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**Krista Foster Homes**

**Performance Measurement & Management**

**2021 Action Plan**

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| Client | | | | | | |
| Domain: Acceptability / Satisfaction  Definition: Services provided will meet expectations of Client. | | | | | | |
| Objective | Indicator | Target | Obtained By | Time of Measure | | Data Source |
| To provide a positive service experience that meets client satisfaction | The overall rating of client satisfaction as well as other ratings of interest. | Client satisfaction surveys average ratings were: Satisfaction with Services 90% out of 100% Good. | Social workers | During placement annually at the beginning of the year, and at exit | | Client satisfaction and exit surveys |
| Rationale: Satisfaction is an indicator of the extent to which services and supports meet the needs of various stakeholders and are a dimension of service quality.  2020 Performance Analysis: Satisfaction Surveys were analyzed, and percentages were calculated based on the answer’s vs the number of answers available for question, for each category, then all together for a total satisfaction percentage. Exit Surveys were analyzed by the Executive Director for overall satisfaction and trends and possible risks.  Result: Satisfaction Surveys with 7 clients: 88% Good & above, 6.4% not good. Review of the exit surveys found there were no negative trends or  risks noted for 2020.  2021 Action Plan:  Move surveys from a paper format to an online format (Survey Monkey or Google Surveys) to allow for greater confidentiality and thus increased participation and more truthful information.  Timeline: A satisfaction survey will be given to each client during treatment (at least annually at the beginning of the year) and upon termination. | | | | | | |
| Objective | Indicator | Target | Obtained By | | Time of Measure | Data Source |
| Reduced client complaints / grievances | Number of client complaints filed | Minimal number of client complaints / grievances received with a resolution reached within 30 days | Social workers and Administrator | | Review and analyzed annually | Client complaint form,  management team, or designee |
| Rationale: Complaints received indicate a lack of acceptability of KFH services, staff and/or supports among by clients and within the broader community.  2020 Performance Analysis: Complaints and grievances were reviewed for trends and risks.  Result: 1 complaint was filed against a foster family/Krista in 2020 & resolved with a corrective action plan that included further training for the foster family & Krista writing/clarifying a policy. 0 client complaints were made.  2021 Action Plan:  Continue providing support to foster children and foster parents to resolve issues as they arise and minimize client complaints.  Timeline: Results will be analyzed by December 2021. | | | | | | |

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| Client | | | | | | |
| Domain: Effectiveness  Definition: Service intervention or action achieves desired results. | | | | | | |
| Objective | Indicator | Target | Obtained By | Time of Measure | Data Source | |
| Permanency | Maintaining placement  Reaching objective | 75% of clients achieve permanency such as adoption, guardianship, or reunification. | Administrative Assistant | At exit | | Departure Destination |
| Rationale: Permanency creates a sense of belonging and safety in which children can experience love and acceptance.  2020 Performance Analysis: KFH Permanency Outcomes document found in Team 1 Packet from the Annual Conference held on 2/23/2021 and the IR Chart 2020.  Result: 62% of clients achieved permanency when transitioning out of KFH in 2020.  2021 Action Plan: Continue goal “Of the clients who left KFH, the percent who have found permanency will increase by 10% over the previous year.”  Timeline: N&S Appraisals/permanency goals will be reviewed and completed every six months. | | | | | | |

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| Client | | | | | | |
| Domain: Risk-Health and Safety  Definition: Achieving desired results will create and maintain an organization that is financially viable and stable. | | | | | | |
| Objective | Indicator | Target | Obtained By | Time of Measure | Data Source | |
| CHDP’s and Dental Appt./exams will be completed within 90 days of placement 95% of the time. | Appointments scheduled  CHDP paperwork | 100% of clients have CHDP’s and Dental Exams | Admin. Asst. | Monthly and Annually | | Client Information Tracking |
| Rationale: Children in foster care are often behind on their basic medical care.  2020 Performance Analysis: Client files were reviewed, and data was collected and analyzed.    Result: 5 CHDP appointments were due/completed in 2020; 100% were completed. 5 Dental appointments were due; 100% were completed on time.  2021 Action Plan: KFH children will be seen by medical and dental professionals within 60 days of placement 95% of the time.  Timeline: Timelines for appointments will be reviewed each month and updated as information changes. | | | | | | |
| Objective | Indicator | Target | Obtained By | Time of Measure | Data Source | |
| Health & Safety of Clients | Decrease in SIR’s | Less SIR’s for the agency | Administrator | Annually | | SIR Logbook |
| Rationale: Less SIR’s indicate better health & safety for the client, unavoidable accidents are taken into consideration.  2020 Performance Analysis: The Executive Director reviews the SIR Logbook quarterly for trends and risks, with analysis/summary report at the end of 2020 for the entire year.  Result: No trends or risk were noted in 2020.  2021 Action Plan:   * In the first six months, assess the placement. * SW to review with Administrator. * Create a plan for intervention. Ask to schedule an CFT.   Timeline: The Executive Director will review the SIR logbook quarterly looking for trends and risks, with an analysis/summary report on the entire year will be drafted at the end of 2021. | | | | | | |

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| RFA Family | | | | | |
| Domain: Acceptability/ Satisfaction  Definition: Service provided meets expectations of community, providers, and Community Care Licensing. | | | | | |
| Objective | Indicator | Target | Obtained By | Time of Measure | Data Source |
| RFA Family Satisfaction Surveys | Retention  Recommendations | 100% Satisfaction | Social Worker | Annually | Satisfaction Survey  Grievance form |
| Rationale: An RFA Family that is pleased / satisfied with their relationship with KFH will remain within the organization, resulting in a reduction in RFA Family turn over and creates a greater possibility for client permanency.  2020 Performance Analysis: Surveys were analyzed, and percentages were calculated based on the answers versus the number of answers available for question then all together for a total satisfaction percentage. Exit Surveys were analyzed by the Executive Director for overall satisfaction and trends and possible risks.  Result: Satisfaction Surveys – 75% very satisfied and 25% satisfied. For words describing our agency, “Trustworthy and supportive” were mentioned on each survey. (4 out of 4 responses)  2021 Action Plan:  Continue providing support to RFA families and clients to ensure satisfaction and high-quality services. Move surveys from a paper format to an online format (Survey Monkey or Google Surveys) to allow for greater confidentiality and thus increased participation and more truthful information. Reword survey response options to ensure more accurate responses.  Timeline: A satisfaction survey will be given to each Resource family annually and at termination. | | | | | |

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| RFA Family | | | | | |
| Domain: Accessibility  Definition: Ability of clients to obtain the right type of service at the right place and right time, based on needs | | | | | |
| Objective | Indicator | Target | Obtained By | Time of Measure | Data Source |
| Annual cultural relevancy, trauma informed, and LGBTQ training. | Attendance at trainings  training certificates | 75% of all RFA families receive these trainings annually | Administrative Assistant | Monthly and annually | Files |
| Rationale: To follow CCL and CARF standards, as well as improving likelihood of successful placements by making sure trainings are relevant to client needs/situations.  2020 Performance Analysis: Training logs were analyzed.  Result: In 2020, 70% of RFA approved foster parents received training on trauma informed; 60% received training on cultural competency;  and 50% received training on LGBTQ.  2021 Action Plan:  Include alternate training options (online, Zoom class, bookwork) for those who can’t attend KFH in-person required trainings to ensure all RF parents meet the annual training topic requirements.  Timeline: Training will take place at least once a month in KFH office, additional training will be available to complete either online or via KFH Social Worker as needed. | | | | | |

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| RFA Family | | | | | |
| Domain: Effectiveness  Definition: Service intervention or action achieves desired results | | | | | |
| Objective | Indicator | Target | Obtained By | Time of Measure | Data Source |
| RFA families have an opportunity of 24 hours of training each year with a minimum of 12 hours. | Attendance at trainings  Certificates | 100% of RFA parents receive at least 12 hours of training annually | Admin. Asst. | Monthly and Annually according to approval date. | Training log |
| Rationale: Requiring RFA parents to receive at least 24 hours of training annually prepares them to be professional parents able to meet the diverse and challenging needs of the children in their care.  2020 Performance Analysis: Training logs are reviewed for number of training hours the resource parent received during the year with the 24 hours completed before their recertification (re-approval) due date.  Result: 50% of RFA approved parents received at least 12 hours of training. None of our RFA approved foster parents reached 24 hours of training.  Action Plan: In 2021, the CDSS annual training hours requirement changed from 12 hours to 8 hours.  Include alternate training options (online, Zoom class, bookwork) for those who can’t attend KFH in-person required trainings to ensure all RF parents meet the annual training hours requirements.  Timeline: Resource families have one year from their approval or re-approval (recertification) date to obtain 24 hours of training. | | | | | |

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| Employee | | | | | | | | | |
| Domain: Acceptability  Definition: Service provided meets expectations of community, providers, and Community Care Licensing. | | | | | | | | | |
| Objective | Indicator | | Target | | Obtained By | | Time of Measure | | Data Source |
| Increased employee satisfaction | Overall rating(s) within employee satisfaction survey, Reduction in staff turnover | | No separations due to dissatisfied employees | | Administrator | | Annually and at exit | | Satisfaction survey  Exit survey |
| Rationale: An employee that is pleased / satisfied with their employment will remain within the organization, resulting in a reduction in employee turnover and accompanying cost, be more productive and provide better services.  2020 Performance Analysis: Analysis was based on 3 employee exit surveys. Categories identified were duties, supervision, work environment, and work life balance.  Result: Overall, 75% were satisfied with duties; 81% were satisfied with supervision; 75% were satisfied with work life balance; and 92% were satisfied  with work environment.  2021 Action Plan: Continue providing support & supervision, provide market-competitive pay and additional resources to employees to ensure satisfaction.  Move surveys from a paper format to an online format (Survey Monkey or Google Surveys) to allow for greater confidentiality and thus increased participation and more truthful information. Reword survey response options to ensure more accurate responses.  Timeline: A satisfaction survey will be given to each employee annually and at exit. | | | | | | | | | |
| Objective | Indicator | Target | | Obtained By | | Time of Measure | | Data Source | |
| Increased Job Performance | Improved job evaluations | Improved Performance Reviews | | Administrator | | 3 months after hire & annually | | Performance reviews,  Supervision logs | |
| Rationale: To ensure KFH maintains and improves service delivery, client satisfaction and protects the agency from loss due to mistakes or poor performance.  2020 Performance Analysis: The Administrator with help from other leadership conducts a performance review taking into consideration the last performance review. These reviews are analyzed for gaps in performance, risks, training needs and trends.  Result: Increased job performance  2021 Action Plan: Continue providing high-quality, consistent supervision, feedback and job coaching to ensure staff performance is high quality.  Timeline: A performance review will be given 3 months after hire date, then annually on the anniversary of their hire date. | | | | | | | | | |

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| Employee | | | | | |
| Domain: Risk - Health & Safety  Definition: Achieving desired results will create and maintain a safe environment for clients, staff, and visitors. | | | | | |
| Objective | Indicator | Target | Obtained By | Time of Measure | Data Source |
| Annually completed CARF required health and safety trainings | Attending trainings  Ability to accomplish what was trained | 100% | Administrator | Annually | Training log |
| Rationale: When safety concerns are identified for persons served, information and training relative to that risk is offered as a means to reduce risk and promote safety.  2020 Performance Analysis: Training logs are reviewed annually to determine training needed.  Result: KFH participated in 8 safety drills: (2) Fire Drills, (2) Bomb Threat Drills, (1) Earthquake Drill, (1) Power Failure Drill,  (1) Medical Emergency Drill, (1) Violent Threat Drill    2021 Action Plan: Continue this goal. | | | | | |
| Objective | Indicator | Target | Obtained By | Time of Measure | Data Source |
| Safety while on the job | No or decrease in accidents on the job | No accidents | Administrator | Annually | Workers Compensation claims |
| Rationale: CARF – accredited organization maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.  2020 Performance Analysis: Worker’s Compensation claims were reviewed for trends or risks.  Result: None  2021 Action Plan: Continue this goal & stay apprised of current safety recommendations or changes to the law.  Timeline: Worker’s compensation claims will be reviewed at time of submission and annually. | | | | | |
| County Worker | | | | | |
| Domain: Acceptability/ Satisfaction  Definition: Service provided meets expectations of community, providers, and Community Care Licensing. | | | | | |
| Objective | Indicator | Target | Obtained By | Time of Measure | Data Source |
| Satisfaction | Good working relationship | 100% | Administrator or Admin. Assistant | Annually | Satisfaction Survey |
| Rationale: A referral source that is pleased /satisfied with KFH performance will continue to make referrals to the organization and will likely increase KFH revenue and reputation.  2020 Performance Analysis: KFH received 6 completed satisfaction surveys.  Result: Overall 69% were satisfied with their working relationship with KFH.  2021 Action Plan: Continue this goal.  Timeline: Satisfaction surveys will be sent out annually to placing workers KFH personally worked with that year. | | | | | |
| Stakeholder | | | | | |
| Domain: Acceptability/ Satisfaction  Definition: Service provided meets expectations of community, providers, and Community Care Licensing. | | | | | |
| Objective | Indicator | Target | Obtained By | Time of Measure | Data Source |
| Satisfaction | Good working relationship | 90% | Administrator or Admin. Asst. | Annually | Satisfaction Survey |
| Rationale: Good working relationships with stakeholders enhances all aspects of foster care from positive communication to overall wellbeing of clients.  2020 Performance Analysis: Satisfaction surveys were not sent out to other stakeholders this year.  Result: N/A  2021 Action Plan: Send satisfaction surveys to other stakeholders in 2021 & review for results.  Timeline: Surveys will be sent out annually to stakeholders such as placing workers, clients, and resource families. | | | | | |

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| Service Delivery | | | | | |
| Domain: Risk - Health & Safety  Definition: Achieving desired results will create and maintain a safe environment for clients, staff, and visitors. | | | | | |
| Objective | Indicator | Target | Obtained By | Time of Measure | Data Source |
| RFA Home Studies | Passing facility inspection and re-approval | 100 % RFA Home Study updates | SAFE-certified practitioner (SW or supervising SW) | Annually | Confidential File |
| Rationale: It is KFH’s mission to provide safe homes for the children who can no longer stay with their biological families because of abuse or neglect. This means emotionally as well as physically.  2020 Performance Analysis: RFA home studies were reviewed for correct updated information and for home safety requirements.  Result: All RFA home studies are up-to-date an include a passed annual health & safety inspection as required.  2021 Action Plan: Audit RFA confidential files annually.  Timeline: Homes studies will be completed/updated annually within 1 month of each family’s original approval date, according to licensing requirements and safety compliance. | | | | | |
| Service Delivery | | | | | |
| Domain: Acceptability/ Satisfaction  Definition: Service provided meets expectations of community, providers, and Community Care Licensing. | | | | | |
| Objective | Indicator | Target | Obtained By | Time of Measure | Data Source |
| The KFH Social Worker will visit each RFA Home at least once a month. | Visits | 100% | Supervising Social Worker | Monthly | Supervising SW Supervision notes |
| Rationale: CCL requirement.  2020 Performance Analysis: Supervising Social Worker reviewed supervision notes tracking RFA home visits.  Result: RFA homes were consistently visited once a month.  2021 Action Plan: Continue this goal.  Timeline: Homes will be visited each month by social work staff. | | | | | |

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| Objective | Indicator | Target | Obtained By | Time of Measure | Data Source |
| Social worker visits client at least twice a month | Visits | 90% | Supervising SW | Monthly | Supervising SW Supervision notes |
| Rationale: CCL Requirement.  2020 Performance Analysis: Supervising SW gathered and reviewed data from supervision notes from weekly SW meetings.  Result: Clients in RFA homes were consistently visited at least twice a month.  2021 Action Plan: Continue this goal.  Timeline: The SW will visit each client at least twice a month. | | | | | |

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| Objective | | | Indicator | | | | Target | | | | | | Obtained By | | | | | Time of Measure | | | | | Data Source |
| Needs & Service Report completed on/within the first 30 days of placement. | | | Report completed, signed, sent, and filed | | | | 100% completed on/within first 30 days of placement. | | | | | | Social Worker,  Admin. Asst. | | | | | Monthly | | | | | Client Information Tracking (excel spreadsheet) |
| Rationale: CCL Regulation  2020 Performance Analysis: Five Needs & Service Reports were reviewed.  Result: 4 out of 5 were completed on time; 1 was not completed due to termination date.  2021 Action Plan:   * Initial Needs & Services plans will be completed within the first 30 days of placement. * Needs & Services plans will be emailed or faxed to the placing worker.   Timeline: Within 30 days of placement. | | | | | | | | | | | | | | | | | | | | | | | |
| Objective | | | Indicator | | | | Target | | | | | | Obtained By | | | | | Time of Measure | | | | | Data Source |
| Follow-up Needs & Service Report completed every 6 months | | | Report completed, signed, sent, and filed | | | | 100% completed on/within 30days of the 6month due date | | | | | | Social Worker  Admin. Asst. | | | | | Monthly | | | | | Client Information Tracking (excel spreadsheet) |
| Rationale: CCL Regulation.  2020 Performance Analysis: Needs & Services were analyzed.  Result: 100% completed on time within the first 30 days of placement.  2021 Action Plan:   * Need & Service Reports will be completed every 6 months. * Needs & Service Reports will be emailed to placing worker.   Timeline: Every 6 months, on placement date and 6 months from placement date. | | | | | | | | | | | | | | | | | | | | | | | |
| Service Delivery | | | | | | | | | | | | | | | | | | | | | | | |
| Domain: Accessibility  Definition: Ability of Clients to obtain the right care/service at the right place and right time based on needs. | | | | | | | | | | | | | | | | | | | | | | | |
| Objective | | | Indicator | | | | Target | | | | | | Obtained By | | | | | Time of Measure | | | | | Data Source |
| To enhance the quality of life of residents  To implement nondiscriminatory employment practices  To meet legal and regulatory requirements | | | The leadership will have a working knowledge of what should be done to promote accessibility and remove identified barriers in 8 specific areas | | | | Average Rating Target is 85% or greater  Identification of perceived accessibility barriers  Removal or accommodation of those identified barriers as appropriate | | | | | | Executive Director or designee | | | | | Annually | | | | | Accessibility Plan |
| Rationale: Identification of barriers and take into account consideration any accessibility needs that may hinder full and effective participation on an equal basis with other residents / employees.  2020 Performance Analysis: Accessibility Audit and Analysis Reports. | | | | | | | | | | | | | | | | | | | | | | | |
| NON-BARRIER  TARGET | | Yes /  No /  NA | | Description of Barrier | | | | Solution | | | Priority  High/Medium/Low | | | Status | | | | Due Date | | | | | Responsible Person |
| Architecture – to help identify and minimize any architectural / physical barriers to the site. | | | | | | | | | | | | | | | | | | | | | | | |
| Access to Office  Wheelchair accessible | | Yes | | None-ADA compliant | | | | NA | | | NA | | | NA | | | | NA | | | | | NA |
| Environment – to reduce environmental barriers e.g. anything about the setting that impedes service delivery. | | | | | | | | | | | | | | | | | | | | | | | |
| Bathrooms/Hallway/Office Door | | Yes | | None-ADA compliant | | | | NA | | | NA | | | NA | | | | NA | | | | | NA |
| Communication – communication barriers in the provision of services (i.e. language, format, cultural differences, and telecommunication). | | | | | | | | | | | | | | | | | | | | | | | |
| Multi-lingual staff available | | No | | 87%White population, No history of serving non-English speaking clients | | | | Hire multilingual staff or have a language line available for staff use | | | Medium | | | Completed | | | | 6/1/21 | | | | | Executive Director |
| Telecommunication devices available | | No | | KFH does not currently serve deaf or blind clients | | | | Explore costs & options for telecommunication devices to be prepared to serve this community | | | Low | | | In progress | | | | 12/1/21 | | | | | Administrative Assistant |
| Multi-language documents available | | No | | 87%White population, No history of serving non-English speaking clients | | | | Have a translation service available to translate documents should the need arise | | | Medium | | | Completed | | | | 06/1/21 | | | | | Executive Director |
| Transportation – barriers include inability to reach service locations or inability to fully participate in programming. Transportation systems should fully accommodate any community member seeking to access services. | | | | | | | | | | | | | | | | | | | | | | | |
| Transportation available to participate in full range of services | | Yes | | Client’s social worker and RFA parent schedule and ensure clients’ ability to participate in the program. | | | |  | | |  | | |  | | | |  | | | | |  |
| Finances – to reduce financial barriers for receiving services. | | | | | | | | | | | | | | | | | | | | | | | |
| TANF | | Yes | | All clients are place through county child welfare agencies. Every client has a Notice of Action authorizing payment to KFH for services. | | | | |  | |  | | |  | | | |  | | | | |  |
| Community Integration – reduce barriers within the community (i.e. Mental Health, Medical, Dental, Education, etc…) that limit client participation/interaction. | | | | | | | | | | | | | | | | | | | | | | | |
| Ability to access services and participate in community events. | | Yes | | Able to participate in community activities and access services | | | |  | | |  | | |  | | | |  | | | | |  |
| Employment – GOAL – to reduce barriers to employment to maintain a diverse workforce sensitive to the unique needs of clients and representative of the community. | | | | | | | | | | | | | | | | | | | | | | | |
| Diverse employee ethnicity/race | | No | | All white employees | | | | Hire non-white employee | | | High | | | In process | | | | July /Aug | | | | | Executive Director |
| Result:In October 2020 Krista contracted InnerLingua for document translation and on-call phone translation, as needed. 2020 employee turnover was high; 4 employees quit including 2 African American employees who were hired & quit.  2021 Action Plan:  Look into telecommunication or other assisted use devices to be better prepared to serve clients with a disability.  Timeline: Will be reviewed in December 2021. | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | | | | | | | | | | | | | | | | | | | | |
| Domain: Effectiveness  Definition: Care/services, intervention or action that achieve desired results. | | | | | | | | | | | | | | | | | | | | | | | |
| Diversity | | | | | | | | | | | | | | | | | | | | | | | |
| Objective | | | Indicator | | | | Target | | | Obtained By | | | | | | | | Time of Measure | | | | | Data Source |
| To assess Management and Staff perception of diversity within KFH. | | | Ratings of KFHs’ employees. | | | | Rating will be 90% | | | Admin. Asst. | | | | | | | | Annually | | | | | Diversity Survey |
| Rationale: KFHs’ staff are diverse, and recognition is important for their continued provision of quality of service to KFHs’ clients.  2020 Performance Analysis: 5 employees completed the Diversity Survey.  Result: The survey looked at several aspects of diversity within KFH: (These are overall averages)   * Attitude – 88% agreed that KFH has a positive attitude towards diversity. * Corporate Culture – 84% agreed the company is making progress with diversity initiatives such as inclusivity, racial/ethnic appreciation, and equality. * Discrimination – 100% of employees disagreed that they have seen or been a victim of discrimination. * Hiring & Recruitment - 45% agreed there is diversity within the company. * Your Role – 73% agreed they have become more understanding of diverse populations at KFH. * Policies & Procedures – 98% agreed KFH Policies & Procedures discourage discrimination. * Interaction – 89% agreed management interacts well with employees of different backgrounds, ages, and abilities. * Your Immediate Supervisor – 98% strongly agree that their supervisor is committed to diversity and satisfactorily handles diversity. * KFH Diversity Training Program – 73% strongly agree that KFH has done well providing training that promote multicultural understanding.   2021 Action Plan: Areas that averaged less than designated target will be a focus for discussion and improvement and possible training. Clarify “KFH Diversity Training Program” – currently just a review of diversity policy at hire, plan to add annual diversity trainings in 2021 and moving forward.  Timeline: Diversity Satisfaction Surveys will be conducted annually. | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | | | | | | | | | | | | | | | | | | | | |
| Domain: Efficiency  Definition: Achieving desired results with the most cost-effective use of resources. | | | | | | | | | | | | | | | | | | | | | | | |
| Objective | | | Indicator | | | Target | | | | | | Obtained By | | | | Time of Measure | | | | Data Source | | | |
| Improved human resources retention and recruitment; minimize staff turnover; reduction in training costs. | | | Number of employees who leave the organization. | | | Reduction in loss of personnel will mean less cost in orientation and training and a more productive staff and higher quality of services and reduction in loss of service revenue. | | | | | | Human Resources; Executive Director or designee | | | | Quarterly | | | | Employee Retention/Turnover | | | |
| Rationale:Fill open positions with most qualified person available focusing on promotion or lateral transfers from within and work toward cultural competency.  2020 Performance Analysis: Recruitment efforts focused on “word of mouth” recruiting of independent contractors. No advertising expenses were incurred. Internal job postings to all employees with interviews, whether advertising outside of company or not; career builder, craigslist, word of mouth, referrals.  Result: In 2020, 4 employees left, and 1 new employee was hired.  2021 Action Plan:Use a broader base of advertising avenues.  Timeline:When need arises until position is filled. | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Persons Treated | | | | | | | | | | | | | | | | | | | | | | | |
| Objective | Indicator | | | | | | Target | | | | | Obtained By | | | | | | Time of Measure | | | | Data Source | |
| Increase in number of children placed in foster families | Number of discharged clients over a set period of time | | | | | | 10% increase in number of persons placed. | | | | | Administrator | | | | | | Quarterly  Annually | | | | Foster Track | |
| Rationale: An increase in number of clients treated will yield an increase in revenue and may result in additional funding and persons being served.  2020 Performance Analysis: Reviewed Risk Management Plan.  Result: In 2020, KFH had 5 approved RHA homes.  2021 Action Plan: Designate RFA hours to conduct recruitment, home studies and related activities to approve more new RFA homes in 2021.  Timeline: See 2021 Action Plan above. | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Resource Families | | | | | | | | | | | | | | | | | | | | | | | |
| Objective | Indicator | | | | | | Target | | | | | Obtained By | | | | | | Time of Measure | | | | Data Source | |
| Increase in number of resource families | Number of discharged clients over a set period of time | | | | | | 10% increase in number of resource families. | | | | | Administrator | | | | | | Quarterly  Annually | | | | RFA File, Certified Homes | |
| Rationale: An increase in the number of resource families will yield an increase in number of clients served resulting in an increase in revenue.  2020 Performance Analysis: Review of Risk Management Plan and data from Foster Track - Foster Home History.  Result: KFH served less RFA clients in 2020 than in 2019.  2021 Action Plan: Change client data tracking system from Foster Track to KFH-created Excel Client Fact Sheets, for greater efficiency and cost savings. Designate RFA hours to conduct recruitment, home studies and related activities to approve more new RFA homes in 2021.  Timeline: Goal set for 5 new resource homes by the end of 2021. | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | | | | | | | | | | | | | | | | | | | | |
| Domain: Risk – Financial  Definition: Achieving desired results will create and maintain an organization that is financially viable and stable | | | | | | | | | | | | | | | | | | | | | | | |
| Profit / Loss | | | | | | | | | | | | | | | | | | | | | | | |
| Objective | Indicator | | | | | | Target | | | Obtained By | | | | | | | Time of Measure | | Data Source | | | | |
| Improve financial stability of organization | Profit / Loss Statement for calendar year per financial audit | | | | | | KFH will demonstrate a profit of 15% for FY | | | Administrator | | | | | | | Monthly  Annually | | Annual financial audit  Management Team or designee | | | | |
| Rationale: A financially stable organization will demonstrate stability and profitability in order to expand services.  2020 Performance Analysis:KFH was able to maintain P/L throughout the year but was not able to place enough children in homes to increase our savings in any substantial way. The results were a meager savings and tiny increase in overall profits.  Result: 1% profit  2021 Action Plan:Grow top-line revenue by increasing number of RFA homes and placements, manage day to day costs (office supplies, non-necessities), consider renting out extra offices/conference room to increase profits.  Timeline: Annual Assessments | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | | | | | | | | | | | | | | | | | | | | |
| Domain: Risk - Health & Safety  Definition: Achieving desired results will create a safe environment for clients, staff, visitors | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Evacuation Report | | | | | | | | | | | | | | | | | | | | | | | |
| Objective | Indicator | | | | Target | | | | | Obtained By | | | | | Time of Measure | | | | | | Data Source | | |
| Reduction in deficiencies noted within the Emergency Evacuation Report | Identified deficiencies needing correction per report | | | | Improvement in environment safety; reduction of potential financial loss | | | | | Administrator or appointee | | | | | Every 6 months | | | | | | Emergency Drill Reports Binder | | |
| Rationale: Reduction in emergency deficiencies will create a protective environment for KFH clients and staff and reduce financial risk to organization  2020 Performance Analysis: Emergency drills were conducted without significant flaws or deficiencies.  Result: KFH staff conducted 2 Fire Safety Drills, 2 Bomb Threat Drills, 1 Natural Disaster Drill (Earthquake), 1 Power Failure Drill, 1 Medical Emergency Drill, and 1 Violent Threats Drill. There were no major errors made by staff involved during each drill. A debrief was conducted after the completion of each drill. The drills and safety inspections were documented and stored in the Emergency Drill Binder.  2021 Action Plan: Continue with this goal. Add an Active Shooter Drill to be completed annually.  Timeline: Annually | | | | | | | | | | | | | | | | | | | | | | | |
| Critical Incidents | | | | | | | | | | | | | | | | | | | | | | | |
| Objective | Indicator | | | | Target | | | | | Obtained By | | | | | | | | Time of Measure | | | Data Source | | |
| Reduction in number of identified critical incidents | Number of critical incidents reported;  Clients, employees, guests, visitors | | | | Reduction in critical incidents will create a protective environment for KFH clients / staff and reduced financial risk to organization | | | | | Critical Incident Form;  Management Team or designee | | | | | | | | As submitted | | | Identification and reduction in areas of potential financial risk by analysis of CI and reductions | | |
| Rationale:Reduced/low number of critical incidents. Reduce harm/hardship for client’s, staff, and KFH.  2020 Performance Analysis:Critical incident reports were reviewed.  Results:No critical incidents occurred; all incidents were SIRs with clients and were reported accordingly.  2021 Action Plan: Conduct random drills/trainings at least annually.  Timeline:Annually or as needed. | | | | | | | | | | | | | | | | | | | | | | | |
| Health and Safety Internal Inspection Report | | | | | | | | | | | | | | | | | | | | | | | |
| Objective | Indicator | | | | Target | | | | | Obtained By | | | | | | | | Time of Measure | | | Data Source | | |
| Reduction in number of H & S citing | Number of Health and Safety issues cited in report | | | | | Reduction of risk to clients, visitors, and staff | | | | Bi-Annually | | | | | | | | Health and Safety Internal Inspection Report | | | Health and Safety Checklist | | |
| Rationale:Low number of Health and Safety citations in staff, clients, visitors feeling safe and able to function/participate in their role at KFH more fully and healthfully.  2020 Performance Analysis: 2 Health and Safety self-inspections were collected and reviewed for 2020.  Result: No issues noted.  2021 Action Plan: Conduct random inspections throughout 2021.  Timeline: Continue to conduct Health and Safety Self-Inspections every 6 months. | | | | | | | | | | | | | | | | | | | | | | | |

By signing this page, I verify that I have reviewed the information contained within this document.

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Board Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_