of children in those group homes in accordance with Federal laws and regulations. Specifically, at the times of our site visits,⁹ we found that 24 of the 31 group homes did not comply with State environmental requirements. In addition, 29 of the 31 group homes did not comply or could not document compliance with the required background record check or fingerprint submission requirements for employees. Furthermore, 1 of the 31 group homes, with 9 children in residence, did not comply with the terms of its State licensing requirements because it housed both male and female children but was licensed to house only female children.

Appendix B contains the Federal and State requirements cited in the report, and Appendix C contains a summary of findings by foster care group home. Appendix D contains the dates of the State agency's last annual health and safety inspections and the dates of our site visits to the 31 group homes, and Appendix E contains photographic examples of noncompliance found at some of the foster care group homes.

FEDERAL REQUIREMENTS

Each State must submit a State plan that designates a State agency that will administer the program for the State (the Act § 471(a)(2)). The State plan must provide that the State has developed and implemented standards to ensure that children in foster care placements in

⁸ State agency records reflect that there were 34 foster care group homes that met this criterion. Five of the group homes had facilities at more than one address, but because of the shared spaces, the same management, and the similarities of the facilities themselves, we have consolidated them for this report. An additional 13 foster care group homes were licensed in Kansas during our audit period; each housed more than 24 foster care children. These additional group homes were not within the scope of this audit.

⁹ We conducted our site visits to the 31 selected group homes between April 16, 2018, and April 5, 2019.

public or private agencies receive quality services that protect their health and safety (the Act § 471(a)(22)).

For details on these Federal requirements, see Appendix B.

TWENTY-FOUR FOSTER CARE GROUP HOMES DID NOT COMPLY WITH ONE OR MORE STATE ENVIRONMENTAL REQUIREMENTS

State Environmental and Monitoring Requirements

State regulations (general requirements) state that facilities must meet the legal requirements of the community as to building codes, zoning, and fire protection. Where local fire regulations do not exist, fire safety approval must be obtained from the State Fire Marshal (K.A.R. 28-4-277(a)(2)).

Requirements for Premises

- Outdoor play areas must be free of physical hazards, including bodies of water, ravines, and drainage ditches (K.A.R. 28-4-277(b)(2)).
- Each facility must develop and follow a written maintenance policy. The facility and outside area must be maintained in good condition and at all times be clean and free from accumulated dirt, trash, vermin, and rodent infestation. Garbage and outdoor trash containers must be covered, with contents removed at least weekly (K.A.R. 28-4-277(b)(4)).
- Windows and doors are to be screened as needed unless areas are air conditioned (K.A.R. 28-4-277(b)(9)).
- Floors must be smooth, free of cracks, and easily cleanable, and must not be slippery (K.A.R. 28-4-277(b)(14)).
- Walls must be smooth, easily cleanable, and in sound condition (K.A.R. 28-4-277(b)(15)).
- Electrical outlets within the reach of children under 6 years old must be covered with safety devices (K.A.R. 28-4-277(b)(16)).
- Appropriate physical facilities, equipment, and furnishings must be provided (K.A.R. 28-4-277(b)(17)).

Requirements for Sleeping Facilities

- Sleeping facilities are to be limited to first and second floors (K.A.R. 28-4-277(c)(1)).

- A separate bed with a level flat mattress in good condition and adequate bedding must be provided for each resident (K.A.R. 28-4-277(c)(3)).

Monitoring Requirements

- The State agency is required to conduct a health and safety inspection of each foster care group home once per year and must also inspect a group home upon receiving a complaint about that facility (K.S.A. 65-512(a) and 65-512(b)(2)).
- A foster care group home that has received written notification of deficiency(ies) from a State agency inspection is required to correct all issues within 5 days of receipt of the notification (K.S.A. 65-513).

For details of these State requirements, see Appendix B.

Twenty-Four Foster Care Group Homes Inspected Did Not Comply With One or More Environmental Requirements

Of the 31 foster care group homes that we inspected, 24 did not comply with environmental requirements conveyed in State regulations. Specifically, we found the following deficiencies, almost all of which were evident in more than one group home:

- walls and doors with holes, some with several holes;
- rodent droppings;
- living areas with couches that had ripped upholstery and broken chairs;
- broken window blinds;
- bureaus that were broken or that had missing drawers;
- broken or missing windows;
- damaged and poorly maintained roofs;
- missing and damaged siding;
- poorly maintained decks and porches;
- rundown playground areas with trash;
- hazardous trash and debris, such as boards with protruding nails;
- fire extinguishers that were not in compliance with the fire code; and
- children’s bedrooms located in the basement of the group home.

Some of these deficiencies, which indicated an extended period of substandard maintenance, appeared in the interior and exterior of a group home that we inspected in April 2019. At that time, this group home was licensed to house up to six boys aged 5 and older; living in it were six boys between 10 and 17 years old. We found that within this group home, the children’s living quarters had a gas heater that was hooked up with an exposed natural gas line that ran through a foster child’s room, an electric heater that was plugged in next to another child’s bed, and old, exposed electrical wiring. The exposed natural gas lines in a child’s bedroom and the

placement of a portable heater next to a child's bed constituted serious hazards to the children's health and safety. (See Photographs 1 through 4 below.)



Photograph 1 shows a gas heater attached to the wall, and Photograph 2 shows the same heater's exposed piping, which makes it vulnerable to damage and constitutes a fire hazard.



Photograph 3 shows an electric heater next to a child's bed, and Photograph 4 shows exposed wiring on a light fixture in a bedroom closet.

The exterior of this foster care group home had significant maintenance issues as well, many of which posed serious risks to both children and adults at this facility. Decks appeared to be failing and porches were propped up in a makeshift fashion. Trash and debris were strewn around. (See Photographs 5 through 8 below and on the following page.)



Photograph 5 shows a deck that connects to the inside of the house and is missing a railing at a height of five steps from the ground. This photograph also shows a boarded window. Photograph 6 shows a load-supporting column supported with a wooden block.



Photograph 7 shows a porch blocked off by trash and debris, and Photograph 8 shows a porch propped up with cinder blocks.

Additional photographs taken at this group home appear as Photographs 9, 47, and 48 in Appendix E. Appendix E contains additional photographic examples of noncompliance with environmental standards at some of the group homes where we conducted site visits.

Inadequate State Agency Controls

The State agency routinely conducted inspections of the foster care group homes, including annual health and safety inspections and more focused inspections in response to complaints. Although the State agency conducted annual inspections of all 31 of the foster care group homes that we reviewed, it did not address all instances of noncompliance with environmental requirements and standards. Specifically, each of the 31 foster care group homes had received an annual health and safety inspection from the State agency (as mandated by K.S.A. 65-512(a)) during either 2017, 2018, or 2019, as shown in Appendix D. As demonstrated in the photographs above and on the preceding page, many of the issues we identified appeared to have been present for significant periods of time.

Moreover, the State agency did not consistently address the need for foster care group homes to take corrective action. Although some inspections noted maintenance issues, the homes were generally allowed to maintain operations without making needed repairs.

Because the State agency did not ensure that group homes complied with State environmental requirements, the health and safety of the children residing in them were at risk.

TWENTY-NINE FOSTER CARE GROUP HOMES DID NOT COMPLY WITH BACKGROUND RECORD CHECK REQUIREMENTS

State Requirements

State regulations require that each facility submitting an initial application for approval to serve as a foster care group home, and each licensee submitting a renewal application for the same, submit a background check request that includes the name and other required information for each individual who is at least 10 years old and who is residing, working, or regularly volunteering in the residential center, group boarding home, or child placement agency, excluding children placed in care (K.A.R. 28-4-94 and 28-4-125). Furthermore, renewal applications, including renewal requests for background record checks, are required annually (K.A.R. 28-4-269(h)).

State regulations (K.A.R. 28-4-125) also require that the first background check must be submitted to the State within 1 week of the time that a new person over 10 years of age has begun to reside, work, or regularly volunteer in the facility; excluding children placed in care, the facility must file a report with the new individual's name, address, and birthdate with the State.¹⁰

State regulations also require that licensees who wish to renew their licenses do so annually on applications that include: the purpose of the facility; the services to be offered; the number, age range, and gender(s) of residents to be served; and the level of care (K.A.R. 28-4-269). These applications must include a background check request and list the names and provide all other required information for each individual who is at least 10 years old and who is residing, working, or volunteering in the foster care group home (K.A.R. 28-4-94).¹¹

¹⁰ Changes to this regulation were proposed on March 1, 2018, and became effective on June 7, 2018. Changes included deletion of the 1-week requirement; instead, facilities are required to submit the background check requests before allowing the employee to have access—supervised or unsupervised—to children. The changes also removed the requirement that a copy of each report must be kept on file at the group home. Instead, the group home is required only to ensure that the employee background record checks are completed. As a practical matter, the group homes would need to be able to show that the background checks were completed regardless of whether copies of the results were kept on file. The group homes would need to show some indication that the background checks were submitted and completed. Because of these changes, we limited our review to employees who were hired prior to June 7, 2018.

¹¹ This requirement does not apply to foster care children who are residing at the home.

Twenty-Nine Foster Care Group Homes Did Not Comply With Background Record Check Requirements for Some Employees

Of the 31 foster care group homes that we inspected, 29 did not comply or could not provide documentation to show that they had complied with employee background record check requirements.¹² Specifically, we found the following types of errors:

- no documentation that required background record check request forms had been completed and submitted to the State agency (13 employees at 8 group homes);
- required background record check request forms had been submitted to the State agency but not dated (22 employees at 4 group homes);
- initial background record check request forms had been submitted to the State agency more than 1 week after the employee’s hire date (126 employees at 27 group homes (see the table below for a breakout of the timeframes associated with these late requests for initial background record checks)); and
- background record check request forms were more than 1 year old and therefore not current (40 employees at 8 group homes).

Table: Initial Background Check Request Submitted More Than 1 Week After Employee’s Hire Date

Numbers of Days Late	Number of Late Employees
30 days or less	17
31 – 100 days	10
101 – 500 days	39
501 – 4,000 days	49
4,001 days or more	11
Total	126

Inadequate State Agency Controls Over Background Record Checks at Foster Care Group Homes

These instances of noncompliance with requirements for employee background record checks occurred because the State agency did not ensure that the foster care group homes requested the required background record checks for all employees in a timely manner.

¹² Some foster care group homes shared management with other group homes, and as a corollary some employees worked at more than one foster care group home. For this reason, management and background record check issues that were present at one of these group homes may have affected all of the group homes associated with the same management.

For this reason, the State agency did not have accurate information on the completeness or timeliness of background record check requests that foster care group homes had submitted. Similarly, inadequacies in the State agency's controls prevented the group homes from having complete and accurate information on the status of submitted requests. Specifically, the State agency's controls did not include a procedure under which the State agency would supply documentation to group homes that employee background record checks had been completed. Instead, after a group home submitted a background check request form for an employee, the State agency informed the group home only if the employee did not pass the background check. Thus, if the group home did not hear back from the State agency and if it did not reach out to the State agency on its own, the group home generally assumed that the background check had been passed.

Because foster care group homes did not obtain the required background record checks on all employees who had access to children, the health and safety of the children in these homes may have been placed at risk. Moreover, because the State agency did not issue confirmations to the group homes when employees passed their background checks, there was a risk of miscommunication between the State agency and the foster care group home. That is, if an employee failed his or her background check but notification of that fact was for any reason never delivered to or received by the relevant group home, that facility could have incorrectly assumed from the lack of notification that the individual in question had passed his or her background check.

During our audit, State agency officials told us that the State agency had implemented a revised procedure under which it now responds to all submitted background check requests. Thus, foster care group homes now receive notification from the State agency whether an employee passes or fails the background check.

ONE FOSTER CARE GROUP HOME DID NOT COMPLY WITH STATE LICENSING REQUIREMENTS REGARDING CAPACITY AND POPULATION

State Licensing Requirements

State regulations specify that individuals or entities desiring to conduct a group boarding home or residential center submit an application that includes the purpose of the facility and the services to be offered, including the number, age ranges, and gender(s) of residents to be served (K.A.R. 28-4-269). In addition, licensed foster care group homes must submit a request for an amended license to the State agency if the group home desires to make any change to the facility's capacity, ages of the children to be served, or living units (K.A.R. 28-4-269(m)).

One Foster Care Group Home Had a Different Population Than the One That It Was Approved To House

Of the 31 foster care group homes that we inspected, 1 did not comply with the terms of its State licensing agreement. This group home was housing 5 male children between the ages

of 14 and 18, and 4 female children between the ages of 14 and 17. But it was licensed to house only female children 12 years of age and older.

Inadequate Monitoring and Followup of Foster Care Group Homes That Did Not Comply With State Licensing Requirements

During a State agency inspection of one of the foster care group homes in our sample, the State agency inspector noted that both males and females were living in the house even though it was licensed only to house females. Nevertheless, the State agency allowed this home to continue operations and did not require that the home submit a request for an amended license allowing the home to also house males.

Because the State agency did not ensure that group homes complied with State licensing requirements, the health and safety of the children residing in the homes were potentially at risk.

Allegations of improprieties at this foster care group home were communicated to the State agency beginning late in 2017. A State agency investigation substantiated some of these allegations. We conducted our site visit on April 18, 2018, and noted that the group home was out of compliance with respect to the population of children it housed. Effective April 22, 2019, the group home lost its license to operate and was closed down.

RECOMMENDATIONS

We recommend that the Department for Children and Families:

- follow up with all foster care group homes to verify that all of the maintenance deficiencies that we identified during the audit are corrected;
- improve controls to ensure that foster care group homes are in compliance with State licensing requirements related to the health and safety of group home residents;
- ensure that corrective action is taken when issues of noncompliance are found during the foster care group home inspection process;
- improve controls over the background record check process to ensure that all individuals residing, working, or volunteering in the group homes submit all necessary background checks in a timely manner, and that proof of completion of the checks is retained; and
- adequately monitor the foster care group homes to ensure that they are in compliance with the age and gender requirements of their State licensing agreements.

STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

In written comments on our draft report, the State agency concurred with all of our recommendations and with our finding that one foster care group home did not comply with State licensing requirements regarding capacity and population. The State agency did not concur with our findings on environmental and background record check requirements.

With respect to our recommendations, the State agency described corrective actions that it had taken or planned to take as part of “the standard regulatory process that is our practice.” These actions include the implementation and subsequent revision of a quality assurance evaluation and the implementation of a policy and procedure for referrals of noncompliant foster care group homes, as well as the addition of a program manager position in the State agency’s licensing division. Regarding our recommendation on the background record check process, the State agency said that it had implemented a process of monthly reconciliations of employee listings as reflected in the State agency’s database and employee listings as maintained by the foster care group homes.¹³ The State agency added that effective August 2019 it had ceased the practice of granting contingency clearances to allow new employees of foster care group homes to begin work before their background record checks had been completed. Instead, the State now requires each new employee to have a completed background check before starting work at the foster care group home.

With respect to our final recommendation, and the corresponding finding that one foster care group home did not comply with State licensing requirements regarding capacity and population, the State agency concurred that the facility in question was out of compliance with the terms of its license but added that the State agency surveyors “cannot always be aware of non-compliance unless a complaint is made, discovery is made upon annual review . . . or is found in another way. Placements can change daily, so lack of regulatory oversight should not be concluded absent proof that [the State agency’s licensing division] failed to timely inspect or regulate.” The State agency added that this foster care group home lost its license and was closed in early 2019.

In its concluding comments on our draft report, the State agency stated: “The health, safety, and welfare of children is the paramount goal of our agency. . . . While we do not agree with all of the audit teams’ conclusions and are concerned [that] misunderstandings remain, our ultimate goal is to assure safe and stable placements in appropriately maintained facilities for children who require out of home care.”

We commend the State agency and its staff for the corrective actions it said it has undertaken and for its commitment to the health, safety, and welfare of the children under its care, and we recognize the challenges associated with this aspect of social services. After reviewing the State agency’s comments and the additional documentation that it provided after issuance of

¹³ The State agency refers to this database or licensing record as the Childcare Licensing and Regulation Information System (CLARIS).

our draft report, we revised this final report by removing two photographs from Appendix E and by revising the errors we identified with respect to background record checks. We acknowledge the State agency's oversight efforts and the significance of the corrective actions that it described, but we continue to hold that our findings as revised—and all of our recommendations—are valid.

A summary of the State agency's comments and our responses appears below. The State agency's comments, from which we have redacted information identifying individual group homes, appear as Appendix E.

FINDINGS AND RECOMMENDATIONS REGARDING COMPLIANCE WITH STATE ENVIRONMENTAL REQUIREMENTS

State Agency Comments

The State agency concurred with our first three recommendations but did not concur with our finding regarding State environmental requirements. The State agency said that it conducts annual inspections and complaint investigations as required by law “but does not dispute that facilities had areas of non-compliance at the time of auditor visits.” The State agency added that group homes are dynamic environments, subject to frequent change, and are regulated based on what is observed at the time of a State agency surveyor's visit. The State agency included in its comments an exhibit, drawn from information recorded in CLARIS, that documented the frequency of onsite survey visits at each licensed foster care group home before and after the dates of our visits. The State agency said that this exhibit shows that the State agency addressed instances of noncompliance not only during annual reviews, but upon other facility inspections as well.

Furthermore, the State agency described its licensing division's oversight procedure and added: “This does not, however, ensure that every incident of environmental noncompliance will be immediately discovered and corrected as new environmental damage is frequent in these facilities. Without a daily check this would be impossible to know.”

The State agency also addressed specific photographs in this audit report and pointed out that they “give a snapshot in time. . . . In some cases, photographs taken were not related to the facility itself.” Specifically, the State agency commented on Photographs 1 through 3 earlier in this report as well as eight photographs in Appendix E:

- For Photographs 1 and 2, the State agency said that the foster care group home had documented fire marshal approval for the gas heater on site at the time of our visit. Subsequent to the submission of its comments on our draft report, though, the State agency followed up with the State Fire Marshal regarding the gas heater. The State Fire Marshal replied that unvented fuel-fired heaters should not be used in any residential board and care facility. The State agency said that its licensing division had immediately

informed the foster care group home in question of this requirement and added that the group home was removing the heater.

- For Photograph 3, the State agency said that the electric heater is “permissible per the Kansas Fire Marshal.”
- For Photograph 9, the State agency said that the porch “had been designated as the site to accumulate trash for hauling off” and added that the trash was removed shortly thereafter.
- For Photographs 33 and 34, the State agency said that the photographs showed broken blinds at a school facility that was not licensed by the State agency.
- For Photographs 38 and 39, the State agency said that the unmade bedding “could be accounted for by a child moving, laundry day, or an instance of bed wetting.”
- For Photograph 43, the State agency said that the loosened air conditioner condensation line was corrected and the standing water was cleaned up while both the State agency surveyor and our auditors were present.
- For Photograph 46, the State agency said that the trash was outside a fence that was adjacent to the foster care group home and was on what appeared to be abandoned property.
- For Photograph 50, the State agency said that the empty container was located outside of a school that was not licensed but was on the same campus as a licensed foster care group home.

Office of Inspector General Response

We recognize that, as our report says, the State agency routinely conducted inspections of the foster care group homes. We acknowledge, too, that these facilities are highly susceptible to environmental damage. Nevertheless, we identified a broad range of environmental issues—some of which appeared to be longstanding—at more than three-quarters of the foster care group homes that we visited. The pervasive nature of these issues demonstrates the need for continuous strengthening of the controls that would ensure that foster care group homes fully comply with State licensing requirements related to the health and safety of their residents.

With respect to the State agency’s comments on specific photographs in this report, we revised this final report by removing two photographs from Appendix E.¹⁴ We retained the other nine

¹⁴ To help the reader cross-reference the discussion of these photographs in the State agency’s written comments (Appendix F) to the photographs themselves, we did not renumber the remaining photographs after removing those two photographs.

photographs upon which the State agency commented, for the reasons described below. We note, too, that the State agency did not disagree with or comment on the other 39 photographs in this report. Although we agree that the photographs that remain in this report can be thought of as “snapshot[s] in time,” we also note that many of them depict conditions that appeared to have been longstanding in nature. Moreover, the photographic evidence of noncompliance with environmental requirements and standards underscores the risk that some of these conditions pose to the health and safety of foster care group home residents.

- For Photographs 1 and 2, we commend the State agency for following up with the State Fire Marshal and agreeing that the unvented fuel-fired heaters should not be used in any residential board and care facility.
- For Photograph 3, we acknowledge that the electric heater was in itself permissible. The proximity of the heater to the child’s bed and blankets, though, posed a heightened risk to safety. The foster care group home in which we took this photograph was licensed to house children as young as 5 years old.
- For Photograph 9, the fact that the porch had been designated as the site to accumulate trash did not lessen the dangers posed by the broken window and exposed metal. This porch belonged to a foster care group home with a second porch that was also full of trash (Photograph 7). Both accumulations appeared to have been longstanding.
- For Photographs 33 and 34, we removed Photograph 34 from this final report after reviewing the State agency’s comments. Photograph 33, however, depicted blinds at a foster care group home, not (as the State agency asserted) at a separate school facility.
- For Photographs 38 and 39, we acknowledge the possible reasons for the unmade bedding that the State agency offered in its comments. However, statements made by the staff at the foster care group home indicated that bedding was not provided because the child preferred to sleep on the floor, and its absence was not the result of a “child moving, laundry day, or an instance of bed wetting,” that the State agency suggested might be the cause of the missing bedding.
- For Photograph 43, we acknowledge that the standing water from the air conditioner’s loosened condensation line was corrected on the spot. Although it is not clear how long this unit had gone unrepaired before our site visit in company with the State agency’s surveyor, we removed this photograph from this final report.
- For Photograph 46, the trash depicted was inside the fence, within the grounds of the foster care group home. (Photograph 41, which also depicts trash, was taken on the grounds of the same facility.)

- For Photograph 50, the empty container (which was labeled as dangerous and had a strong chemical odor) was located on the grounds of a school that was operated by the same individuals who oversaw the foster care group home on the same campus. There was no physical barrier separating the school grounds from the grounds of the foster care group home.

The circumstances and considerations that bear upon the photographs in this report reinforce the need for controls to ensure the children live in the safest and healthiest environment possible.

FINDINGS AND RECOMMENDATIONS REGARDING COMPLIANCE WITH BACKGROUND RECORD CHECK REQUIREMENTS

State Agency Comments

The State agency concurred with our fourth recommendation but did not concur with our finding regarding background record check requirements. The State agency said that it began to conduct fingerprint background checks before Federal and State law mandated them. The State agency added that we did not review background check processes and stated that the required background check forms that we identified as missing were in the CLARIS system at the time of the audit. According to the State agency, if a background check was completed but not included in a file, a citation or consultation would be issued to the foster care group home. Furthermore, the State agency said that group homes missing documentation during annual or other site visits would cause the surveyor to cross-reference CLARIS to determine whether background checks were completed. The State agency also described the process that it and the foster care group homes follow to update employee information when the facilities are due for license renewal.

In addition, the State agency said that we did not review “[i]mportant factors regarding hire dates and nature of employment” when evaluating the timeliness of background record checks. The State agency indicated that a significant number of individuals identified by our draft report as having background check documentation issues either did have completed background checks according to their CLARIS system records or did not need to have them. In this regard, the State agency said that our draft report had identified 68 employees associated with 1 foster care group home who were identified with background check documentation issues. According to the State agency, 55 of these 68 employees did not work in that facility but rather worked in nonlicensed programs located at the same address and managed by the same organization. The State agency also cited examples of individuals who had been hired by organizations for positions that did not require background record checks and who were subsequently hired for positions that did require these checks.

The State agency also described corrective actions that it had implemented “to ensure that all background requirements are submitted timely and that documents are properly kept on site and retained. . . .” One of these actions involved a process of returning clearance

documentation to foster care group homes when background record checks were submitted and completed; another involved the cessation of the practice of granting contingency clearances. According to the State agency, “All facilities must wait for full clearance, including federal criminal history [clearance], before a person can be hired.”

Office of Inspector General Response

After reviewing the State agency’s comments and the additional documentation that it provided after issuance of our draft report, we revised this finding (and the supporting information in Appendix C) and removed those employees who did not require a background check. The revised number of employees for whom facilities had background check documentation issues is now 201.

Changes to the State regulation (K.A.R. 28-4-125), which became effective on June 7, 2018 (see footnote 10), removed the requirement that a copy of each report of background record check must be kept on file at the relevant foster care group home. Instead, the group home is required to ensure only that the employee background record checks are completed. As a practical matter, the group homes would need to be able to show that the background checks were completed regardless of whether copies of the results were kept on file. Accordingly, our review of background check documentation was limited to the documentation that was obtained during our site visits at the group homes.

Furthermore, we do not conclude that the individuals associated with the background check documentation issues we identified did not have a completed background record check. However, we note that, according to the State agency, the foster care group homes employed 107 of the 201 individuals who did not have a completed background check. Furthermore, we note that 29 of the 31 foster care group homes we reviewed continued to have at least 1 employee without a completed background check. We maintain, then, that our recommendation that the State agency improve its controls over the background record check process is valid.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We conducted site visits to inspect for health and safety issues from April 16, 2018, through April 5, 2019, and requested current employee lists at 31 Kansas foster care group homes that provided services to Title IV-E eligible children in foster care.¹⁵ We limited our review to those who were hired prior to June 7, 2018 (see footnote 10).

We selected all 31 foster care group homes in Kansas that were licensed to house between 5 and 24 children and that were housing foster care children at the time that we started our site visits (in April 2018). We selected these group homes to verify that they complied with State licensing requirements related to the health and safety of foster care children and limited our analysis to the information given to us by the foster care homes during our site visits. We conducted our site visits throughout Kansas.

We did not assess the State agency's overall internal control structure. Rather, we limited our review of internal controls to those applicable to our audit objective.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal laws, regulations, and guidance;
- reviewed State agency licensing requirements;
- obtained and reviewed the reports of the foster care group homes' annual inspections by the State agency;
- interviewed State agency officials to gain an understanding of State licensing requirements, monitoring of foster care group homes, and the State agency's interactions with the Kansas Bureau of Investigation and other agencies of the Kansas State government related to the administration of the Title IV-E program;
- developed a health and safety checklist for conducting site visits;
- coordinated with State agency staff to conduct unannounced site visits at the 31 foster care group homes that we selected (see footnote 9);

¹⁵ State agency records show that 34 foster care group homes met this criterion. Five of the group homes had facilities at more than one address, but because of the shared spaces, the same management, and the similarities of the facilities themselves, we have consolidated them for this report. Specifically, group home No. 5 had facilities at two addresses, and group home No. 6 had facilities at three addresses. (See Appendix C.)

- met with staff at the foster care group homes to discuss the purpose of our audit and to review background record check documentation;
- discussed any health and safety concerns with the foster care group home officials at the completion of each site visit;
- obtained a list of current employees, and dates of hire for employees, from each of the foster care group homes that we inspected;
- compared the dates on which the foster care group homes requested background record checks of their employees to those employees' dates of hire;
- requested and reviewed background record check completion dates received from the foster care group homes to verify that the record checks were conducted for the group home employees; and
- discussed the results of our audit with State agency officials on September 19, 2019, and provided detailed information pertaining to the issues we identified at each of the foster care group homes reviewed.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: FEDERAL AND STATE REQUIREMENTS

FEDERAL REQUIREMENTS

Title IV-E of the Act, section 471(a) (42 U.S.C. 671), states:

In order for a State to be eligible for payments under this part, it shall have a plan approved by the Secretary which . . . provides for the establishment or designation of a State authority or authorities that shall be responsible for establishing and maintaining standards for foster family homes and child care institutions which are reasonably in accord with recommended standards of national organizations concerned with standards for the institutions or homes, including standards related to admission policies, safety, sanitation, and protection of civil rights, and which shall permit use of the reasonable and prudent parenting standard.

Provisions for claiming Federal reimbursement for the costs of the foster care program are codified in 45 CFR part 1356.

STATE REQUIREMENTS

The building [used as a foster care group home] shall meet the legal requirements of the community as to building codes, zoning, and fire protection. Where local fire regulations do not exist, fire safety approval shall be obtained from the State Fire Marshal (K.A.R. 28-4-277(a)(2)).

State Requirements for Premises

The outdoor play area must be free of physical hazards including bodies of water, ravines, and drainage ditches (K.A.R. 28-4-277(b)(2)).

Each facility must develop and follow a written maintenance policy. The facility and outside area must be maintained in good condition and at all times be clean and free from accumulated dirt and trash, and free from vermin and rodent infestation. Garbage and outdoor trash containers must be covered. Contents of outdoor containers must be removed at least weekly (K.A.R. 28-4-277(b)(4)).

Windows and doors must be screened as needed unless areas are air conditioned (K.A.R. 28-4-277(b)(9)).

Floors must be smooth, free of cracks, and easily cleanable, and must not be slippery (K.A.R. 28-4-277(b)(14)).

Walls must be smooth, easily cleanable, and in sound condition (K.A.R. 28-4-277(b)(15)).

Electrical outlets within the reach of children under 6 years old must be covered with safety devices (K.A.R. 28-4-277(b)(16)).

Appropriate physical facilities, equipment, and furnishings must be provided (K.A.R. 28-4-277(b)(17)).

State Requirements for Sleeping Facilities

Sleeping facilities must be limited to first and second floors (K.A.R. 28-4-277(c)(1)).

A separate bed with a level flat mattress in good condition and adequate bedding must be provided for each resident (K.A.R. 28-4-277(c)(3)).

State Requirements for Background Record Check Requests

State requirements (K.A.R. 28-4-94) covering four areas:

- (a) **Initial and renewal background check requests:** Each applicant submitting an initial application and each licensee submitting a renewal application shall submit a background check request . . . [that includes] the name and all other required information for each individual who is at least 10 years old and is residing, working, or regularly volunteering in the residential center, group boarding home, or child placement agency.
- (b) **Additional background check requests:** Each applicant with a temporary permit and each licensee shall submit a background check request . . . before any individual who is at least 10 years old begins residing, working, or regularly volunteering in the residential center, group boarding home, or child placement agency.
- (c) **Background check not required:** No background check request form shall be submitted for any individual admitted for care.
- (d) **Documentation:** A copy of each background check request form shall be kept on file at the residential center, group boarding home, or child placement agency.

State requirements (K.A.R. 28-4-125) state the following regarding criminal history and child abuse registry checks:

- (a) Each child care facility subject to licensing or registration by the (State of Kansas) shall at the time of initial application and reapplication report the name, address, and birthdate of each person over 10 years of age who

resides, works or regularly volunteers in the facility, excluding children placed in care.

- (b) Within one week of the time a new person over 10 years of age resides, works or regularly volunteers in the facility, excluding children placed in care, a report of the name, address, and birthdate shall be filed with the (State of Kansas).

State Requirements for Licensing Procedures

Regarding renewals of licenses, State regulations state: “Each licensee who wishes to renew the license shall apply for renewal of the license annually on forms supplied by the State agency and shall submit the fee as specified in K.S.A. 65-505, and amendments thereto” (K.A.R. 28-4-269(h)).

APPENDIX C: SUMMARY OF FINDINGS AT FOSTER CARE GROUP HOMES¹⁶

Group Home No.	Number of Environmental Requirements Not Met	Number of Employees With Background Check Documentation Issues	Number of Group Homes Not in Compliance With Licensing Agreements	Photographic References in Appendix E
1	3	8*		32, 36, 37
2	4	4		12, 13, 40
3	4	*		31
4	5	2		14, 15, 38
5	2	16		24, 25, 34, 50
6	4	7		30, 39
7	3	3		44
8	2	5*		28
9	1	*		35
10	0	0		
11	1	*		
12	0	1		
13	0	3		
14	2	6		22, 23
15	0	5		
16	3	9		16, 17, 19, 41, 46
17	2	5		18
18	1	8	1	11, 21
19	4	12		20, 27
20	0	11		
21	0	6		
22	2	0		43
23	0	12		
24	2	15		26, 29
25	3	5		33
26	3	11		
27	3	11		49
28	1	7		42
29	3	20		10, 45
30	3	5		1-9, 47, 48
31	1	4		
	62	201	1	

* Some foster care group homes were managed by a single company, and the background check finding would have been associated with each of the group homes associated with that management company. Because the same employees potentially worked at both group homes, we listed the employees only once above to avoid duplicative counting of employees. Thus, employees of group homes Nos. 1 and 3 are listed with group home No. 1, and employees of group homes Nos. 8, 9, and 11 are listed with group home No. 8.

¹⁶ A “finding” is defined as a State licensing requirement that the group home did not meet at the time of our site visit. There may be one or more instances of noncompliance for each finding. For example, under the premises requirement for walls, K.A.R. 28-4-277(b)(15) requires that walls be smooth, easily cleanable, and in sound condition. If we found multiple holes in one wall or holes in several walls, we counted this as one finding and as noncompliance with one section of criteria.

**APPENDIX D: ANNUAL STATE AGENCY HEALTH AND SAFETY INSPECTIONS OF
FOSTER CARE GROUP HOMES THAT WE REVIEWED**

Group Home No.	Date of Last Annual Health and Safety Inspection	Date of Office of Inspector General Site Visit
1	5/18/2017	4/18/2018
2	5/4/2017	4/17/2018
3	5/18/2017	4/17/2018
4	7/14/2017	4/16/2018
5	8/30/2017 ¹⁷	4/20/2018
6	9/12/2017 ¹⁸	4/19/2018
7	3/7/2018	4/18/2018
8	10/31/2017	4/18/2018
9	4/20/2017	4/18/2018
10	10/2/2017	4/18/2018
11	10/31/2017	4/18/2018
12	10/16/2017	4/19/2018
13	2/13/2018	4/19/2018
14	9/21/2017	4/19/2018
15	1/9/2018	4/19/2018
16	8/25/2017	4/18/2018
17	2/1/2017	4/18/2018
18	11/16/2017	4/18/2018
19	5/9/2018	5/14/2018
20	11/28/2017	5/14/2018
21	9/27/2017	5/15/2018
22	6/7/2017	5/15/2018
23	5/10/2018	4/4/2019
24	11/8/2017	5/22/2018
25	3/29/2018	5/22/2018
26	2/21/2018	5/23/2018
27	1/30/2018	5/24/2018
28	5/3/2017	5/24/2018
29	8/16/2017	5/25/2018
30	10/17/2018	4/5/2019
31	2/13/2019	4/5/2019

¹⁷ Two of the foster care group homes had facilities at more than one address. But because of the shared spaces, the same management, and the similarities of the facilities themselves, we have consolidated them for this report. The date ranges for the inspections prior to our site visits were July 14 and August 30, 2017.

¹⁸ Three of the foster care group homes had facilities at more than one address. But because of the shared spaces, the same management, and the similarities of the facilities themselves, we have consolidated them for this report. The date ranges for the inspections are April 18, July 27, and September 12, 2017.

APPENDIX E: PHOTOGRAPHS OF INSTANCES OF NONCOMPLIANCE



Photograph 9: Porch with trash that includes paint cans, a broken window, and a garbage bag.



Photographs 10 and 11: Mildew and mold around the bathtub area.



Photographs 12 and 13: Extensive water damage on the ceiling; missing shingles and roof damage showing the possible origin of the damage.



Photographs 14 and 15: Trash and debris outside of a group home; piece of wood shown with protruding nails and located near a recreational area.



Photographs 16 and 17: Rodent droppings near dishes and below the kitchen sink



Photograph 18: Protruding nail at the opening of an access gate.



Photograph 19: Furnace in disrepair



Photographs 20 and 21: Resident bathroom sinks with broken and missing drawers.



Photograph 22: Garbage can on a second-floor fire escape; Photograph 23: Inside view of the same fire escape showing that access is not marked.



Photographs 24, 25, 26, and 27: Examples of resident furniture with broken and missing drawers.



Photographs 28, 29, and 30: Windows boarded, painted over, or broken.



Photographs 31 and 32: Damaged walls.



Photographs 33 and 34: Broken blinds.¹⁹

¹⁹ After reviewing the State agency's comments, we removed Photograph 34 from this final report.



Photograph 35: Chemicals unlocked and accessible to residents.



Photographs 36 and 37: Damaged siding and insulation in the crawl space because floorboards fell.



Photographs 38 and 39: Resident beds without proper bedding.



Photographs 40 and 41: Neglected playground and trash outside of foster care group home.



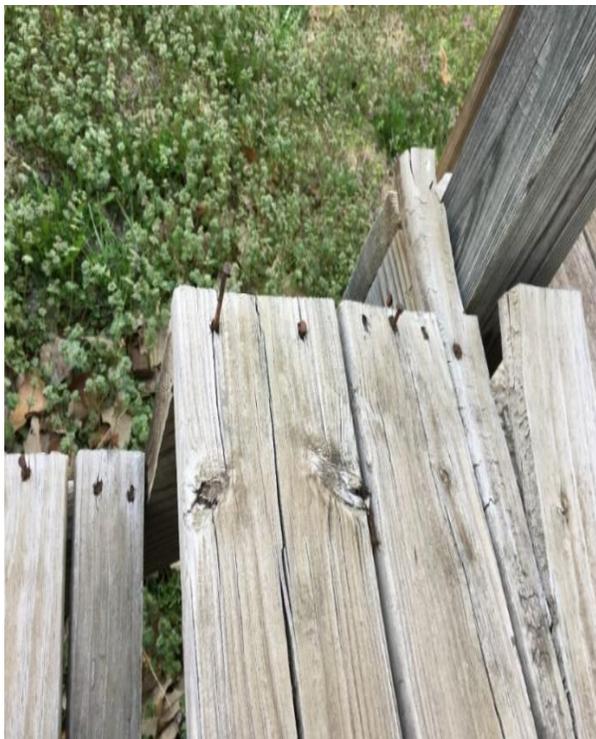
Photograph 42: Worn, ripped furniture.

Photograph 43: Standing water in basement.²⁰

²⁰ After reviewing the State agency's comments (Appendix F), we removed Photograph 43 from this final report.



Photographs 44, 45, and 46: Trash outside of foster care group homes.



Photograph 47: Protruding nails on the walking surface of a staircase; Photograph 48: Up-close view of the protruding nails.



Photograph 49: Broken door with sharp edges



Photograph 50: Empty container labeled as dangerous and having a strong chemical odor, located near buildings.

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Laura Howard, Secretary

Laura Kelly, Governor

March 5, 2020

Mr. Patrick Cogley
Regional Inspector General
Department of Health and Human Services, Office of Inspector General
Office of Audit Services, Region VII
601 East 12th Street, Room 0429
Kansas City, MO 64106

Re: Comments in response to draft report number A-07-19-06087 dated February 2020.

Dear Mr. Cogley:

The Kansas Department for Children and Families (“DCF”) received draft report number A-07-19-06087. Per your letter, this draft report is subject to further review and revision. We appreciate the opportunity to respond to the findings and recommendations made therein.

DCF disagrees with the conclusion that Kansas did not ensure that foster care group homes for children in foster care complied with state health and safety requirements. Information in the pages that follow will document that Kansas is committed to providing comprehensive monitoring and oversight of group home facilities, and reviews processes regularly to assure compliance, troubleshoot problems and provide improvement guidance and support. We note the methodology and audit procedures utilized, and the findings made after OIG auditors conducted visits at 31 foster care group homes licensed to house between 5 and 24 children. DCF respectfully requests further review and consideration of the information contained in this response before the final report is issued.

The Foster Care and Residential Facility Licensing Division (“DCF Licensing”) is responsible for licensure and regulation of all 24-hour-per-day, seven-day-per-week childcare facilities in the State of Kansas. While DCF Licensing does not itself place children into care in licensed facilities, it has regulatory oversight of the child placing agencies (CPA’s) that do.

DCF Licensed facilities include:

- Child Placement Agencies
- Family Foster Homes
- Group Boarding Homes and Residential Centers
- Detention and Secure Care Centers
- Attendant Care Facilities
- Staff Secure Facilities
- Secure Residential Treatment Facilities

Our task is to ensure these facilities are operated and maintained with strict regard for the health, safety and welfare of the children residing in them. DCF Licensing is responsible for overseeing that state licensed facilities are safe and appropriate, and that the facilities meet the standards set by regulations.

Comments on Draft Report Findings and Recommendations:

A. **Finding 1:** Twenty-Four foster care group homes did not comply with one or more environmental requirements and the State did not address the need for foster care group homes to take corrective action.

Response: DCF does not concur with this finding.

Recommendation 1: Follow up with all foster care group homes to verify that maintenance deficiencies identified during the audit are corrected.

Response: DCF concurs and notes that non-compliance issues have been addressed and corrective action required as part of the standard regulatory process that is our practice.

K.S.A. 65-512 (a), (b)(2) calls for inspections of group boarding home facilities once every 12 months or upon the agency receiving a complaint. DCF Licensing conducted annual inspections and complaint investigations as required by law but does not dispute that facilities had areas of non-compliance at the time of auditor visits. Group homes are dynamic environments, subject to frequent change and are regulated based on what is observed at the time of a facility visit. DCF Licensing completed onsite survey visits at each licensed facility before and after the dates of the OIG auditor visits which the draft report does not consider.

As documented in the Kansas state licensing record (“CLARIS” Childcare Licensing and Regulation Information System), DCF Licensing visits resulted in findings issued to facilities documenting regulatory compliance or non-compliance. We note that auditors did not request information about or acknowledge how many times DCF Licensing was at a given facility and corrective action required. Auditors reviewed annual site visit information, they did not review documentation of other facility contacts and actions taken. DCF is therefore attaching as Exhibit “A” a chart for the 31 facilities reviewed based on information recorded in CLARIS. This chart shows that Kansas addressed instances of non-compliance not only during annual reviews, but upon other facility inspections as well. We disagree that oversight is lacking without proof that DCF Licensing failed to timely perform inspections and require corrective action.

As evidenced by CLARIS, DCF Licensing performs regulatory oversight by annual and complaint site visits. Any areas of non-compliance are noted in writing and the facility must address by submitting written and pictorial evidence of corrections. This does not, however, ensure that every incident of environmental non-compliance will be immediately discovered and corrected as new environmental damage is frequent in these facilities. Without a daily check of a facility this would be impossible to know. Regulators must consider the ever-changing environments that group residential facilities present.

Photographic evidence taken by auditors indicating environmental non-compliance give a snapshot in time. Auditors did not review corrective action plans, were not aware of corrections made by facilities, and did not consider circumstances that would account for some items noted. In some cases, photographs taken were not related to the facility itself. For example:

- Photographs 1 and 2 show a gas heater attached to a wall. The facility had documented Fire Marshal approval for this heater on site at the time of the auditor’s visit.

- Photograph 3 similarly shows an electric heater which is permissible per the Kansas Fire Marshal.
- Photograph 9 shows a porch with accumulated trash. A quick check with the facility would have confirmed that the porch had been designated as the site to accumulate trash for hauling and trash was shortly hauled off thereafter.
- Photographs 33 and 34 show broken blinds at a school facility that is not licensed by DCF.
- Photographs 38 and 39 show bedding that is not made but could be accounted for by a child moving, laundry day or an instance of bed wetting.
- Photograph 43 shows standing water in a basement. A DCF Licensing surveyor was present with the auditor at the property the day this photograph was taken. A condensation line from the air conditioning unit came loose in the basement and caused the water on the floor. The issue was immediately corrected and cleaned up while our surveyor and the auditor were present.
- Photograph 46 shows trash outside a fence that is adjacent to the licensed facility and belongs to what appears to be an abandoned property.
- Photograph 50 shows an empty container outside a school that DCF does not license but is on the same campus as the licensed facility.

Recommendations 2 and 3 (corresponding to Finding 1) : Establish controls to ensure group homes are in compliance with State Licensing requirements; Ensure corrective action is taken when issues of non-compliance are found during inspections.

Response: DCF concurs that both are part of the standard regulatory process that is our practice.

Controls for group boarding home facilities are established by state statutes and regulations. DCF Licensing has policies and procedures in place to provide oversight of facilities and documents regulatory compliance to the CLARIS system. To ensure that environmental requirements are met, the following steps have been implemented since the auditor's visits:

- Effective November 2018, a new leadership team implemented a quality assurance evaluation to determine areas of success and make recommendations for improvement. This evaluation revealed inconsistencies in different regions of the State as to follow-up with licensed facilities. Verification of compliance and enforcement were identified as areas needing improvement to ensure consistent oversight and regulatory compliance.
- Effective January 2019, a policy/procedure was implemented requiring a surveyor to initiate a referral to the Regional supervisor for any facility with outstanding areas of non-compliance. If non-compliance is cited during a survey, the CLARIS record and associated survey remain open and the facility is required to respond with corrective action within 5 days' time pursuant to K.S.A. 65-513. Corrections received are documented to CLARIS, and associated documentation and photos are imaged into the system. On-site compliance checks may also occur depending on the nature/severity of the matter. If corrections are not received within the allotted 5 days' time, the Regional supervisor initiates a formal enforcement

action on the facility's license. A referral to the Deputy Director of Licensing is made for more progressive enforcement, including possible penalties or license revocation pursuant to K.S.A. 65-523 and K.S.A. 65-526.

- In March 2019, a review of the policy change instituted in January 2019 was completed and further procedure guidance from HHS was sought. A corrective action plan guidance was given to surveyors statewide, providing additional information on the required process and components of an acceptable corrective action plan.
- In February 2020, a Group Home Program Manager position was added to the Licensing Division to assist in providing additional oversight of facilities, regulatory compliance and licensee support. While Kansas law only requires annual visits or site visits in response to complaints, DCF Licensing is evaluating its resources to increase site visits to all group homes.

B. Finding 2: Twenty-Nine foster care group homes did not comply with background record check requirements for some employees.

Response: DCF does not concur with this finding.

Recommendation 4 (corresponding to Finding 2): Improve controls over background check process to ensure checks are submitted in a timely manner and that proof is retained.

Response: DCF concurs as this is part of the standard regulatory process that is our practice.

DCF Licensing began fingerprint background checks before federal and state law mandated that such checks be made. We work closely with the Kansas Bureau of Investigation (“KBI”) and federal partners to assure processes are compliant, timely and thorough. We additionally work with CPA’s to process and return results in a timely fashion. Auditors did not review background check processes and CLARIS documentation which would have made this recommendation unnecessary.

DCF fingerprints all prospective facility employees. Once a person has been affiliated with a license number, automated updates occur for criminal name-based checks and DCF registry checks. Fingerprint updates known as “Rap-backs” are also provided from the KBI and document new arrests and convictions. Facilities are not issued notification of these subsequent annual checks unless an employee has a prohibiting offense occur pursuant to K.S.A. 65-516. Therefore, facilities would not necessarily have documentation in an individual employee personnel file after the initial check absent a Rap-back report received.

DCF disagrees that background check forms more than one year old are not current. Missing required background check forms were in the CLARIS system of record at the time of the audit but were not reviewed. Though a facility may not have had a particular background check form on file, the CLARIS system documents that background checks were completed. Facilities missing documentation during annual or other site visits would cause the surveyor to cross reference CLARIS to determine if checks were completed and if so, the date a person was affiliated with a license. If a check was completed but not included in a file, a citation or consultation would be issued to the facility indicating “No check on file.” Untimely or missing background check citations or consultations, which occurred during DCF Licensing visits outside of the annual notice of survey findings, were not reviewed by auditors.

Table: Initial Background Check Submitted More Than 1 Week After Employee’s Hire Date (corresponds to table on pg. 10 of the draft report)

Number of Days Late	Number of Employees	CLARIS Official Licensing Record Shows
30 days or less	17	22
31 – 100 days	10	31
101 – 500 days	74	39
501 – 4,000 days	66	7
4,001 days or more	11	3
Total	178	102

When a facility license is due to renew, DCF Licensing contacts the facility with a current list of affiliated employees from the CLARIS record. The facility is asked to update any needed information. Facilities keep this information with their annual renewal packets instead of in individual personnel files. A review of those renewal packets would have revealed that renewals were updated pursuant to K.A.R. 28-4-94 (d).

Auditors noted that required background check forms had been submitted to DCF Licensing but were not dated. Submissions received from facilities include dates as reflected on email or fax transmission date and time stamps. Dates are additionally recorded when entered into CLARIS. If a request form was not dated, surveyors would cross reference CLARIS to view the date received.

Important factors regarding hire dates and nature of employment were not reviewed by auditors in evaluating timeliness. In these circumstances, the check may have been completed in accordance with the licensing of the facility or the individual's role within the facility, but background checks were considered delinquent based on the original hire date without consideration of the above. For example:

- In some instances, individuals were hired by an organization and working in another capacity well before the licensed facility was opened and a background check required. Facility 26 hired an employee in 2003 to perform a job that did not require a background check at the time. The facility was subsequently licensed 10 years later in 2013.
- In other instances, individuals served in a different capacity that did not require a background check before becoming an employee of the licensed facility.
- Facility 24 had 68 deficiencies noted, but records reveal that 55 of those were for individuals that did not work in the licensed facility. Instead, those 55 individuals were employees of non-DCF licensed programs located at the same address and managed by the same organization.

The chart below takes information from the draft report's consolidated chart labeled Appendix C and adds a column from CLARIS indicating what the official record shows.

Group Home Number	No. of Employees Missing one or More Required Background Record Checks	Official Licensing Files/Record Show
1	8	5
2	4	2
3	*	*
4	2	1
5	16	14
6	7	4
7	3	1
8	6	1
9	*	*
10	0	0
11	*	*
12	1	1
13	3	3
14	6	3
15	5	2
16	9	3
17	5	2
18	8	3
19	12	3
20	11	3
21	6	3
22	0	0
23	12	3
24	68	11
25	5	4
26	11	11
27	11	8
28	7	7
29	20	3
30	5	2
31	4	4
	255	107

DCF Licensing will continue to work with facilities to ensure that all background requirements are submitted timely and that documents are properly kept on site and retained as a part of necessary record keeping requirements. DCF Licensing will continue to follow up with facilities to make sure records are current and documented to CLARIS. Initiatives implemented regarding background check processes to help ensure checks are submitted in a timely manner and proof of checks retained include the following:

- Effective January 2019, Licensing implemented a process of returning clearance documentation to facilities when background checks were submitted and completed. Prior to this time facilities received no response to background check submissions unless there was a prohibited offense.
- Forms were changed in early 2019 after consultation with KBI and federal partners to allow for individual background check forms that do not compromise employee personally identifiable information (PII) to be kept in individual personnel files.
- All residential facility employees are required to submit fingerprints for national criminal history checks.
- As part of the fingerprinting process, all employees are enrolled in the Kansas “Rap-back” system which provides updates any time an enrolled individual’s background history changes.
- Effective August 2019, the practice of allowing any contingency clearance ceased. All facilities must wait for full clearance, including federal criminal history, before a person can be hired. Facilities receive full-clearance notification when all checks have been completed and approved. They are advised the potential employee is eligible for hire.
- Effective February 2020, Licensing staff provides a monthly reconciliation listing from CLARIS to each facility of all listed affiliates (employees/volunteers) for that license. Any discrepancies are then rectified. This process provides added assurance that all employees of the facility have timely background checks completed and adds oversight to the process. While this process occurred periodically in 2019, it is now a standard monthly occurrence.

C. **Finding 3:** One foster care group home did not comply with state licensing requirements regarding capacity and population.

Response: Concur this facility was out of compliance with the terms of its license.

Recommendation 5 (corresponding to Finding 3): Adequately monitor group homes to ensure age and gender requirements of the license are met.

Response: DCF concurs as this is part of the standard regulatory process that is our practice.

DCF Licensing conducts annual inspections pursuant to K.S.A. 65-512 of all facilities including a review of records required to be maintained. No exception was requested by the facility in question and no exception or license amendment was approved or granted, making the facility out of compliance with the terms of the license. Surveyors cannot always be aware of non-compliance unless a complaint is made, discovery is made upon annual review or is found in another way. Placements can change daily, so lack of regulatory oversight should not be concluded absent proof that DCF Licensing failed to timely inspect or regulate. This facility did not comply with licensing requirements, lost its license and was closed in early 2019.

Conclusion: The DCF Licensing Division strives to provide comprehensive monitoring and oversight of licensed facilities providing care to children. The health, safety and welfare of children is the paramount goal of our agency. We will continue to work diligently with federal and state partners to regulate and provide guidance and oversight to the facilities we license. While we do not agree with the all of the audit teams' conclusions and are concerned misunderstandings remain, our ultimate goal is to assure safe and stable placements in appropriately maintained facilities for children who require out of home care. Thank you again for your consideration. In accordance with your instructions, I am sending an electronic copy via secure transmission to the email address provided in your letter.

Sincerely,

/s/ Laura Howard

Laura Howard, Secretary
Kansas Department for Children and Families

LH: ekl

Attachment: DCF Exhibit A

DCF EXHIBIT "A"

Group Home Number	Photographic References in Appendix E	Date of OIG Visit	Dates of DCF Onsite Survey	Reason for Onsite Visit	Result of Onsite Visit and conclusion of complaint investigation closure	Corrections
Kansas Did Not Have Adequate Oversight of Group Homes for Children in Foster Care (A-07-19-06087)	1	4/18/18	<u>5/18/17</u> <u>5/1/18</u> <u>6/11/18</u> <u>8/7/18</u> <u>5/16/19</u> <u>5/29/19</u> <u>7/2/19</u>	<u>Annual</u> <u>Annual</u> <u>Complaint</u> <u>Complaint</u> <u>Annual</u> <u>Annual</u> <u>Complaint</u>	<u>Noncompliance</u> <u>Noncompliance</u> <u>Noncompliance</u> <u>Noncompliance</u> <u>Ongoing annual</u> <u>Noncompliance</u> <u>Compliance</u>	<u>Written corrective action plan received 5-23-17</u> <u>Written corrective action plan received 5-5-18</u> <u>Written corrective action plan received 8-14-18</u> <u>Written corrective action plan received 9-7-18</u> <u>On-site survey not complete</u> <u>Written corrective action plan received 5-31-19</u> <u>N/A</u>
	2	4/17/18	<u>12/21/17</u> <u>1/5/18</u> <u>4/26/18</u> <u>4/27/18</u> <u>5/11/18</u> <u>10/24/18</u> <u>5/30/19</u> <u>8/26/19</u> <u>8/28/19</u>	<u>Complaint</u> <u>Complaint</u> <u>Annual</u> <u>Annual</u> <u>Annual</u> <u>Complaint</u> <u>Annual</u> <u>Complaint</u> <u>Complaint</u>	<u>Ongoing complaint</u> <u>Noncompliance</u> <u>Ongoing annual</u> <u>Ongoing annual</u> <u>Noncompliance</u> <u>Noncompliance</u> <u>Noncompliance</u> <u>Ongoing complaint</u> <u>Noncompliance</u>	<u>On-site survey not complete</u> <u>Written corrective action plan/photos received 1/5/18</u> <u>On-site survey not complete</u> <u>On-site survey not complete</u> <u>Written corrective action plan received 5/2/18 & 6/4/18</u> <u>Written corrections received 12/17/18</u> <u>Written corrections received 6/6/19</u> <u>On-site survey not complete</u> <u>Photo of correction received 9/10/19</u>
Kansas Did Not Have Adequate Oversight of Group Homes for Children in Foster Care (A-07-19-06087)	3	4/17/18	<u>3/23/18</u> <u>5/1/18</u> <u>5/22/18</u> <u>11/19/18</u> <u>5/13/19</u> <u>5/28/19</u> <u>5/29/19</u> <u>11/19/19</u>	<u>Complaint</u> <u>Annual</u> <u>Complaint</u> <u>Complaint</u> <u>Complaint</u> <u>Annual</u> <u>Annual</u> <u>Complaint</u>	<u>Compliance</u> <u>Noncompliance</u> <u>Compliance</u> <u>Noncompliance</u> <u>Noncompliance</u> <u>Ongoing annual</u> <u>Noncompliance</u> <u>Noncompliance</u>	<u>N/A</u> <u>Written response received 5/5/18</u> <u>N/A</u> <u>Written response received 11/24/18</u> <u>Written response received 7/29/29</u> <u>On-site survey not complete</u> <u>Written response received 7/1/19</u> <u>Corrective action plan received 12/3/19</u>
	4	4/16/18	<u>7/14/17</u> <u>4/18/18</u> <u>7/27/18</u> <u>8/10/18</u> <u>9/11/18</u> <u>7/11/19</u>	<u>Annual</u> <u>Complaint</u> <u>Annual</u> <u>Complaint</u> <u>Complaint</u> <u>Complaint/Annual</u>	<u>Compliance</u> <u>Compliance</u> <u>Compliance</u> <u>Compliance</u> <u>Compliance</u> <u>Compliance</u>	<u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u>
Kansas Did Not Have Adequate Oversight of Group Homes for Children in Foster Care (A-07-19-06087)	5*	4/20/18	<u>8/30/17</u> <u>8/15/18</u> <u>10/19/18</u> <u>5/29/19</u>	<u>Annual</u> <u>Annual</u> <u>Complaint</u> <u>Complaint</u>	<u>Compliance</u> <u>Compliance</u> <u>Noncompliance</u> <u>Noncompliance</u>	<u>N/A</u> <u>N/A</u> <u>Written Corrective Action plan 3/19</u> <u>Written Corrective Action plan 9/17/19</u>

DCF EXHIBIT "A"

Kansas Did Not Have Adequate Oversight of Group Homes for Children in Foster Care (A-07-19-06087)

			<u>7/9/19</u> <u>8/27/19</u> <u>2/14/18</u> <u>7/26/18</u> <u>10/19/18</u> <u>02/27/19</u> <u>07/09/19</u>	<u>Complaint</u> <u>Complaint</u> <u>Complaint</u> <u>Annual</u> <u>Complaint</u> <u>Complaint</u> <u>Complaint</u>	<u>Noncompliance</u> <u>Noncompliance</u> <u>Compliance</u> <u>Compliance</u> <u>Noncompliance</u> <u>Compliance</u> <u>Compliance</u>	<u>Written Corrective Action plan 9/17/19</u> <u>Written Corrective Action plan 9/24/19</u> N/A N/A <u>Written corrective action plan 9/10/19</u> N/A N/A
6**	30, 39	4/19/18	<u>1/3/18</u> <u>9/6/18</u> <u>9/7/18</u> <u>11/29/18</u> <u>3/7/19</u> <u>4/2/19</u> <u>9/17/19</u> <u>11/12/19</u> <u>10/24/17</u> <u>5/23/18</u> <u>5/31/19</u> <u>11/12/19</u>	<u>Complaint</u> <u>Annual</u> <u>Annual</u> <u>Complaint</u> <u>Complaint</u> <u>Complaint</u> <u>Annual</u> <u>Complaint</u> <u>Complaint</u> <u>Annual</u> <u>Annual</u> <u>Complaint</u>	<u>Noncompliance</u> <u>On-going Annual</u> <u>Compliance</u> <u>Compliance</u> <u>Noncompliance</u> <u>Compliance</u> <u>Noncompliance</u> <u>Compliance</u> <u>Noncompliance</u> <u>Compliance</u> <u>Noncompliance</u> <u>Noncompliance</u>	<u>Corrections 1/14/18 employee terminated</u> <u>On-site survey not complete</u> N/A N/A <u>Written corrections received 5/23/19</u> N/A <u>Written corrections received</u> N/A <u>Written corrections received 6/15/18</u> N/A <u>cannot locate any record of corrections in licensing system</u> <u>Written corrections received 11/25/19</u>
7	44	4/18/18	<u>3/7/18</u> <u>6/8/18</u> <u>7/20/18</u> <u>8/10/18</u> <u>9/12/18</u> <u>10/10/18</u> <u>11/01/18</u> <u>12/20/18</u> <u>2/28/19</u> <u>3/15/19</u> <u>3/19/19</u> <u>4/17/19</u> <u>12/6/19</u>	<u>Annual</u> <u>Complaint</u> <u>Complaint</u> <u>Complaint</u> <u>Complaint</u> <u>Complaint</u> <u>Complaint</u> <u>Complaint</u> <u>Compliance Check</u> <u>Compliance Check</u> <u>Compliance Check</u> <u>Annual</u> <u>Complaint</u>	<u>Compliance</u> <u>Compliance</u> <u>Noncompliance</u> <u>Compliance</u> <u>Compliance</u> <u>Compliance</u> <u>Compliance</u> <u>Compliance</u> <u>Noncompliance</u> <u>Noncompliance</u> <u>Noncompliance</u> <u>Noncompliance</u> <u>Noncompliance</u>	N/A N/A <u>Cannot locate corrections received</u> N/A N/A N/A N/A <u>PDP received 2/4/19</u> <u>Corrective action plan received 4/19</u> <u>Corrective action plan received 4/19</u> <u>Corrective action plan received 4/19</u> <u>Corrective action plan received 4/19</u> <u>Corrective action plan received 12/16/19</u>
8	28	4/18/18	<u>3/12/18</u> <u>10/17/18</u>	<u>Complaint</u> <u>Annual</u>	<u>Compliance</u> <u>Noncompliance</u>	N/A <u>Cannot locate corrections received for training hours</u>

DCF EXHIBIT "A"

Kansas Did Not Have Adequate Oversight of Group Homes for Children in Foster Care (A-07-19-06087)

			<u>10/8/19</u>	<u>Annual</u>	<u>Noncompliance</u>	<u>Cannot locate corrections for children's records</u>
			<u>12/18/19</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
9	35	4/18/18	<u>1/24/18</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
			<u>6/28/18</u>	<u>Annual</u>	<u>Compliance</u>	<u>N/A</u>
			<u>8/6/18</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
			<u>10/5/18</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
			<u>12/17/18</u>	<u>Complaint</u>	<u>Noncompliance</u>	<u>Written corrections received 1/30/19</u>
			<u>2/1/19</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
			<u>6/11/19</u>	<u>Annual</u>	<u>Noncompliance</u>	<u>Written corrections received 12/13/19</u>
			<u>1/30/20</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
10		4/18/18	<u>10/2/17</u>	<u>Initial</u>	<u>Compliance</u>	<u>N/A</u>
			<u>10/23/17</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
			<u>11/10/17</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
			<u>12/28/17</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
			<u>2/27/19</u>	<u>Annual</u>	<u>Noncompliance</u>	<u>Written corrections received 4/4/19</u>
			<u>6/4/19</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
			<u>12/5/19</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
11		4/18/18	<u>10/27/17</u>	<u>Annual</u>	<u>Compliance</u>	<u>N/A</u>
			<u>9/17/18</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
			<u>10/17/18</u>	<u>Annual</u>	<u>Compliance</u>	<u>N/A</u>
			<u>10/18/18</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
			<u>1/7/19</u>	<u>Complaint</u>	<u>Noncompliance</u>	<u>Corrections not received</u>
			<u>3/8/19</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
			<u>10/7/19</u>	<u>Annual</u>	<u>Noncompliance</u>	<u>Written corrections received 11/6/19</u>
			<u>10/8/19</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
12		4/19/18	<u>10/18/17</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
			<u>5/10/18</u>	<u>Complaint</u>	<u>Noncompliance</u>	<u>Written response received 1/29/19</u>
			<u>6/19/18</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
			<u>7/3/18</u>	<u>Complaint</u>	<u>Compliance</u>	<u>N/A</u>
			<u>1/16/19</u>	<u>Annual</u>	<u>Noncompliance</u>	<u>Written corrections received 1/28/19</u>
			<u>4/1/19</u>	<u>Complaint</u>	<u>Noncompliance</u>	<u>Written corrections received 9/11/19</u>
			<u>1/13/20</u>	<u>Complaint/Annual</u>	<u>Noncompliance</u>	<u>Written corrections received 2/12/20</u>

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Kansas Did Not Have Adequate Oversight of Group Homes for Children in Foster Care (A-07-19-06087)

13		4/19/18	<u>8/18/17</u> <u>2/13/18</u> <u>10/10/18</u> <u>2/11/19</u> <u>2/26/19</u> <u>3/12/19</u> <u>12/6/19</u>	Complaint Annual Complaint Annual Annual Complaint Complaint	Noncompliance Compliance Compliance On-going Annual Noncompliance Compliance Compliance	<u>Written corrections received 6/7/18</u> N/A N/A <u>On-site visit not complete</u> <u>Written corrections received 3/15/19</u> N/A N/A
14	22, 23	4/19/18	<u>9/21/17</u> <u>9/20/18</u> <u>9/30/19</u>	Complaint Annual Annual	Compliance Noncompliance Compliance	N/A <u>Cannot locate corrections for staff training/health</u> N/A
15		4/19/18	<u>1/9/18</u> <u>1/15/19</u> <u>2/15/19</u> <u>12/6/19</u>	Annual Annual Complaint Complaint	Noncompliance Compliance Compliance Compliance	<u>Written correction received 1/12/18</u> N/A N/A N/A
16	16, 17, 19, 41, 46	4/18/18	<u>3/2/18</u> <u>7/25/18</u> <u>8/24/18</u> <u>1/28/19</u> <u>2/27/19</u> <u>4/12/19</u> <u>6/24/19</u> <u>8/28/19</u> <u>2/12/20</u>	Complaint Complaint Annual Complaint Complaint Complaint Complaint Annual Complaint	Compliance Compliance Noncompliance Compliance Noncompliance Compliance Compliance Noncompliance Compliance	N/A N/A <u>Cannot locate corrections in electronic system</u> N/A <u>Corrections received updated policy 9/12/19</u> N/A N/A <u>Cannot locate corrections in electronic system, not received</u> N/A
17	18	4/18/18	<u>2/14/18</u> <u>7/31/18</u> <u>9/12/18</u> <u>9/4/19</u>	Complaint Annual Complaint Annual	Compliance Compliance Compliance Noncompliance	N/A N/A N/A <u>Background check received 3/13/19</u>
18	11, 21	4/18/18	<u>3/26/18</u> <u>5/9/18</u>	Complaint Complaint	Noncompliance Noncompliance	<u>Cannot locate corrections in electronic system, not received</u> <u>Cannot locate corrections in electronic system, not received</u> <u>Facility closed 4/22/2019</u>
19	20, 27	5/14/18	<u>5/9/18</u> <u>6/20/18</u> <u>6/22/18</u>	Complaint Complaint Complaint	Compliance On-going complaint Not in compliance	N/A <u>Corrections received not accepted referred for legal</u> <u>Enforcement intent to revoke</u>

DCF EXHIBIT "A"

Kansas Did Not Have Adequate Oversight of Group Homes for Children in Foster Care (A-07-19-06087)

			<u>7/6/18</u> <u>7/31/18</u> <u>8/3/18</u> <u>9/10/18</u>	<u>Complaint</u> <u>Complaint</u> <u>Complaint</u> <u>Complaint</u>	<u>On-going complaint</u> <u>Not in compliance</u> <u>Not in compliance</u> <u>Compliance</u>	<u>Corrections received not accepted referred for legal Enforcement intent to revoke</u> <u>Corrections received not accepted referred for legal Enforcement intent to revoke</u> N/A <u>Facility closed 12/11/2018</u>
20		5/14/18	<u>11/28/17</u> <u>5/18/18</u> <u>12/10/18</u> <u>12/12/18</u> <u>12/31/19</u> <u>1/3/2020</u>	<u>Annual</u> <u>Complaint</u> <u>Annual</u> <u>Annual</u> <u>Annual</u> <u>Annual</u>	<u>Compliance</u> <u>Compliance</u> <u>On-going Annual</u> <u>Noncompliance</u> <u>On-going Annual</u> <u>Compliance</u>	N/A N/A On-site survey not complete <u>Written response received 1/31/19</u> On-site survey not complete N/A
21		5/15/18	<u>9/12/17</u> <u>9/10/18</u> <u>9/26/18</u> <u>9/18/19</u>	<u>Annual</u> <u>Complaint</u> <u>Annual</u> <u>Annual</u>	<u>Compliance</u> <u>Compliance</u> <u>Compliance</u> <u>Noncompliance</u>	N/A N/A N/A <u>Written corrective action plan and photos received 10/1/19</u>
22	43	5/15/18	<u>3/22/18</u> <u>6/11/18</u> <u>9/6/18</u> <u>10/9/18</u> <u>11/8/18</u> <u>11/1/18</u>	<u>Complaint</u> <u>Complaint</u> <u>Complaint</u> <u>Annual</u> <u>Annual</u> <u>Complaint</u>	<u>Noncompliance</u> <u>Compliance</u> <u>Noncompliance</u> <u>On-going Annual</u> <u>Noncompliance</u> <u>Noncompliance</u>	<u>Written corrective action plan received 5/9/18</u> N/A <u>Written corrective action plan received 12/11/18</u> <u>Written corrective action plan received 12/11/18</u> <u>Written corrective action plan received 12/14/18</u> <u>Facility closed 5/1/2019</u>
23		4/4/18	<u>6/14/17</u> <u>5/10/18</u>	<u>Annual</u> <u>Annual</u>	<u>Compliance</u> <u>Compliance</u>	N/A N/A <u>Facility closed 5/31/2019</u>
24	26, 29	5/22/18	<u>5/10/18</u> <u>6/5/18</u> <u>6/8/18</u> <u>7/30/18</u> <u>11/27/18</u>	<u>Complaint</u> <u>Complaint</u> <u>Complaint</u> <u>Complaint</u> <u>Annual</u>	<u>Compliance</u> <u>Compliance</u> <u>Compliance</u> <u>Compliance</u> <u>Compliance</u>	N/A N/A N/A N/A N/A <u>Facility Closed 4/1/2019</u>

DCF EXHIBIT "A"

Kansas Did Not Have Adequate Oversight of Group Homes for Children in Foster Care (A-07-19-06087)

25	33	5/22/18	<u>3/29/18</u> <u>2/12/19</u> <u>4/26/19</u>	Annual Complaint Annual	Compliance Noncompliance Compliance	N/A <u>Written response received 4/25/19</u> N/A <u>Facility closed 10/31/2019</u>
26		5/23/18	<u>2/6/18</u> <u>6/18/18</u> <u>9/18/18</u> <u>2/14/19</u> <u>7/10/19</u>	Complaint Complaint Complaint Annual Complaint	Compliance Compliance Compliance Compliance Compliance	N/A N/A N/A N/A N/A
27	49	5/24/18	<u>1/30/18</u> <u>9/6/18</u> <u>1/31/19</u>	Annual Complaint Annual	Noncompliance Compliance Compliance	<u>Written corrections received 2/16/18</u> N/A N/A
28	42	5/24/18	<u>4/2/18</u> <u>7/26/18</u> <u>8/15/18</u> <u>9/6/18</u> <u>10/3/18</u> <u>6/19/19</u> <u>9/3/19</u> <u>9/23/19</u>	Complaint Annual Complaint Complaint Complaint Annual Complaint Complaint	Noncompliance Noncompliance Noncompliance Compliance Noncompliance Compliance Noncompliance Noncompliance	<u>Written corrections received 6/26/18</u> <u>Written corrections and photos received 8/13/18</u> <u>Written corrections received 9/9/19</u> N/A <u>Written corrections received 9/9/19</u> N/A <u>Written corrections received 10/15/19</u> <u>Written corrections received 12/5/19</u>
29	10, 45	5/25/18	<u>2/13/18</u> <u>6/11/18</u> <u>7/2/18</u> <u>8/1/18</u> <u>8/15/18</u> <u>8/22/18</u> <u>5/22/19</u> <u>8/13/19</u> <u>11/8/19</u>	Complaint Complaint Complaint Complaint Annual Complaint Complaint Annual Complaint	Compliance Noncompliance Noncompliance Compliance Compliance Compliance Noncompliance Compliance Noncompliance	N/A <u>Written corrections received 8/3/18</u> <u>Written corrections received 9/13/18</u> N/A N/A N/A <u>Written corrections received 8/27/19</u> N/A <u>Written corrections received 12/10/19</u>
30	1-9, 47, 48	4/5/19	<u>2/11/19</u> <u>9/24/19</u> <u>10/31/19</u>	Complaint Complaint Annual	Compliance Noncompliance Compliance	N/A <u>Corrections requested 2/11/20</u> N/A
31	32, 36, 37	4/5/19	<u>2/13/19</u>	Annual	Compliance	N/A

		<u>5/1/19</u>	<u>Complaint</u>	<u>Noncompliance</u>	<u>All residents moved 7-9-19; Facility Closed 9/23/19</u>
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- 5 Unable to determine which facility OIG photos are from. Including Surveys from both Facilities. [REDACTED]²²
[REDACTED]
- 6 Unable to determine which facility OIG photos are from. Including Surveys from both Facilities [REDACTED]
[REDACTED]

²² **Office of Inspector General Note**—The deleted text has been redacted because it identifies an individual facility.