

FOSTER FAMILY HOME ORIENTATION AGENDA

- 1. WELCOME & INTRODUCTION**
- 2. TYPES OF CHILDREN'S RESIDENTIAL PROGRAMS**
- 3. ROLE & RESPONSIBILITY OF LICENSING AGENCY**
 - **PREVENTION ~ COMPLIANCE ~ ENFORCEMENT**
- 4. DEFINITION OF A FOSTER FAMILY HOME**
- 5. DEFINITION OF A "CHILD" AND A "CHILD WITH SPECIAL HEALTH CARE NEEDS"**
- 6. WHEN IS A LICENSE REQUIRED**
 - **STATE REQUIREMENTS**
 - **COUNTY ADOPTION**
- 7. WHEN IS A LICENSE NOT REQUIRED**
 - **RELATIVE APPROVAL**
 - **NONRELATIVE EXTENDED FAMILY MEMBER**
- 8. FOSTER FAMILY HOME ~ CORE STANDARDS**
 - (a) Criminal Records Clearances**
 - (b) Caregiver Qualifications**
 - (c) Safety of the Physical Environment**
 - (d) Personal Rights**
 - **AB 899**
- 9. THE FOSTER FAMILY HOME APPLICATION PROCESS**
 - Step I – Section A > FFH Application Documents**
 - Step II – Pre-Licensing Visit**
 - Step III – Section B > Placement Documents**
- 10. COMPLIANCE/MONITORING/TYPES OF INSPECTIONS**
 - **Pre-Licensing • Annual • Complaints • Case Management •**
- 11. CHILD WELFARE SERVICES ~ FOSTER CARE PLACEMENT**
 - **Placement/Specialized Care Options/Kinship Care Programs**

07/03/02

8

FOSTER FAMILY HOME ORIENTATION

1. AGENDA

- **Welcome ~ Introduction & Handouts**
- *FFH Title 22 Emergency Regulations (Internet Instructions)*

2. TYPES OF CHILDREN'S RESIDENTIAL PROGRAMS

- **Foster Family Homes • Small Family Home • Group Homes**
- **Foster Family Agencies • Transitional Housing Placement Program**
- **Adoptions Programs**
- **Community Treatment Facility**

3. ROLE & RESPONSIBILITY OF LICENSING AGENCY

Community Care Licensing is a Regulatory Agency. Our Mission is to protect the Health & Safety of clients (Foster Children) in care. This is accomplished through the development and enforcement of regulations. CCL has three distinct functions:

(a) PREVENTION ~ COMPLIANCE ~ ENFORCEMENT

Prevention - To reduce predictable harm by screening out qualified applicants through the application process.

Compliance – Once a license is issued, CCL has the authority to inspect the Foster Family Home. This is to ensure that the home is operating in compliance with regulations. If the home is out of compliance, deficiencies are cited on a Licensing Report (LIC 809). The licensing report will have a time frame for correction of the deficiencies cited.

Enforcement – When the Foster Family Home (FFH) fails to protect the health and safety of the children, or if chronic serious deficiencies exist, then various administrative actions may occur. They may include:
Informal office meetings – Non-Compliance Conferences – Denial of Application – Revocation of License – Temporary Suspension Order (TSO)

4. DEFINITION OF A FOSTER FAMILY HOME

Any home where the caregiver, in their own home, provides care and supervision for six or fewer foster children and the caregiver has control of the property. This also includes sibling care for up to eight children provided the requirements of Section 1505.2 of the Health and Safety Code are met.

FOSTER FAMILY HOME ORIENTATION

- **Health and Safety Code Section 1505.2 provides**

(A) The foster family is not a specialized foster care home.

(B) The home is sufficient in size to accommodate the needs of all children in the home.

(C) For each child to be placed, the child's placement social worker has determined that the child's needs will be met and has documented that determination.

5. DEFINITION OF A "CHILD"

"Child" means a person who is under 18 years of age or a person up to 19 years of age, who meets the requirement of Welfare & Institutions Code Section 11403, who is being provided care and supervision in a foster family home.

"Child with Special Health Care Needs" means a child who is under 18 years of age or a person up to 22 years of age, who meets the requirements of Section 17710(a) of the Welfare and Institutions Code and the following conditions:

- (A) Has a medical condition that requires specialized in-home health care and**
- (B) Is one of the following:**
 - 1. A child who has been adjudged a dependent of the court under Section 300 of the Welfare and Institutions Code.**
 - 2. A child who has not been adjudged a dependent of the court under Section 300 of the Welfare and Institutions Code but who is in the custody of the county welfare department.**
 - 3. A child with a developmental disability who is receiving services and case management from a regional center.**

An AGE EXCEPTION WAIVER is no longer required.

FOSTER FAMILY HOME ORIENTATION

- **Who are the Foster Children?**

Children needing foster care come from all 58 counties in California. They are all ages, all religions, all cultures and ethnicity's, and all social economic backgrounds.

- **How do they become part of the Child Protective Services System?**

They may have been:

- Exploited
- Physically Abused • Sexually Abused • Neglected • Abandoned
- Exposed to drugs as an infant

As a result of these experiences they may have physical and emotional challenges.

6. WHEN IS A LICENSE REQUIRED

STATE REQUIREMENT

- The State requires that a Foster Family Home license must be obtained, if in your home:
 1. You provide 24-hour care/supervision of a child who is not related.
 2. You are **NOT** considered a **NONRELATED EXTENDED FAMILY MEMBER.**
 3. If a license is not obtained this is a misdemeanor and subject to a \$200.00 per day civil penalty.

COUNTY ADOPTION

- In order to place a child in an adoptive home, the Court must legally terminate the parental rights of the child's birth parents. Once this is done the child is "freed" for the adoptive process to proceed. The Department of Children & Family Services cannot place a child in an unlicensed home or with a nonrelative caregiver that has not been approved by their placement services. It is against State law. In order

FOSTER FAMILY HOME ORIENTATION

to comply with the law, an adoptive family will be asked to obtain a foster family home license while they are waiting for the court to proceed with the legal termination.

Usually, the family is only interested in adoption and will not be fostering any other children. This procedure may be termed Fost-Adopt.

7. WHEN IS A LICENSE NOT REQUIRED

Relatives and Nonrelative extended family members are not required to be licensed.

Relative" means: A person related to the child by birth or adoption within the fifth degree of kinship who, regardless of whether the parent's rights to the child have been terminated or relinquished, is one of the following:

- (A) Parent (mother, father) sibling (brother, sister), half-sibling (half-brother, half-sister), nephew, niece, uncle, aunt, first cousin, first cousin once removed, or any such person of a preceding generation denoted by the prefixes grand, great, great-great, or great-great-great.**
- (B) Stepfather, stepmother, stepbrother or stepsister; or**
- (C) The spouse of any person named in (A) or (B) above, even after the marriage has been terminated by death or dissolution.**

"A 'nonrelative extended family member' is defined as any adult caregiver who has an established familial or mentoring relationship with the child. The county welfare department shall verify the existence of a relationship through interviews with the parent and child or with one or more third parties. The parties may include relatives of the child, teachers, medical professionals, clergy, neighbors, and family friends."

FOSTER FAMILY HOME ORIENTATION

8. FOSTER FAMILY HOME ~ CORE STANDARDS (Article 3)

Foster Family Home License – A licensing agency must authorize the license of a Foster Family Home. All foster family homes (**licensed and approved**) are required to meet the same core health and safety standards ~~as relatives in order to become licensed.~~ **The core standards consists of four major areas:**

- (a) **Criminal Records Clearances** – Includes the California Department of Justice fingerprints, the Child Abuse Index Check & the FBI fingerprint clearances
- (b) **Caregiver Qualifications** – Ability to supervise and provide for the varying needs of the children, including hard to place children.
- (c) **Safety of the Physical Environment** – Clean safe environment, storage of weapons, poisons, medications and water safety, this includes any bodies of water within the home or apartment.
- (d) **Personal Rights** – Ability to provide safe, healthy, and comfortable accommodations; freedom from corporal punishment, ownership and the use of their own personal possessions.

- **AB 899 – Foster Youth Rights (Chapter 653, Statutes of 2001):**

The Department of Social Services has established a Foster Care Ombudsman Office to inform all foster youth of their personal rights. The ombudsman office has a 24 hour telephone number to handle foster youths complaints and question concerning their rights. Their number is 1-877-846-1602.

9. THE FOSTER FAMILY HOME APPLICATION PROCESS

Step 1 – **Section A: FFH Application Documents**

- LIC 283 – FFH Application
- LIC 215 - Applicant Information
- LIC 508 – Criminal Record Statement
- LIC 198 – Child Abuse Central Index Check for County Licensed Facilities
- LIC 198A – Child Abuse Central Index Check for State Licensed Facilities

FOSTER FAMILY HOME ORIENTATION

- **LIC 610 - Emergency Plan for FFH**
- **Control of Property (copy of CDL or Utility Bill)**
- **Foster Family Home Orientation Certificate (valid for 6 months)**

Step 2 – Pre-Licensing Visit

The licensing agency must complete a pre-licensing inspection of your home, all areas of your home or apartment will be inspected indoors and out. The licensing analyst will make a site visit to determine whether or not you have the following qualifications:

- (1) Ability to provide care and supervision appropriate to the type of children to be served including ability to communicate with the children.**
- (2) Knowledge of and ability to comply with the applicable laws and regulations.**
- (3) Ability to maintain, or supervise the maintenance of, financial and other records.**
- (4) Ability to direct the work of others when applicable.**

A licensing report (LIC 809) will be completed to record the information discussed and areas observed. A copy of the report will be left with you. Reporting Requirements, Civil Penalties, Caregiver Responsibilities, Personal Rights and the required documents to keep on file will be reviewed with you during the pre-licensing visit. If corrections are needed a follow-up visit is required.

The following are general requirements for licensure:

- **No more than two infants (0-23months old), including the caregiver's children may reside in the home.**
- **Telephone service must be available at all times.**
- **First Aid supplies must be maintained at all times.**
- **Children's records must be maintained confidentially.**
- **All adults providing care & supervision must have age appropriate CPR and First Aid Training.**
- **Unusual Incidents must be reported.**
- **All adults living in the home must complete the Criminal Record Clearance Process. In addition, any adult not living in the home who provides care & supervision must complete the Criminal Record**

FOSTER FAMILY HOME ORIENTATION

Clearance Process. A \$100.00 Civil Penalty will be imposed if the caregiver violates the F/P Clearance Process.

- **Licensed caregivers must complete 12 hours of initial Foster Parent Training and 8 hours of Annual Foster Parent Training.**

During the pre-licensing visit the following areas of the home are inspected:

- **Kitchen/Dinning room areas**
- **Living room/Den**
- **Bathrooms**
- **Bedrooms**
- **Hallways**
- **Outdoor/Yards**
- **Pools/Spas/Bodies of Water**
- **Garages/Outside Storage areas**

Items that are harmful, hazardous, and/or poisonous or that place a child at risk must be locked or made inaccessible to children.

- **Cleaning products toxic chemicals must be made inaccessible. Sharp Knives & medications are inaccessible based on the age and ability of the child.**
- **Sufficient quantities of food to meet the household needs and proper storage of food items.**
- **Floors, walls, are clean and kitchen appliances are in working condition.**
- **Poisons/Guns and other weapons must be locked.**
- **Fireplace/Floor/Wall heaters are inaccessible to small children.**
- **Home is maintained at a comfortable temperature at all times.**
- **Floor, carpet, and walls are cleaned and in good repair.**
- **Hot water is maintained at a safe temperature.**
- **Medications are safely stored inaccessible to children**

FOSTER FAMILY HOME ORIENTATION

- ❑ **Harmful items are inaccessible.**
- ❑ **Personal Hygiene (Shampoo, toothbrush, toothpaste etc.) products are provided to the children.**
- ❑ **Closet space and dresser drawer space is provided for the foster child.**
- ❑ **Each infant shall have a crib/bassinet appropriate for age & size.**
- ❑ **Mattress, Boxsprings, & Linen must be clean and in good repair.**
- ❑ **No more than two children per bedroom, one child per bed. Children of opposite sex shall not share a bedroom unless each child is under 5 years of age. Bunk Beds must have rail on upper tier. Children under 5 years cannot use upper tier of bunk bed.**
- ❑ **No room commonly used for other purposes can be used as a bedroom.**
- ❑ **No bedroom can serve as a passageway to another room.**
- ❑ **Bedrooms must have a door for privacy.**
- ❑ **No more than two infants can share a bedroom with an adult.**
- ❑ **Each bedroom or sleeping room must have at least one operable window or door that ensures safe, direct, emergency exit to the outside. If security window bars are used, the window is considered operable only if the window bars have a safety release device that meets all state and local requirements.**
- ❑ **Functioning smoke detectors located in the hallways of the sleeping areas. Smoke detectors must be heard from within each bedroom.**
- ❑ **All passageways are free of obstructions and hazards.**
- ❑ **Toys, books, games and educational material is provided**

FOSTER FAMILY HOME ORIENTATION

- **Outdoor activity space must provide must be free from hazards this includes (insecticides and dangerous gardening tools etc.)**
- **Pools/Spas/Bodies of Water must have appropriate fencing or pool covers when caring for children under 10 years of age, or a child that has a condition including one that makes the child developmentally disabled, or mentally handicapped, and for whom special care and supervision is required as a result of his/her condition. Any other options are to be discussed with your Licensing Analyst.**

Step 3 – Section B: Placement Documents

The following items must be in submitted to the licensing agency before a child can be placed in your home.

- **TB & Health Screening (no more than one year old)**
- **CPR and First Aid (must be age appropriate course)**
- **12 hours of Initial Foster Parental Training must be completed**
- **(If water is from a private source applicants must submit evidence of an on-site inspection and bacteriological analysis of the water)**
- **If non-ambulatory children are requested, a fire clearance is required.**

10 COMPLIANCE/MONITORING/TYPES OF INSPECTIONS

- **Pre-Licensing Inspections – announced visits**
- **Complaint Visits –unannounced visit to your home at anytime once a complaint allegation is received by the Licensing Agency**
- **Annual Visits – every 12 months – announced visits**
- **Plan of Correction Visit – as required an announced visit**
- **Case Management Visits – as required are announced visits that may include Increase & Decrease in Capacity**
- **Change of Location – announced visit requested by caregiver.**

11 IMPORTANT CHILD WELFARE SERVICES AND NUMBERS

- **Resource Information & Numbers # _____**

FOSTER FAMILY HOME ORIENTATION

- **Foster Care Rates #** _____
- **Removal of Children #** _____
- **Maintaining Children In Certified Homes #** _____
- **County Specialized Care Options #** _____
- **County Relative/Kinship Program #** _____
- **Child Abuse Hotline #** _____
- **Office of the Ombudsman #** _____
- **Foster Parent Associations #** _____

Foster Family Home Application Instructions



CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

Community Care Licensing

INTRODUCTION — Before a Foster Family Home License can be issued, the licensing agency must review information that you provide to show that you meet the regulatory requirements for the license. Please note that the application process may vary according to whether FFHs in your county are licensed by county staff or through a state district office. In particular, attention is drawn to the procedural differences in submitting criminal record clearance materials and conducting in-home interviews.

SECTION A (Licensing Application Documents) — To initiate the application process the required documents in Section A must be properly completed and submitted to the appropriate licensing agency. Incomplete application materials will be returned.

SECTION B (Placement Matching Documents) - To initiate the placement matching process, the required documents in Section B must be properly submitted to the appropriate licensing agency. No one will be matched with the caregiver unless these documents are submitted.

FORMS COMPLETION — To prevent delays in processing your application, be sure that you have all the necessary information completed, properly signed in ink with original signatures and dated. Make a photocopy of your application for your records. Additional forms can be downloaded from the CDSS website at www.dss.cahwnet.gov or by contacting your local licensing agency office.

ORDERING REGULATIONS — The regulations that govern the licensing of Foster Family Homes are under the California Code of Regulations, Title 22, Division 6. Copies of the regulations and amendments can be downloaded from: www.dss.cahwnet.gov/ord

INFORMATION PRACTICE ACT: — This information is requested by the Department of Social Services in compliance with Title 22, Division 6 of the California Code of Regulations and Section 1500 et. Seq. of the Health and Safety Code. Submission of the information is mandatory. The local licensing office is responsible for maintaining the information. Access to this information will be provided to the public unless prohibited by the Information Practice Act of 1977. Certain authorized public and private agencies may have access to confidential information including County Welfare Departments, Department of Justice, Regional Centers, the Department of Developmental Services and the Department of Mental Health.

#5

SECTION A

Licensing Application Documents

Article 2. Section 89205 LICENSE REQUIRED

UNLESS A HOME IS EXEMPT FROM LICENSURE AS SPECIFIED IN SECTION 89207, NO INDIVIDUAL SHALL OPERATE, ESTABLISH, MANAGE, CONDUCT OR MAINTAIN A FOSTER FAMILY HOME, OR HOLD OUT, ADVERTISE OR REPRESENT BY ANY MEANS TO DO SO, WITHOUT FIRST OBTAINING A CURRENT VALID LICENSE FROM THE LICENSING AGENCY.

Explanation of licensing application documents to be submitted to the licensing agency:

- A1.** Application for a Foster Family Home License (**LIC 283**) — Identifies applicant(s) and home for licensure.
- A2.** Applicant Information (**LIC 215**) — Personal information about the applicant, i.e. identification, education, experience, references, etc.
- A3.** Criminal Record Statement (**LIC 508**) — Requires applicant(s) to disclose any criminal convictions.
- A4.** Child Abuse Central Index (CACI) Check (**LIC 198** or **LIC 198A**) — The purpose of the CACI check is to assure that no one working or living in the home has a history of abusing children. A CACI check is required on all applicants and all adults residing in the home or providing care and supervision. Individuals may also use LIVESCAN to submit the CACI check.
- A5.** Fingerprint Submission -
FOR A STATE LICENSED FFH- Applicants must submit fingerprints and the CACI check directly to the "Department of Justice (DOJ), P.O. Box 903417, Sacramento, CA 94203-4170". LIVESCAN forms, fingerprint cards, CACI forms and instructions will be mailed to the applicant after a complete application is received and accepted.
FOR A COUNTY LICENSED FFH - The County Licensing Office will provide applicants with instructions on how to submit fingerprints.
- A6.** Control of Property - Applicants are required to provide proof of control of property at the time of application (examples: copy of utility bill, insurance statement, California Drivers License, rental or lease agreement, etc.).
- A7.** Verification of completion of an orientation provided by a licensing agency.
- A8.** Emergency Plan For Foster Family Homes (**LIC 610B**) — Plan developed by applicant to enable the caregiver to handle any emergency that may arise and to protect the safety and well being of all children.

SECTION B

Placement Matching Documents

Article 4. Section 89400 LICENSURE IS NOT AN ENTITLEMENT TO PLACEMENT
A LICENSE IS REQUIRED PRIOR TO PLACEMENT, BUT THE LICENSE DOES NOT ENTITLE THE CAREGIVER TO PLACEMENT OF A CHILD PURSUANT TO SECTION 16507.5 OF THE WELFARE AND INSTITUTIONS CODE.

Explanation of placement matching documents to be submitted to the licensing agency (no one will be matched with the caregiver unless these documents are submitted):

- B1.** Health Screening Report (**LIC 503**) - To be completed by or under the direction of a physician verifying the health of applicant(s) and household helper(s) to effectively perform duties as required.
- B2.** Verification of completion or enrollment in 12 hours of foster parent training, first aid and age appropriate CPR course, verification of additional training or experience. Provide letters of reference, course transcripts, degrees and other supporting documents.
- B3.** If water for human consumption is from a private source, submit evidence of on-site inspection of the source of the water and a bacteriological analysis by a local or state health department or other qualified public or private laboratory which establishes the safety of water.
- B4.** Local Fire Inspection Authority Information (**LIC 9054**) - To be completed by the applicant(s) who intends to serve children that are non-ambulatory, disabled or require special health care needs.

NOTIFICATION OF INCOMPLETE FOSTER FAMILY HOME APPLICATION

DATE:
FOSTER FAMILY HOME NAME:
FOSTER FAMILY HOME FILE NUMBER

- This incomplete application package is being returned to you. Items in Section A must be completed and submitted as a total package.

- Your application for a license remains incomplete as we have not received the items checked below. Please forward the requested information within 30 days. If this information is not received by _____, your application will be considered withdrawn.

SECTION A - LICENSING APPLICATION DOCUMENTS

SECTION B - PLACEMENT MATCHING DOCUMENTS

- A1. Foster Family Home Application (LIC 283)
- A2. Applicant Information (LIC 215)
For: _____
NAME OF PERSON(S)
- A3. Criminal Record Statement (LIC 508)
For: _____
NAME OF PERSON(S)
- A4. Child Abuse Central Index (CACI) Check (LIC 198 or LIC 198A)
For: _____
NAME OF PERSON(S)
- A5. Fingerprint Submission
For: _____
NAME OF PERSON(S)
- A6. Control of Property
- A7. Verification of Completed Orientation
- A8. Emergency Plan for Foster Family Homes (LIC 610B)
- Other _____

- B1. Health Screening Report (LIC 503)
- B2. Verification of completed first aid and age appropriate CPR training.
- B3. Verification of completion or enrollment in 12 hours of required foster parent training
- B4. Bacteriological Analysis of Private Water Supply (When Water for Human consumption is from a Private Source)
- B5. Local Fire Inspection Authority Information (LIC 9054)
To be completed by the applicant(s) who intends to serve children that are non-ambulatory, disabled or require special health care needs.
- Other _____

LICENSING EVALUATOR'S SIGNATURE

PHONE NUMBER

AGENCY USE ONLY	
NUMBER:	
TYPE:	
ASSIGN:	

FOSTER FAMILY HOME APPLICATION

Write or print clearly. See back for explanation.

1. APPLICANT(S) First	Middle	Last Name

2. APPLICANT(S) AGE Over 18 Years Old <input type="checkbox"/> Yes <input type="checkbox"/> No	5a. PREVIOUSLY LICENSED, CERTIFIED OR APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE(S):	5b. PREVIOUS DENIAL EXCLUSION, REVOCATION ACTION OR DECERTIFICATION <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE(S):			
	TYPE LICENSE(S):		LICENSING AGENCY(IES):				
3. TYPE APPLICATION <input type="checkbox"/> New Application <input type="checkbox"/> Modification <input type="checkbox"/> Location Change	ADDRESS(ES) OF PREVIOUS LICENSE(S):			CITY	STATE	ZIP	LICENSE NUMBER(S)
	6. RESIDENCE ADDRESS			CITY	STATE	ZIP	7. CHECK ONE: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease
4. TOTAL CAPACITY REQUESTED	8. MAJOR CROSS STREETS		DAYS & HOURS APPLICANT(S) CAN BE REACHED:		DAYTIME PHONE:		
	9a. BODY OF WATER: <input type="checkbox"/> Yes <input type="checkbox"/> No		9b. PROVIDE DESCRIPTION OF BODY OF WATER:				

10. ADULTS IN THE HOME (Ages 18 and over)				
First Name	Middle	Last Name	D.O.B.	Relationship to You

11. CURRENT CHILDREN IN YOUR HOME (DO NOT LIST NAMES)								
Relationship	D.O.B.	Sex	Relationship	D.O.B.	Sex	Relationship	D.O.B.	Sex
1.			3			5		
2.			4			6		

12. PREFERRED CAPACITY AND SEX OF CHILDREN: (OPTIONAL)				PREFERRED TYPE OF CHILDREN AND NUMBER: (OPTIONAL)			
Ages 0 months to 2 years	_____ (Male)	_____ (Female)		<input type="checkbox"/> _____ Non-Ambulatory			
Ages 2 years to 10 years	_____ (Male)	_____ (Female)		<input type="checkbox"/> _____ Ambulatory			
Ages 10 years to 17 years	_____ (Male)	_____ (Female)		<input type="checkbox"/> _____ Special Health Needs			

13. CAREGIVER DECLARATION - I/We declare that: (please initial)

A. I/We have money to maintain the level of service required in a Foster Family Home by Law. _____ (initials)

B. I/We shall seek an approved fire clearance if accepting nonambulatory children. _____ (initials)

C. I/We have read and understand the regulations and shall comply with the laws and regulations governing standards for a Foster Family Home. _____ (initials)

D. I/We shall file a modified application before requesting changes in our license or changing location. _____ (initials)

E. I/We shall notify the licensing agency when we want to discontinue our license. _____ (initials)

F. I/We have received read and understand the Children's Personal Rights. _____ (initials)

G. I/We will maintain adequate safeguards and accurate records of all cash resources entrusted to the home, in accordance with regulations of the State Department of Social Services. _____ (initials)

H. I/We have control of the residence listed in Section #6. _____ (initials)

14. PERJURY STATEMENT - I/We declare under penalty of perjury that the statements on this application and accompanying attachments are correct to the best of our knowledge.

Applicant(s) Signature(s)	City and County where Signed	Date

INSTRUCTIONS FOR FOSTER FAMILY HOME APPLICATION

This is the application form for a Foster Family Home license. The numbers on this page are the same as on the front. Information on this form is public information.

1. **APPLICANT(S)** - The applicants are the persons who will be responsible for providing care in their own home. All the applicants must live in the home to be licensed.
2. **APPLICANT(S) AGE** - A person must be at least 18 years of age or older to be licensed for care. A "Yes" check means all the applicants are 18 years of age or older.
3. **TYPE APPLICATION** - A New Application is a request to license both an individual and a home that are not now licensed. A Location Change is a request by a licensee to change their license to a home in another location. A Modification is a change to the existing license, such as a change in capacity, structure, changes of term and conditions and types of children.
4. **TOTAL CAPACITY REQUESTED** - Please provide the number of children you plan to serve (no more than 6 children).
- 5a. **PREVIOUSLY LICENSED, CERTIFIED OR APPROVED:** All prior or pending licenses, approvals, certifications, or vendor approvals must be explained on a separate sheet and submitted with your application.
- 5b. **PREVIOUS DENIAL, EXCLUSION, REVOCATION OR DECERTIFICATION ACTIONS:** All prior or pending licensure revocations, denials, exclusions, decertifications or revoked vendor certifications must be explained on a separate sheet and submitted with your application.
6. **RESIDENCE ADDRESS** - Your residence address is the location of the home in which you live and want to provide care. This is the residence that the licensing agency will review to determine whether care can be provided in the residence.
7. Check whether you own, rent or lease your place of residence.
8. **MAJOR CROSS STREETS** - The cross streets to your home are helpful to licensing agency in finding your home. If your home is difficult to find, please also attach a sketch or map with landmarks or major cross streets. Provide the days and hours you can be reached in case of an emergency.
- 9a. **BODY OF WATER** - You must inform your licensing office if there is a body of water located on the property. Some important examples would be: swimming pool, fish pond, fountain, etc.
- 9b. **PROVIDE DESCRIPTION** - Please provide a description of the body of water. Include location and size.
10. **ADULTS IN THE HOME** - List all adults who live in your home including yourself, family members, boarders or other relatives. Do not list your own children under 18, guardianship or foster children. If you do not have enough space attach additional paper.
11. **CURRENT CHILDREN IN YOUR HOME** - List only the relationship, date of birth and sex of all children you are currently caring for. Do not list the names of children on this form.
12. **PREFERRED CAPACITY AND SEX OF CHILDREN & PREFERRED TYPE OF CHILDREN AND NUMBER:** Both sections are optional. By completing each section you are simply providing your placement worker with an idea of the types of children you are interested in caring for within each age group and each category. Please note this section is informational only.
13. **LICENSEE RESPONSIBILITY** - You need to assure the licensing agency that you have enough money to maintain your home, you have basic fire protection, you will comply with licensing laws and regulations and you will notify the licensing agency whenever you plan to change your license. The presence of situations that may pose a danger must be reported to the licensing agency. Some important examples that you must report are: pools, guns and animals. Review and declare compliance by initialing each of the caregiver's responsibilities listed.
14. **PERJURY STATEMENT** - Each applicant must sign the application. The signatures should be the same as the names listed on the top of the form. The signature is signed under a perjury oath.

APPLICANT INFORMATION

This form must be completed by all applicants for a facility license, (i.e., all individuals, each partner in a partnership, or chief executive officer or authorized representative in a corporation.) If more space is required, attach additional sheet. Type or print clearly.

IDENTIFYING INFORMATION

NAME	SOCIAL SECURITY NUMBER * (VOLUNTARY FOR I.D. ONLY)	SEX (M/F)	ARE YOU 18 YEARS OR OLDER?
TITLE	DRIVER'S LICENSE NUMBER VALID <input type="checkbox"/> Yes <input type="checkbox"/> No	PLACE OF BIRTH	
ADDRESS			(AREA CODE) TELEPHONE NUMBER ()
OTHER NAME(S) USED BY APPLICANT			

EDUCATION

Circle highest completed grade: 1 2 3 4 5 6 7 8 9 10 11 12

NAME AND LOCATION OF HIGH SCHOOL	DATE COMPLETED	GED DATE
NAME AND LOCATION OF COLLEGE	COURSE STUDY	YEARS COMPLETED 1 2 3 4
		DEGREE
		DATE COMPLETED

REFERENCES

PERSONAL: (PLEASE GIVE REFERENCES, INCLUDING PRESENT AND PAST EMPLOYERS, WITH KNOWLEDGE OF YOUR ADMINISTRATIVE ABILITY.)

NAME	ADDRESS	RELATIONSHIP	TELEPHONE
1.			
2.			

FINANCIAL: (PLEASE GIVE REFERENCES WITH KNOWLEDGE OF FINANCIAL RESOURCES AND BUSINESS PRACTICES.)

NAME	ADDRESS	RELATIONSHIP	TELEPHONE
1.			
2.			

PRIOR LICENSURE STATUS

A. HAVE YOU EVER BEEN A LICENSEE OR CO-LICENSEE OF A RESIDENTIAL CARE FACILITY FOR THE ELDERLY, COMMUNITY CARE, CHILD CARE OR HEALTH FACILITY? YES NO IF YES, COMPLETE C AND D BELOW.

B. HAVE YOU EVER HELD A BENEFICIAL OWNERSHIP OF 10% OR MORE IN A RESIDENTIAL CARE FACILITY FOR THE ELDERLY, COMMUNITY CARE, CHILD CARE OR HEALTH FACILITY OR BEEN AN ADMINISTRATOR, GENERAL PARTNER, CORPORATE OFFICER, OR DIRECTOR OF ANY SUCH FACILITY? YES NO IF YES, COMPLETE C AND D BELOW:

C. NAME AND ADDRESS OF FACILITY	EFFECTIVE DATES OF LICENSURE _____ TO _____	FACILITY TYPE
---------------------------------	--	---------------

D. WERE ANY DISCIPLINARY ACTIONS TAKEN?
 YES NO IF YES, PLEASE EXPLAIN:

BUSINESS EXPERIENCE

A. HAVE YOU OWNED OR OPERATED ANY BUSINESS? YES NO IF YES, COMPLETE THE FOLLOWING:

Type	Number of Employees	Your Title	Date Started	Date Ended	Reason for End

B. DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE? YES NO IF YES, COMPLETE THE FOLLOWING:

Type	Period Held	Issuing Agency

C. ARE YOU A MEMBER OF ANY PROFESSIONAL/TECHNICAL ASSOCIATION? YES NO IF YES, COMPLETE THE FOLLOWING:

Association Name	Address

WORK EXPERIENCE. BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF UNEMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS, IF NECESSARY.

Dates	Name and Address of Employer	Basic Duties	Termination Reason
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

PERSONAL INFORMATION

A. Do you have any physical, mental, or medical condition that could impair your ability to care for the type of resident/client for whom you have requested licensure?
 YES NO *If yes, please explain:*

B. Were you ever convicted of a crime, (other than minor traffic violations for which the fine was \$100 or less)?
 YES NO *If yes, please explain:*

C. Have you relocated to California within the last two years?
 YES NO

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE	COUNTY WHERE SIGNED	DATE
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* Federal law (at Title 5 United States Code Section 552a Note) states that: Any Federal, State, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California? NO YES

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of the U.S.? NO YES

For Foster Family and Certified Family Homes only:
Have you ever been arrested for a crime against a child or for spousal/cohabitant abuse?

NO YES

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

FACILITY NAME		FACILITY NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California, another state, or in federal court, provide the following information:

What was the offense? _____

In which State and City did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ *Date* _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798 Et Seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871.) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.) Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who asks for them, including newspaper and television reporters.

If you have any questions about this form, please contact your local licensing regional office.

CHILD ABUSE CENTRAL INDEX CHECK FOR COUNTY LICENSED FACILITIES

FOR COUNTY LICENSING OFFICE USE ONLY

COUNTY LICENSING OFFICE ADDRESS STAMP

Complete ALL items checked (✓)Include \$15.00 for each Child Abuse Central Index Check. (There is no exemption from this fee) Make check or money order payable to the Department of Justice.**NOTE: APPLICANT/LICENSEE MUST NOT SEND THIS FORM DIRECTLY TO DEPARTMENT OF JUSTICE***(This form is to be processed through your county licensing office)*

We are required by law to check the names of all persons who apply for a license or seek employment in a child day care or residential facility caring for children against the Child Abuse Central Index. Persons required to submit a fingerprints for a child care facility (day or residential) must also fill out this form. Please complete the information below. The Licensee is responsible for submitting fingerprints and this form along with the Child Abuse Central Index Check processing fee to the county licensing office.

TYPE OR PRINT INFORMATION

✓ DATE SENT

NAME: LAST FIRST MIDDLE

✓

List all other names you have ever used such as maiden name or aliases:

NAME: NAME:

NAME: NAME:

CURRENT ADDRESS STREET CITY STATE ZIP CODE

CURRENT ADDRESS STREET CITY STATE ZIP CODE

HEIGHT ✓ WEIGHT ✓ HAIR COLOR ✓ EYE COLOR ✓ DRIVER'S LICENSE NUMBER ✓

 MALE FEMALEDATE OF BIRTH ✓
MO. DAY YEAR

SOCIAL SECURITY NUMBER ✓

| | | | |

| | | - | | - | | | |

✓ FACILITY NUMBER: _____

✓ FACILITY NAME: _____

✓ FACILITY ADDRESS: _____
STREET CITY STATE ZIP CODE**FOR LICENSING OFFICE USE ONLY
DO NOT FILL IN BELOW**

Date Sent _____ Date Re-sent _____

 This is a recheck. See attached Criminal Record Report**FOR DEPARTMENT OF JUSTICE USE ONLY**

The result of a name search in the Child Abuse Central Index is as follows:

 The subject of the attached report **MAY** be the same as the subject of your inquiry. No record on the above listed person. Too many possible matches to identify. See attached listing.

JUN 27 2002

EMERGENCY PLAN FOR FOSTER FAMILY HOMES

Write or print clearly. Post emergency numbers where readily available

CAREGIVER NAME:	DATE:
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1. **EMERGENCIES - LIFE THREATENING** - Call 9-1-1 - Tell them: Number Calling from:

HOME ADDRESS:

MAJOR CROSSROAD:

HOME DIRECTION FROM CROSSROAD:

2. **EMERGENCIES - NON-LIFE THREATENING** - List direct local number for the following.

Fire/Paramedics:	Child Protective Services:	Foster Care Ombudsman Office:	
Physician:	Licensing:	Crisis Center:	Other:
Hospital:	Police/Sheriff:		
Dentist:	Poison Control:		

3. **OTHER EMERGENCY CONTACTS:** - List numbers that may be helpful after a disaster or emergency.

SOCIAL WORKER:	OTHER:
RELATIVE:	
PROBATION OFFICER:	
SUBSTITUTE CAREGIVER:	

4. **HOME EVACUATION** - Some emergencies require evacuation of the home. Review the safest way to exit rooms. Be sure that exit doors are not locked from the inside. In the event of an emergency, get everyone out, follow the escape routes, meet at a prearranged location and account for everyone. Do not let anyone return to the home until it is safe.

5. **UTILITY SHUT OFF** - Know where your utilities are located.

GAS:	GAS CO. PHONE:
ELECTRIC:	ELECTRIC CO. PHONE:
WATER:	WATER CO. PHONE:

6. **EQUIPMENT LOCATION** - The fire department may help you with installation information.

FIRE EXTINGUISHER: (IF REQUIRED)	SMOKE ALARM:
FIRE ALARM LOCATION (IF YOU HAVE ONE):	TYPE:

7. **OTHER EMERGENCY EQUIPMENT** - Location of first aid kit, blankets, food and water, flashlight, radio and other emergency equipment.

LOCATION:

HEALTH SCREENING REPORT - FACILITY PERSONNEL

All personnel, including applicant, licensee or employed staff of Residential Care Facilities for the Elderly, Community Care or Child Care Facilities must demonstrate that their health condition allows them to perform the type of work required. This health appraisal is to be completed by or under the direction of a physician.

A health screening, by or under the direction of a physician must have been performed not more than one year prior to employment or within seven (7) days after employment.

FACILITY NAME
FACILITY ADDRESS

PERSON'S NAME	AGE		
POSITION TITLE	TYPE OF FACILITY	WORK DAYS PER WEEK	WORK HOURS PER DAY

DUTY STATEMENT

TYPES OF PERSONS SERVED (Check appropriate items)

- | | | | |
|--|----------------------------------|---|---|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Adults | <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Physically Handicapped |
| <input type="checkbox"/> Children | <input type="checkbox"/> Elderly | <input type="checkbox"/> Mentally Disordered | <input type="checkbox"/> Drug/Alcohol Addiction |
| <input type="checkbox"/> Other (specify) _____ | | | |

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION CONTAINED IN THIS REPORT.

SIGNATURE OF APPLICANT/LICENSEE OR EMPLOYEE	ADDRESS	DATE
---	---------	------

NOTE TO PHYSICIAN: Personnel in Residential Care Facilities for the Elderly, Community Care or Child Care Facilities shall be free from communicable disease, and capable of performing assigned tasks. Please complete the following information on the above named person.

EVALUATION OF GENERAL HEALTH

EVALUATION OF ABILITY TO PERFORM WORK DESCRIBED IN THE ABOVE DUTY STATEMENT

NOTE ANY HEALTH CONDITION THAT WOULD CREATE A HAZARD TO THE PERSON, CLIENTS, CHILDREN OR OTHER PERSONNEL

DATE OF T.B. TEST	<input type="checkbox"/> POSITIVE	ACTION TAKEN (IF POSITIVE)
	<input type="checkbox"/> NEGATIVE	
DATE OF HEALTH SCREENING	NAME OF PHYSICIAN (PHYSICIAN'S STAMP)	DATE
HEALTH SCREENING BY: (ORIGINAL SIGNATURE)	TELEPHONE #	DATE

**LOCAL FIRE INSPECTION AUTHORITY INFORMATION
REQUIRED BY THE DEPARTMENT OF
SOCIAL SERVICES, COMMUNITY CARE LICENSING
DIVISION**

DATE:

APPLICANT NAME:

FACILITY NAME:

FACILITY ADDRESS:

As part of the application process, the licensing agency is responsible for obtaining a fire safety inspection from the local fire inspection authority having jurisdiction in the area where your facility is located.

To help us expedite this process, we are requiring that you identify the local fire inspection authority that is responsible to inspect your facility and issue a fire clearance.

LOCAL FIRE INSPECTION AUTHORITY:

ADDRESS:

CITY AND ZIP CODE:

PLEASE RETURN THIS FORM WITH YOUR COMPLETED APPLICATION

LIC 9054 (3/99)

JUN 26 2002

PERSONAL RIGHTS Children's Residential Facilities

EXPLANATION: The California Code of Regulations, Title 22 requires that any child admitted to a home/facility must be advised of his/her personal rights. Homes/Facilities are also required to post these rights in areas accessible to the public. Consequently, this form is designed to meet both the needs of children admitted to homes/facilities and the home/facility owners who are required to post these rights.

The back of this form describes the personal rights to be afforded each child admitted to a home/facility. The back of this form also provides the complaint procedures for the child and authorized representative.

This form is to be reviewed, completed and signed by each child and/or each authorized representative upon admission to the home/facility. The child and/or authorized representative also has the right to receive a completed copy of the originally signed form. The original signed copy shall be retained in the child's file which is maintained by the home/facility.

TO: CHILD OR AUTHORIZED REPRESENTATIVE:

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to

(PRINT THE NAME OF THE HOME/FACILITY)

(PRINT THE ADDRESS OF THE HOME/FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE CHILD)

(DATE)

(SIGNATURE OF THE AUTHORIZED REPRESENTATIVE)

(TITLE OF THE AUTHORIZED REPRESENTATIVE)

(DATE)

THE CHILD AND/OR THE AUTHORIZED REPRESENTATIVE HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

()

PERSONAL RIGHTS

Children's Residential Facilities

YOU HAVE THE RIGHT:

- ◆ To live in a safe, healthy, and comfortable home and to be treated with respect.
- ◆ To be free from physical, sexual, emotional or other abuse, or corporal punishment.
- ◆ To receive adequate and healthy food and adequate clothing.
- ◆ To wear your own clothing.
- ◆ To possess and use personal possessions, including toilet articles.
- ◆ To receive medical, dental, vision, and mental health services.
- ◆ To be free of the administration of medication or chemical substances, unless authorized by a physician.
- ◆ To contact family members (unless prohibited by court order) and social workers, attorneys, foster youth advocates and supporters, Court Appointed Special Advocates (CASA), and probation officers.
- ◆ To visit and contact brothers and sisters, unless prohibited by court order.
- ◆ To contact Community Care Licensing Division of the State Department of Social Services or the State Foster Care Ombudsperson regarding violations of rights, to speak to representatives of these offices confidential and to be free from threats or punishments for making complaints.
- ◆ To be informed by the caregiver of the provisions of the law regarding complaints.
- ◆ To make and receive confidential telephone calls and send and receive unopened mail (unless prohibited by court order).
- ◆ To attend religious services and activities of your choice.
- ◆ To maintain emancipation bank account and manage personal income, consistent with your age and developmental level, unless prohibited by the case plan.
- ◆ To not be locked in any room, building, or facility premises, unless placed in a community treatment facility.
- ◆ To not be placed in any restraining device, unless placed in a postural support and if approved in advance by the licensing agency or placement agency.
- ◆ To attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with your age and developmental level.
- ◆ To work and develop job skills at an age appropriate level that is consistent with state law.
- ◆ To have social contacts with people outside of the foster care system, such as teachers, church members, mentors, and friends.
- ◆ To attend Independent Living Program classes and activities if you are 16 or older.
- ◆ To attend court hearings and speak to the judge.
- ◆ To have storage space for private use.
- ◆ To review your own case plan if you are over 12 years of age and to receive information regarding out-of-home placement and case plan, including being told of changes to the plan.
- ◆ To be free from unreasonable searches of personal belongings.
- ◆ To have all your juvenile court records be confidential (consistent with existing law).

Reference: California Code of Regulations - Foster Family Homes Regulations, Section 89372.

PRELICENSING IN-HOME INTERVIEW

FOSTER FAMILY HOME APPLICANT		ADDRESS
CITY, STATE, ZIP CODE		FOSTER FAMILY HOME FILE NUMBER

The In-Home Interview is an "in person discussion": conducted by the licensing agency for the purpose of collecting information on a caregiver's qualifications. The information may be used by the placement agency to evaluate the ability, willingness, and readiness of the prospective parent to meet the varying needs of the children. Health and Safety Code Section 1521.5 requires an in-home interview to be conducted prior to the issuance of a license. Answering "No" to any question does not prevent licensure. An applicant's completion of the In-Home interview does not guarantee placement of a child.

		YES	NO
1.	The applicant has read the Foster Family Home regulations and is capable of meeting the requirements for the care and supervision appropriate to the type of child(ren) to be served.	89317	
2.	The applicant agrees to post emergency telephone numbers, discuss emergency situations with children and practice emergency procedures every 6 months.	89323	
3.	The applicant agrees to report all changes in household composition, including but not limited to change in the location of the home, absence of the caregiver from the home of more than 48 hours and any accidents, injuries or incidents that threaten to harm the physical or emotional health or safety of the child.	89361	
4.	The applicant understands and agrees to maintain the child's records, including the Placement Agreement, Needs and Services Plan and written consent for medical/dental treatment.	89370	
5.	The applicant has been provided with a copy of the child's personal rights and understands and agrees to ensure that all members of the household will abide by them.	89372	
6.	The applicant will ensure all transportation for children is provided in vehicles in safe operating condition, by a driver complying with applicable laws.	89374	
7.	The applicant will provide at least three nutritious meals daily to meet the child's dietary needs.	89376	
8.	The applicant has the ability and capacity to provide care and supervision to meet the child's/children's needs.	89378	
9.	The applicant can provide the children opportunities for and encouragement in participation in group sports, leisure time, family, school and daily living activities. The applicant agrees to ensure direct care and supervision is provided to meet the child's needs during participation in those activities that are sponsored by third parties.	89379	
APPLICANT'S SIGNATURE		DATE	
APPLICANT'S SIGNATURE		DATE	
LICENSING EVALUATOR'S SIGNATURE		DATE	

**FACILITY REVIEW TOOL
FOSTER FAMILY HOMES**

FACILITY NAME	FACILITY NUMBER	DATE OF VISIT			
FOSTER FAMILY HOMES	TYPE OF VISIT Prelicensing _____ Annual _____		MET	NOT MET	NOT RE-VIEWED
1. Home has valid license available for review		89209			
2. Criminal Record Clearances for all adults living in the home		89219(a)-(I), 89319			
3. Valid Waivers/Exceptions on file		89224			
4. Children admitted are limited to authorized terms of license		89228(a)-(e), 89510.1(a)			
5. Death, injury, unusual incident reports, etc., reported as required		89261, 89361			
6. Home has a written and posted current emergency plan		89323			
7. Children's records are complete, updated, confidential, and available for review		89370(a)-(d)			
8. Emergency medical consent forms on file for each child		89370(b)			
9. Children's Personal Rights Knowledge & compliance with		89372			
10. Comfortable living accommodations are provided		89372(c)(1), 89387			
11. Periodic and emergency medical/dental care is provided		89372(c)(7)			
12. Children permitted to have visitors as specified in regulations		89372(11)(13)			
13. Private interviews with foster children permitted; children are assured adequate privacy		89372(c)(14)-(15)			
14. Age appropriate activities are provided for the children		89372(c)(17)			
15. Closet & drawer space for each child		89372(c)(1)(A), 89387(a)(6)			
16. Children transported by appropriately licensed drivers only		89374			
17. Vehicle safe. Children secured in car seat, harness, or seat belt required		89374			
18. Foster parent or qualified substitute present when children in home		89378			
19. Quality, quantity of food served is adequate and of good quality		89376(a)			
20. Children have three meals daily & eat with other family members		89376(a)(b)			
21. Home is clean, safe, sanitary and in good repair		89387(b)			
22. Bodies of water are fenced or have approved cover as applicable		89387(d)-(f)			
23. Smoke detectors are in working condition		89387(p)			
24. Bars on window meet requirements		89387(q)			
25. Home and yard are free from hazards		89387.1(a)			
26. All medications including those requiring refrigeration, are inaccessible to children		89387.2(a)			
27. Cleaners, toxics and other hazardous items are inaccessible to children		89387.2(a)			
28. Firearms, dangerous weapons locked up		89387.2(a)(1)			
29. Caregiver has completed annual education requirements		89405(b)(1)			
30. Limit of two infants in home without additional household help		89410(b)			
31. Fire clearance obtained for non-ambulatory child		89420			
32. Admission procedures, needs and services plan current and available for review		89468			
33. Written medical assessments less than one year old obtained within 30 days of admission		89469(a)-(b)			
34. Person providing regular routine care & supervision has valid first aid and CPR training		89475(b)			
35. First aid supplies available in a central location in home		89475(b)(2)			

COMMENTS:

Licensing Evaluator Signature _____

#6

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

FOSTER FAMILY HOME SELF-ASSESSMENT GUIDE



FOSTER FAMILY HOME SELF-ASSESSMENT CHECKLIST

This Foster Family Home checklist is designed to assist foster parents to comply with regulations and perform periodic self-inspections of their home. The checklist contains some of the most common deficiencies noted by Licensing Program Analysts during their evaluation visits. This checklist does not include requirements for *Children with Special Health Care Needs*; for information regarding those requirements, refer to the Foster Family Home regulations. This checklist is not a full summary of the Foster Family Home regulations. **It cannot be used as a substitute for a good working knowledge of the regulations.**

Foster parents should refer to the referenced regulation(s) for complete information on the requirements. This checklist should be used frequently to review the home's compliance with licensing regulations.

CHECK WITH YOUR LICENSING OFFICE IF AN ITEM IS NOT CLEAR OR YOU HAVE QUESTIONS

GENERAL REQUIREMENTS

MET NOT MET

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The home is clean, safe, sanitary and in good repair at all times. 89387 (b) |
| <input type="checkbox"/> | <input type="checkbox"/> | I have submitted Fingerprints and a Child Abuse Index for everyone 18 years old or older who lives in the home or who will have contact with the children. 89219 (a) – (I); 89319 |
| <input type="checkbox"/> | <input type="checkbox"/> | I have proof of a TB test for everyone 18 years old or older who is regularly in the home. 89465 (d) |
| <input type="checkbox"/> | <input type="checkbox"/> | My foster home only admits children as permitted by the terms of my license. 89228 (a) – (e), 89510.1(a) |
| <input type="checkbox"/> | <input type="checkbox"/> | I have no more than two infants, including my own, in my home without additional household help. 89410 (b) |
| <input type="checkbox"/> | <input type="checkbox"/> | No form of corporal punishment, spanking, hitting or the threat to do so, is allowed. 89372 (c)(3) |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that if I change my residence my license is no longer valid and I must submit a new application for the new location. 89235 (a); 89234 (a) |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that before I accept a child, my home must be licensed. 89205 |

FOSTER FAMILY HOME SELF-ASSESSMENT CHECKLIST

SLEEPING AREAS

MET NOT MET

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A maximum of two children may share a bedroom. 89387 (a) (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | Boys and Girls share the same bedroom only when both children under age 5. 89387 (a) (2) |
| <input type="checkbox"/> | <input type="checkbox"/> | Each child has his own individual bed with a good mattress and clean bedding. 89387 (a) (5) |
| <input type="checkbox"/> | <input type="checkbox"/> | A sturdy bassinet or crib is provided for each infant,(appropriate to the child's age and size). 89387 (a) (7) |
| <input type="checkbox"/> | <input type="checkbox"/> | Bunk beds are allowed, however the upper bed must have railings to prevent falling. 89387 (j) (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | Children under 5 years of age or those who are unable to climb into or out of the upper tier unassisted are not permitted to use the upper tier. 89387 (j)(2) |
| <input type="checkbox"/> | <input type="checkbox"/> | There is drawer and closet space within each child's bedroom, for the storage of his clothing and personal belongings. 89387 (a) (6) |
| <input type="checkbox"/> | <input type="checkbox"/> | Living rooms, dining rooms, garages, separate buildings, etc., are not used as a bedroom. 89387 (a) (3) |
| <input type="checkbox"/> | <input type="checkbox"/> | No bedroom is used as a public or general passageway to another room. 89387 (a) (4) |
| <input type="checkbox"/> | <input type="checkbox"/> | Except for infants, children do not share a bedroom with an adult. 89387 (a)(8) |
| <input type="checkbox"/> | <input type="checkbox"/> | No more than two infants and two adults share a bedroom. 89387 (a)(8)(A) |
| <input type="checkbox"/> | <input type="checkbox"/> | Working smoke detectors are installed in the hallway and are audible in each bedroom. 89387 (p) |

SAFEGUARDED ITEMS

MET NOT MET

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | All medications including those requiring refrigeration, are kept SAFE and inaccessible to children. 89387.2 (a) |
|--------------------------|--------------------------|--|

FOSTER FAMILY HOME SELF-ASSESSMENT CHECKLIST

MET NOT MET

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Storage area for poisons, (Drano, pesticides, bleach, etc.) firearms and other dangerous weapons are. 89387.2 (a)(1) |
| <input type="checkbox"/> | <input type="checkbox"/> | All ammunition is stored and locked separately from firearms. 89387.2 |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety from fireplaces, open-faced heaters and wood stoves is ensured for the child in the home. 89387 (l) |
| <input type="checkbox"/> | <input type="checkbox"/> | When transporting children in a private motor vehicle, the licensee shall secure the children as required by law. 89374 |
| <input type="checkbox"/> | <input type="checkbox"/> | Only drivers properly licensed for the type of vehicle operated are permitted to transport children. 89374 |

EMERGENCY EQUIPMENT AND REQUIREMENTS

MET NOT MET

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency situations are discussed with children and emergency procedures are practiced every six months and at time of new placements. 89323 (a) |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency information including phone numbers is posted. 89323 (a) |
| <input type="checkbox"/> | <input type="checkbox"/> | Any time a foster child is in the home, at least one of the persons providing routine regular care and supervision to the child has valid and age appropriate first aid and CPR training. 89475 (b) |
| <input type="checkbox"/> | <input type="checkbox"/> | First aid supplies including an approved and current first aid manual are available in a central location in your home. 89475 (b) (2) |
| <input type="checkbox"/> | <input type="checkbox"/> | Prescription medications for each foster child is administered per directions on the label or as prescribed by physician. 89475(c) (4) |
| <input type="checkbox"/> | <input type="checkbox"/> | PRN medication is documented of the date, time and dose of medication administered. 89475 (c) (6) |
| <input type="checkbox"/> | <input type="checkbox"/> | Pools and other bodies of water are fenced, or covered, in a manner approved by the licensing agency. 89387 (d) – (f) |
| <input type="checkbox"/> | <input type="checkbox"/> | There are no permanently discontinued medications in the facility. 89475 (c) (2) |