

Chapter

10

Relative and Non-Relative Extended Family Member (NREFM) Placement

C 10, Page 1

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Child Welfare & CWS/CMS – Chapter 10, Relative & NREFM Placement

Documenting Adults/Collaterals

If a child cannot remain in his/her home for safety reasons, the preferred placement location is with a legal relative or a Non Relative Extended Family Member (NREFM). This chapter will demonstrate the steps necessary to document the required assessments and the placement of a child in such a home.

"Nonrelative extended family member" means any adult caregiver who has an established familial or mentoring relationship with the child as substantiated by interviews with the parent and child or with one or more third parties as required in Welfare and Institutions Code Section 362.7.

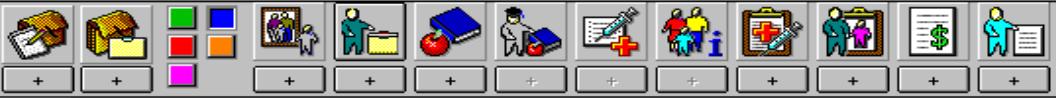
Under the Adoptions and Safe Family Act (ASFA), relatives and nonrelative extended family members must meet the same requirements as foster parents to have a dependent child placed with them by the department. Before placing with a relative or NREFM, the department must complete an evaluation of the home and the adults wishing placement.

The process starts by documenting the adults who are seeking placement, how they are related, and the assessment documentation. Then, a placement home is created in CWS/CMS. The final step is placing a child in that home.

After determining that a new collateral will have to be made, click the "New" button . This is the same as clicking the "+" under the collateral icon. The following page displays the resulting window.

Client Services - Case [Training, Child] - [Collateral (.)]

File Edit Search Action Associated Attach/Detach Window Help Tools



ID Address Related Clients Background Check Relative/NREFM Assessment

Identification

Name

Prefix First M.I. Last Suffix

Gender Birth Date Marital Status

Male Female Unknown

E-mail Address

Agency

Agency Name

Badge No.

Phone Numbers

Primary Phone Extension

() -

Fax Phone

() -

Comments

Ready Case [Training, Child] -> Client (Case Focus Child) [Child Training] -> Collateral (.)

Fill out the fields on the page. In the “Name” information box, complete all fields known being sure to complete the **mandatory** fields. The “Agency” information box is where to document what agency, if any, the collaterals work for--agencies such as law enforcement, etc.

Name			
Prefix	First	M.I.	Last
<input type="text"/>	<input type="text" value="Yellow"/>	<input type="checkbox"/>	<input type="text" value="Yellow"/>
Suffix			
Gender		Birth Date	Marital Status
<input type="radio"/> Male <input type="radio"/> Female <input checked="" type="radio"/> Unknown		<input type="text"/>	<input type="text"/>
E-mail Address <input type="text"/>			

Agency	
Agency Name	
<input type="text"/>	
Badge No.	
Phone Numbers	
Primary Phone	Extension
(<input type="text"/>) - <input type="text"/>	<input type="text"/>
Fax Phone	
(<input type="text"/>) - <input type="text"/>	

Provide a phone number for the collateral. A completed "ID" page follows.

Client Services - Case [Doe, John] - [Collateral [Collateral,Training]]

Identification

Name

Prefix	First	M.I.	Last	Suffix
	Training		Collateral	

Gender: Male Female Unknown

Birth Date: 07/21/1951 Marital Status: Married

E-mail Address: ltc@trainingsite.net

Agency

Agency Name:

Badge No.:

Phone Numbers

Primary Phone: () - Extension: () -

Fax Phone: () -

Comments

Copy SCP Info

Clicking on the "Copy SCP Info" button above will allow the worker to select from a dialog box, a current or former SCP as a collateral and will populate the SCP's data to the collateral notebook. This is very useful when documenting a former SCP's status as a lifelong connection for this child client.

Ready Case [Doe, John] -> Client (Case Focus Child) [John Doe] -> Collateral [Collateral,Training]

The page below is the address page.

The screenshot shows a software interface for entering an address. At the top, there is a horizontal menu bar with five items: 'ID' (highlighted in grey), 'Address' (highlighted in blue), 'Related Clients', 'Background Check', and 'Relative/NREFM Assessment'. Below the menu, the word 'Address' is displayed above a form field. The form consists of several input fields: 'Street No.' and 'Street Name' (both in a single row); 'City' and 'State' (with a dropdown arrow between them); 'ZIP' and 'ZIP Ext' (both in a single row); 'Foreign Country' and 'Foreign ZIP' (with a dropdown arrow between them); and a final field for 'Foreign Address Description (Province Name, etc.)'. All fields are represented by rectangular input boxes.

Complete the fields. If a state is selected, "Foreign Country" will be disabled.

A completed "Address" page follows.

Client Services - Case [Training, Child] - [Collateral [Collateral,Training]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

ID Address Related Clients Background Check Relative/NREFM Assessment

Address

Street No. Street Name
0000 Anystreet

City State ZIP ZIP Ext
Hometown California 00000

Foreign Country Foreign ZIP
[] []

Foreign Address Description (Province Name, etc.)
[]

Ready Case [Training, Child] > Client (Case Focus Child) [Child Training] > Collateral [Collateral,Training]

Start Win... CW... Cha... CW... Cli... until... 2:54 PM

Next is the “Related Clients” page. Use this page to record the collateral’s relationship to the client.

The screenshot shows a software application window titled "Client Services - Case [Doe, John] - [Collateral [Collateral,Training]]". The menu bar includes File, Edit, Search, Action, Associated, Attach/Detach, Window, Help, and Toolz. Below the menu is a toolbar with various icons. The main area has tabs: ID, Address, Related Clients (which is selected), Background Check, Relative/NREFM Assessment, and Search Log. A table titled "Related Clients" lists one item: "1 Doe, Susan". Columns include Name, Collateral, and Active (with a checked checkbox). Below the table, there are sections for "Client" (Doe, Susan), "Collateral Category" (dropdown), "Active Status" (checkbox checked), and "Comments" (text area). A section for "Family Finding Efforts" includes fields for "On Behalf Of" (dropdown), "Date Identified" (dropdown), and a table for "Status", "Start Date", and "End Date". Another section for "Lifelong Connection Status" includes dropdowns for "Start Date" and "End Date". At the bottom, a status bar says "Ready" and the path "Case [Doe, John] > Client [Susan Doe] > Collateral [Collateral,Training]".

While first creating this collateral, the application will require that the client this collateral is for, be selected. That client is entered in the “Related Clients” grid.

	Name	Collateral	Active
1	Training, Child		Y

If desired, click the “+” in the top left corner of the grid and add additional clients from the list that is presented.

Collateral Category
Select the “Collateral Category”  from the list after the down arrow is clicked.

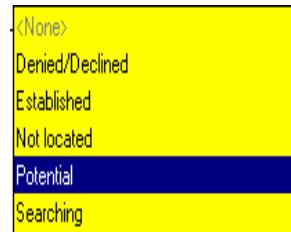
Attorney	Dental Professional	Landlord
Aunt	Friend	Law Enforcement
Brother	Godparent	Medical Professional
Child Advocate/CASA	Government Agency	Neighbor
Clergy	Grandparent	No Relation
Counselor/Therapist	Great Aunt	Other Professional
Cousin	Great Grandparent	Parole Officer
CWS Staff	Great Uncle	Probation Officer
Day Care Staff	Guardian Ad Litem	Relative
	Indian Custodian	School Personnel

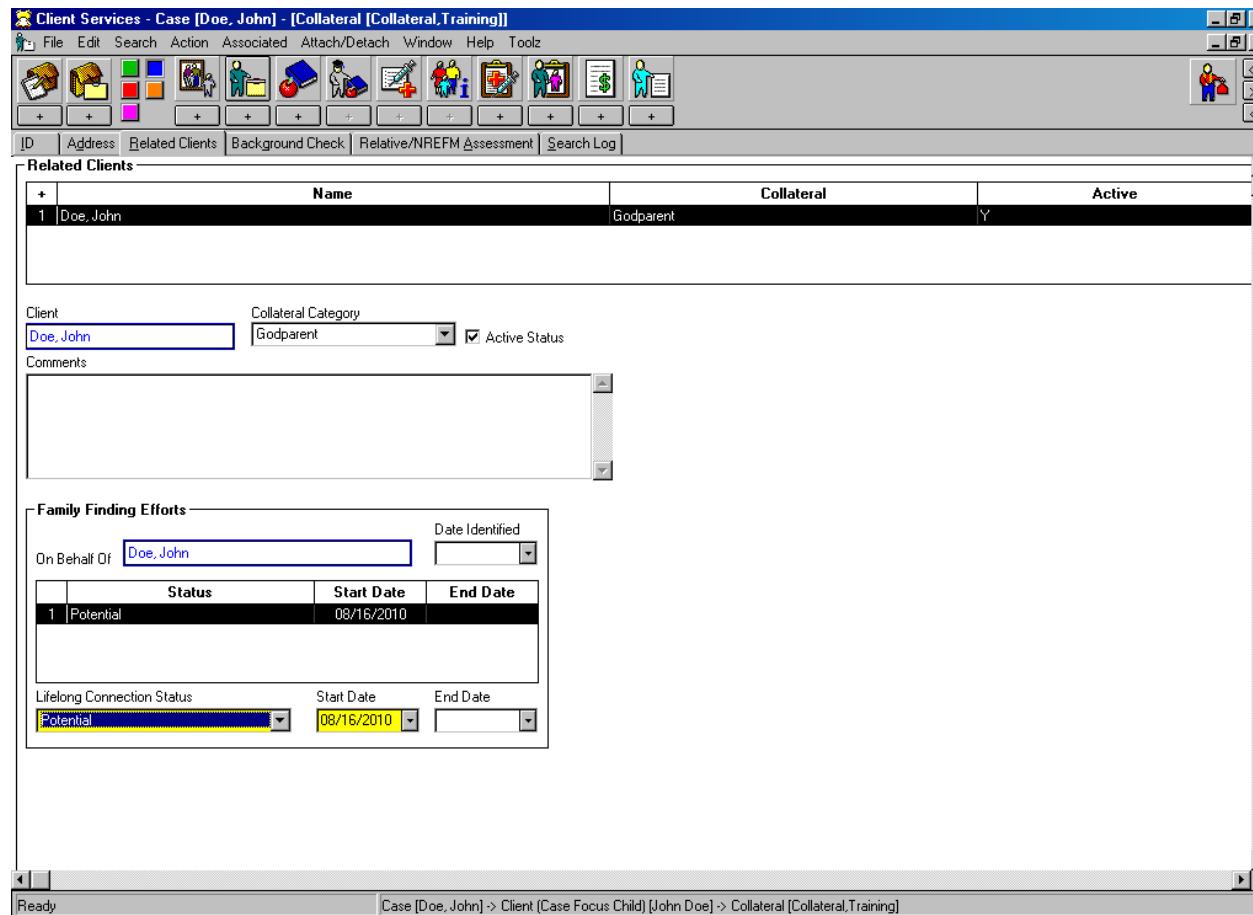
Collateral Category
 Active Status

In this example, select “Godparent.” Next to the “Collateral Category” is a check box for “Active Status.” It defaults to “checked.” If this collateral at some time becomes “Inactive” or no longer involved in the case, unclicking the box will result in keeping this collateral from being selected as participants in contacts, etc. If this collateral is only being added as a contact to provide information, the entry is complete. If the collateral is being created to document possible relative placement, it is necessary to complete the remaining pages of the notebook.

Next, complete the Family Finding Efforts at the bottom of the page. By clicking on the “+,” the application will enter the client’s name that has been selected. Then select the status by selecting one of the options from the drop down menu. Complete by entering the start date.

See a completed Related Clients page below.





Background Check

The page will only be for the collateral that is being created. Each collateral will have a unique page. In our example, there are two collaterals, Mrs. Training Collateral and Mr. Training Collateral. Create “new” collateral for Mr. Training Collateral and go through the same steps for approving Mr. Collateral. The example will only show Mrs. Collateral’s notebook pages.

To document the background checks that were done, click the “+” in the top left grid of the “Background Check Type” grid box.

+	Background Check Type	Date
---	------------------------------	------

Background Check Type

Next, from the “Background Check Type” drop down menu,  select one of the options shown on the next page.



CWS/CMS requires documenting a before being able to “approve” an CACI Received,” DOJ RAP-Backs

Received.” Unless these four options are each documented, the application will not allow approving an assessment for possible

minimum of four specific background checks assessment. The minimum four are “DOJ Requested,” “FBI Received” and “Live Scan

placement. It does not matter what other options are documented. Most counties require more than the four mandated background checks.

After selecting the "Background Check Type," enter the date of the background check date.  Repeat clicking the "+" in the grid box to enter each separate background search. When completed, there will be at least four lines in the grid. Below is a completed grid with the minimum four checks.

The next page is the "Relative / NREFM Assessment" page.

Background Information

	Name	Resident
1	Training Collateral	Collateral

+	Background Check Type	Date
1	DOJ CACI Received	01/15/2010
2	DOJ RAP-Backs Requested	01/15/2010
3	FBI Requested	01/15/2010
4	Live Scan Received	01/15/2010

Relative/NREFM Assessment

This page the "Relative/NREFM Assessment page." [Relative/NREFM Assessment](#)

Client Services - Case [Training, Child] - [Collateral [Collateral,Training]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

ID Address Related Clients Background Check Relative/NREFM Assessment

- Relative/NREFM Assessment Information

+	Assessment Date	Status	Approval Worker	Approval County

Placement originally requested on

Relative/NREFM Assessment forms on file for outgoing ICPC

Criminal Record/Prior Abuse Clearances
Criminal records and Child Abuse records checked.

Caregiver Qualifications
Caregiver assessment completed and attached.

Safety of the Home and Grounds
An on-site inspection conducted on by

Checklist of Health and Safety Standards completed.

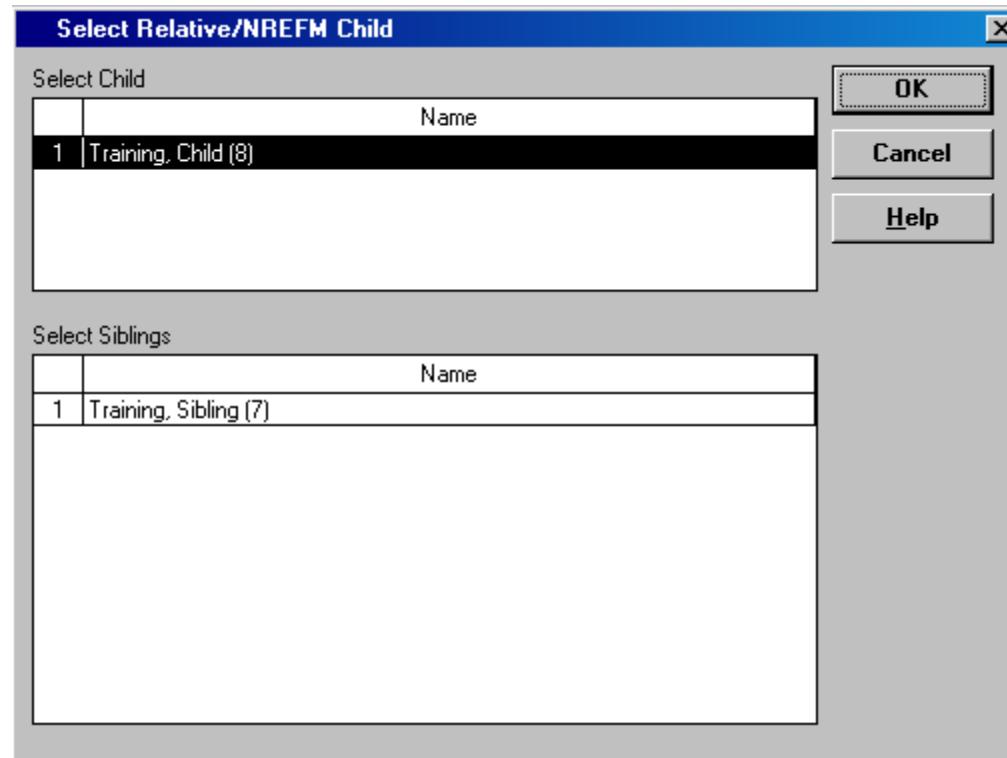
Child's Personal Rights
Information on personal rights provided.

Completion of Orientation/Training
Caregiver completed orientation provided by the county.

Certification Statement
Standards for Relative/NREFM home approval: Date
Date Plan of Correction completed: Plan of correction not completed by agreed to due date.

Ready Case [Training, Child] > Client (Case Focus Child) [Child Training] > Collateral [Collateral,Training]

After clicking the “+” in the top left corner of the “Relative / NREFM Assessment Information” grid, the following dialogue box will appear.



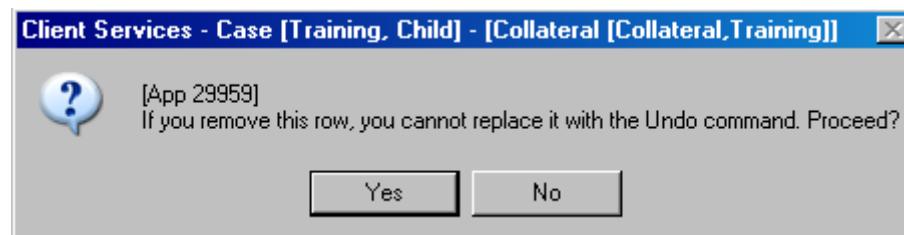
In this example, a sister was created as a client, related to “Training Child” as a sister, and added to the collateral’s “related clients” page. Clients related to the focus child, or the child whose case is open, as siblings can be added to the collateral

notebook as related to the collateral. If the sibling is added in that manner, s/he will be available to select at this step. If there are no siblings added in this manner, they will not be available. The key for this dialogue box is that the sibling is entered in the related client's page of the collateral. If this collateral is also being considered as a possible placement resource for any or all of the siblings select the appropriate siblings, then click the "OK" button.

The "On Behalf Of" box will show all child clients that this approval is for.

On Behalf of Child	
	Name
1	Training, Child (8)
2	Training, Sibling (7)

If this is not correct, click on the line in the grid and then either click the delete key or click on the "Edit" drop down menu and select "Remove Row." The following warning will appear.



Click "Yes." Click the "+" in the grid again, select the desired children, and then click "OK." Enter the date that the placement with this relative / NREFM was first made in the date box next to the following box. Placement originally requested on In this example, the date of January 14, 2010 is being used. The next field Relative/NREFM Assessment forms on file for outgoing ICPC is used when the child is being placed in another state and the necessary licensing or approval documentation is on file. That will

inactivate all fields on this page except for this one.

Verified By

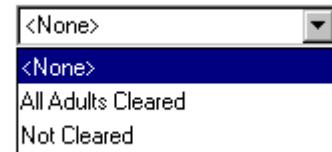
The date field following this field will become enabled when the field is completed. Complete the field with the name of the individual who is verifying that the required documentation is on file. If the name of the appropriate person is not in the drop down menu, use the  search to look for the appropriate staff person.

Hint: Remember the staff person's name must be spelled correctly and only if there are no results found will any dialogue box show.

If the ICPC check box is not checked, continue down the page. Select one of the options from the drop down menu to complete the next field. If not all adults are cleared, assessment approval will not be available.

Criminal Record/Prior Abuse Clearances

Criminal records and Child Abuse records checked.

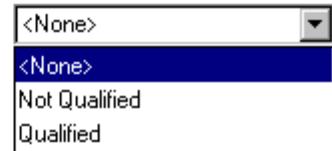


A dropdown menu with the following options: <None>, <None>, All Adults Cleared, Not Cleared. The 'All Adults Cleared' option is highlighted in blue.

For the next field, again select one of the two options. Unless the caregiver is "Qualified," the assessment will not be approved.

Caregiver Qualifications

Caregiver assessment completed and attached.



A dropdown menu with the following options: <None>, <None>, Not Qualified, Qualified. The 'Not Qualified' option is highlighted in blue.

Complete the following box fields by entering the date of the inspection and typing in the name of the worker who did the inspection.

Safety of the Home and Grounds

An on-site inspection conducted on by

Complete the next field by selecting one of the two options. A negative answer will result in not being able to obtain

Checklist of Health and Safety Standards completed.

A drop-down menu with the following options:

- <None>
- <None>
- Does Not Meet Standards
- Meets Standards

application approval.

Again, select the appropriate option remembering that "Yes" is the option that will make approval possible.

Child's Personal Rights

Information on personal rights provided.

A drop-down menu with the following options:

- <None>
- <None>
- No
- Yes

The next field works the same as the previous field. Select the actual option of the two choices. Check for County practice before answering. Some counties require all foster care training, some only the orientation. Practices vary; follow your county's

Completion of Orientation/Training

Caregiver completed orientation provided by the county.

A drop-down menu with the following options:

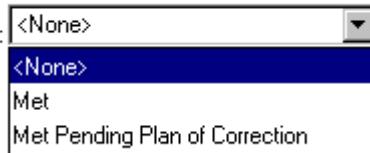
- <None>
- <None>
- No
- Yes

practice.

Complete the "Certification Statement" by selecting the appropriate answer from the drop down menu.

Certification Statement

Standards for Relative/NREFM home approval:



<None>
Met
Met Pending Plan of Correction
<None>

Either answer will require that the date field immediately to the right of the drop down menu be completed. "Met Pending Plan of Correction" will enable and make **mandatory** several additional fields on the page.

Date Plan of Correction completed: Plan of correction not completed by agreed to due date.Caregiver DOES NOT meet standards for Relative/NREFM home approval as of:

Enter the date the correction plan was completed if it was completed. If not completed by the agreed upon date, check the box next to the completion date box. If the box is checked, the date that the caregiver failed the correction plan is entered in the last date box.

When either the caregiver met the standards and the date was entered or the caregiver did not meet the standards and the date was entered, the final worker entered fields are enabled in order.

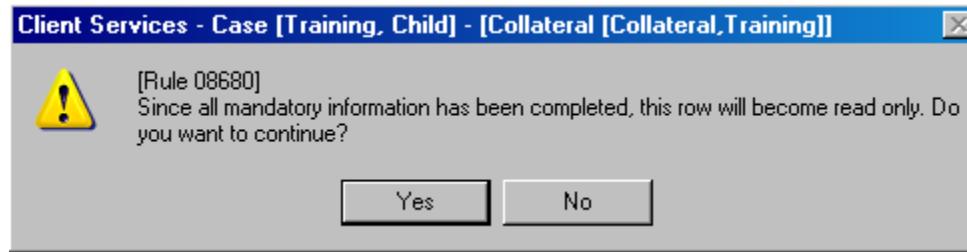


Assessment Approval Worker (Original Signed By) Date

Assessment Approval Supervisor (Original Signed By) Date

When the assessment worker is selected, the date is enabled. After the date is entered, the approval supervisor is enabled. Once the Supervisor is completed, then the date of the supervisor approval is entered.

When all mandatory fields are entered, the entire assessment approval will become Read Only.



If "Yes" is selected, the entire page will become blue. If "No" is selected, the supervisor approval date will be cleared or deleted. It is unlikely that having gotten to this point in the process, the worker would not want to continue. The result of saying "No" would be that either a date would have to be entered or the supervisor's name would need to be removed to enable a save to database. That is because, after a supervisor's name is selected, the date field becomes **mandatory**.

A completed "Relative / NREFM" page follows.

Client Services - Case [Training, Child] - [Collateral [Collateral,Training]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

ID Address Related Clients Background Check Relative/NREFM Assessment

Relative/NREFM Assessment Information

	Assessment Date	Status	Approval Worker	Approval County
1	01/19/2010	Met Standards	Homsher, Nyal	Glenn
2	01/18/2010	Met Standards	Homsher, Nyal	Glenn

Placement originally requested on

Relative/NREFM Assessment forms on file for outgoing ICPC

Criminal Record/Prior Abuse Clearances
Criminal records and Child Abuse records checked.

Caregiver Qualifications
Caregiver assessment completed and attached.

Safety of the Home and Grounds
An on-site inspection conducted on by
Checklist of Health and Safety Standards completed.

Child's Personal Rights
Information on personal rights provided.

Completion of Orientation/Training
Caregiver completed orientation provided by the county.

Certification Statement
Standards for Relative/NREFM home approval: Date
Date Plan of Correction completed: Plan of correction not completed by agreed to due date.

Caregiver DOES NOT meet standards for Relative/NREFM home approval as of:

Assessment Approval Worker (Original Signed By) Date Assessment Approval Supervisor (Original Signed By) Date

Assessment Approval County

Ready Case [Training, Child] -> Client (Case Focus Child) [Child Training] -> Collateral [Collateral,Training]

Nyal Homsher

Northern California Training Academy

Child Welfare and CWS/CMS –Chapter 10 Relative NREFM Placement

Documentation

Additionally, there are three documents that must be completed. The documents are found in either the “Client Management”



section, documents notebook or the “Placement Management” section, documents notebook. Create new documents for each new assessment approval.

The documents are the “SOC 815 – Approval of Family Caregiver Home,” “SOC 817 - Checklist for Health and Safety Home” and “SOC818 – Relative / NREFM Assessment.”

SOC 815

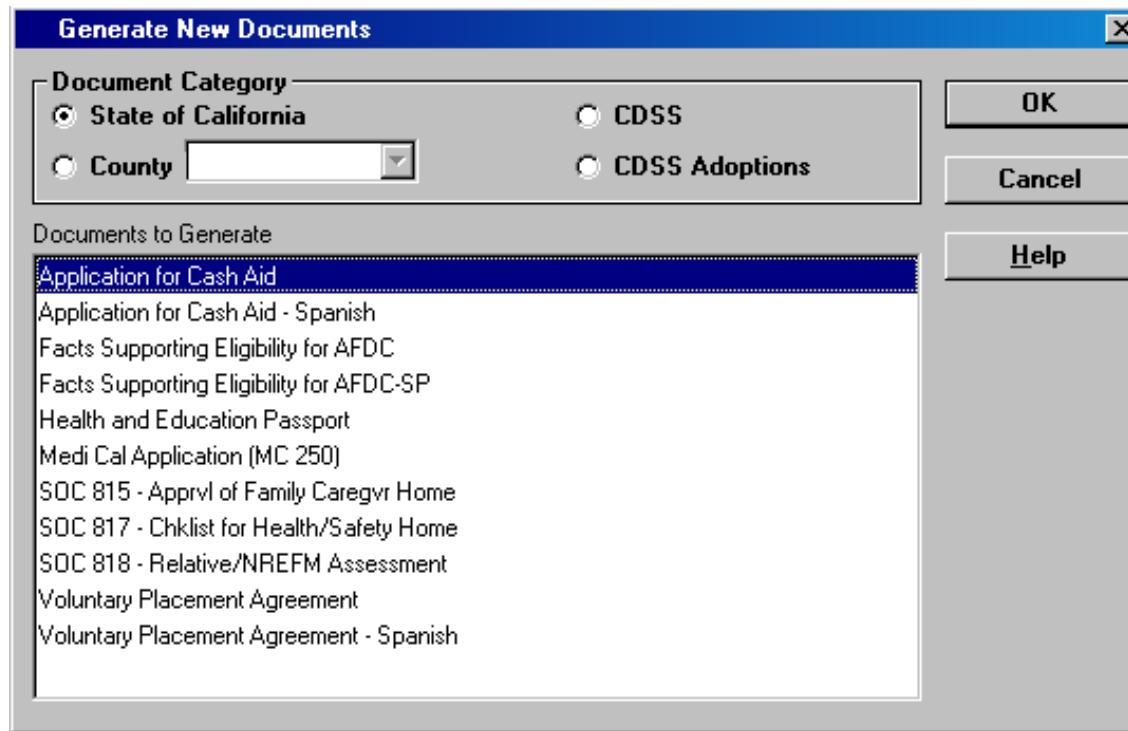
The SOC 815 has three very different sections. The first restates elements of the Relative / NREFM page. The second part is documenting records checks including out of state records and state maintained sex offenders records. The third part is an approval standards checklist.

In this example, the Relative / NREFM approval is being created in the collateral notebook for the relative. Click the “+” of the

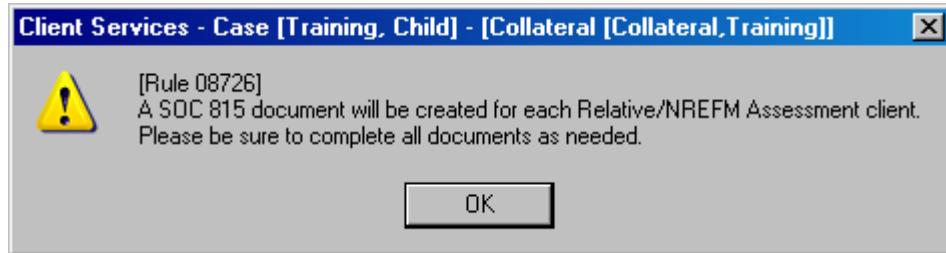


client documents icon.

That will result in the following dialogue box. From the list, select the “SOC 815 – Apprvl of Family Caregvr Home.”



The following dialogue box will appear.



This indicates that a separate document will be created for each child shown in the "On Behalf of Child" information box that was completed earlier in this process. As shown in this example, there are two clients. The application will create two documents at the same time, one for each child. The documents will be behind each other and open in WORD. Complete each document.

On Behalf of Child	
	Name
1	Training, Child (8)
2	Training, Sibling (7)

After clicking the “OK” button in the dialogue box, this selection dialogue box appears.

Select

Item to Select

Relative/NREFM Assessment

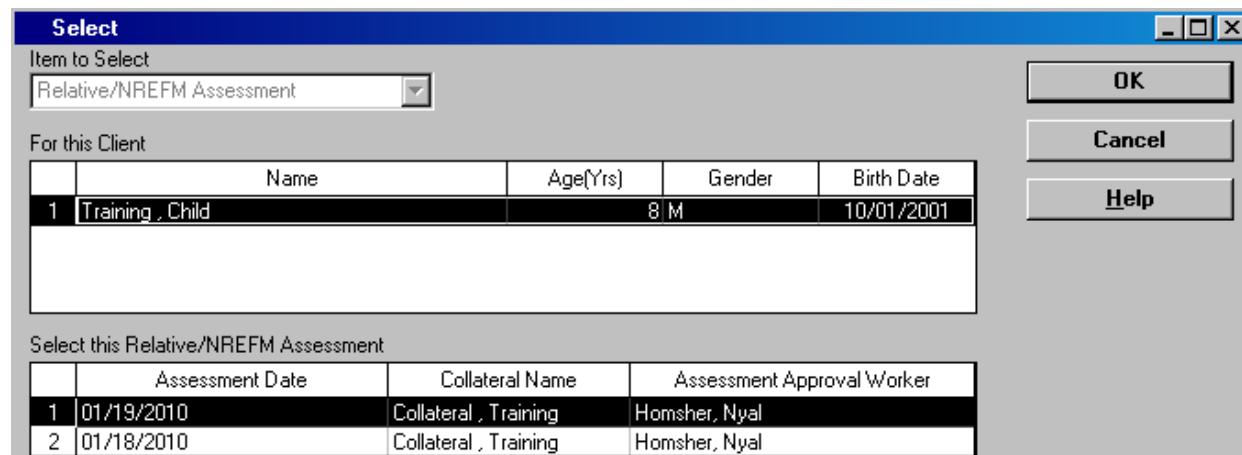
For this Client

	Name	Age(Yrs)	Gender	Birth Date
1	Training , Child	8 M		10/01/2001

Select this Relative/NREFM Assessment

	Assessment Date	Collateral Name	Assessment Approval Worker
1	01/19/2010	Collateral , Training	Homsher, Nyal
2	01/18/2010	Collateral , Training	Homsher, Nyal

The application will automatically select the latest assessment, but the choice may be changed if necessary by clicking on a different assessment in the grid. In this example, the January 19 assessment is the correct assessment. Click the “OK” button to the right of the selection grid.



The first part of the page identifies the relative / NREFM and the child or children this relative is being considered for.

Child's Name: Sibling Training Case #: _____Child's SSN: _____ Child's DOB: 01/01/2003Caregiver's Name: Training Collateral**Approval of Family Caregiver Home**

Pursuant to the provisions of WIC Section 319, I certify that I assessed

Training Collateral

Name

0000 Anystreet Hometown, California

Address

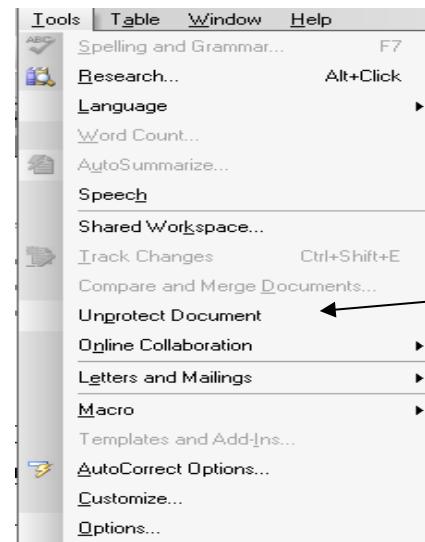
the Relative NREFM Godparent _____ Relationship to childof Sibling Training Child's Name 01/01/2003 ; and Social Security Number DOBthe Relative NREFM Godparent _____ Relationship to childof Child Training Child's Name 10/01/2001 ; and Social Security Number DOBthe Relative NREFM _____ Relationship to childof Child Name Social Security Number DOB ; and

In the example shown above, notice that there is no social security number for the children listed. That is because there was no social security number entered in CWS/CMS for either child. At this time, type the social security number in the document, then after completing the document, enter each child's social security number in each child's client ID notebook.

To enter the social security number to this document, it is necessary to “Unprotect” the document. This is a WORD function. In WORD if someone protects a document, it cannot be altered without unprotecting it. To unprotect a document, click on the “Tools” drop down menu and select “Unprotect” from the options.

Many of the documents in CWS/CMS are protected. Some of them may be unprotected by these steps but not all. Sometimes the document has been protected using a password. In that case, it is not possible to unprotect the document unless the password is known. Generally, the password for any password protected document in CWS/CMS is not known to the county. That protects the integrity of the documents statewide.

The next part of the first section shows steps that are likely to have been completed before having reached this point.



1. CRIMINAL RECORD/ PRIOR ABUSE CLEARANCES

Criminal Record and Child Abuse records have been checked for the caregiver(s), all adults living in the home or on the premises, and other non-exempt person(s) who have routine/significant contact with the child(ren).

- ALL ADULTS CLEARED
 NOT CLEARED

2. CAREGIVER QUALIFICATIONS

- The above named prospective caregiver has been assessed as able to care for and supervise the above named child(ren) and provide for the child(ren)'s special needs; Caregiver Assessment completed and attached.
 CAREGIVER NOT QUALIFIED.

3. SAFETY OF THE HOME AND GROUNDS

- An on-site inspection of the home's building and grounds was conducted on
01/18/2010 by Home Inspector
(Date) _____ (Name) _____
- The home is clean, safe, sanitary and in good repair for the safety and well-being of the child(ren), meeting required licensing/approval standards set forth in MPP 31-445.3; Checklist of Health and Safety Standards completed and attached.
 HOME DOES NOT MEET APPROVAL STANDARDS.

4. CHILD'S PERSONAL RIGHTS

- Information regarding the personal rights of foster children has been provided to the prospective caregiver who has agreed to provide a copy of that information to any child (or the child's authorized representative where applicable) placed in his or her home.

5. COMPLETION OF ORIENTATION/TRAINING

- The caregiver has received a summary of State approval regulations and completed the orientation provided by the county.

- I certify that the above named caregiver meets the standards for relative or non-relative extended family member home approval as of 01/19/2010 (Date).
- I certify that as of _____ (Date) the above named caregiver meets the standards for relative or non-relative extended family member home approval pending completion of the Plan of Correction.
- Plan of Correction completed on _____ (Date)
- Plan of Correction not completed by agreed due date.

- I certify that the above named caregiver DOES NOT meet the standards for relative or non-relative extended family member home approval as of _____ (Date).

Assessment Approval Worker's Signature (Nyal Homsher) 01/19/2010
(Date)

Assessment Approval County Glenn 01/19/2010
(Date)

Sign the signature line in this section. The next section has some fields completed and some that must be completed.

CRIMINAL BACKGROUND CHECKS

		Temporary Placement (W&I 309(d)(1); 361.45)			Live Scan Submitted (W&I 309(d)(2)&(d)(3); W&I 361.4;361.45)			Live Scan Received (W&I 309(d)(2)&(d)(3); W&I 361.4;361.45)			Rapback	ICT	Exemptions		
Megan's Law Check/ Date	Established Presence in Home	C LETS (360d)	CACI (360d)	CWS/CMS Search (360d)	DOJ	FBI	CACI	DOJ	FBI	CACI	Established	Effective Date Approved by DOJ	Exemption Requested by Applicant	Exemption Approved	Exemption Denied
Caregiver	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Training Collateral							01/15/10		01/15/10		01/15/10	01/15/10			
Other Adult															
Adult w/Significant Contact															

There are a number of fields to complete in this section. First, enter the date that the "Megan's Law" website was checked for possible records. This is for all adults in the home. In this example, the name "Male Training Collateral" should be entered under "Other Adult." The "Established Presence In Home" date is to be entered for each adult in the home, even if it is the same date for all adults. The gray field shows where data may be entered. Enter any dates appropriate for each column that a check

was completed.

Megan's Law Check/ Date	Established Presence In Home
[Redacted]	
Caregiver	Date
Training Collateral	
Other Adult	
[Gray]	[Gray]

On the next page is an example of the completed page.

		Live Scan Submitted (W&I 309(d)(2)&(d)(3); W&I 361.4; 361.45)			Live Scan Received (W&I 309(d)(2)&(d)(3); W&I 361.4; 361.45)			Rapback
Megan's Law Check/ Date	Established Presence In Home	DOJ	FBI	CACI	DOJ	FBI	CACI	Established
1/18/0/								
Caregiver	Date	Date	Date	Date	Date	Date	Date	Date
Training Collateral	05/05/05	[redacted]	01/15/10	[redacted]	01/15/10	[redacted]	01/15/10	01/15/10
Other Adult								
Male Training Collateral	05/05/05	[redacted]	01/15/10	[redacted]	01/15/10	[redacted]	01/15/10	01/15/10

Below this section is another clearance section to be completed.

OUT-OF-STATE CHILD ABUSE REGISTRY CHECKLIST

	Resided Outside CA/Within Last 5 Years	If Yes, Name of Other State(s)	Is Registry Maintained by Other State(s)?		If Yes, Date Requested Other State(s) Info	Date Received Other State(s) Info	Cleared (Date)	Not Cleared (Date)
Caregiver	YES	NO	YES	NO				
Training Collateral	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Adult								
Male Training Collateral	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult with Significant Contact								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Complete all columns as appropriate. Do not forget to show all adults living in the home. The next part of this document is the "Approvals Standards Checklist."

**Checklist of Standards
for
Approval of Family Caregiver Home**

Pursuant to Division 31, MPP Section 31-445.3, in order to be approved, all relative and nonrelative extended family member homes must meet the following standards set forth in Title 22, Division 6, Chapter 9.5, Article 3.

Section	STANDARD	YES	NO	DAP*	CAP**
89317	APPLICANT QUALIFICATIONS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89319	CRIMINAL RECORD CLEARANCE REQUIREMENT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89323	EMERGENCY PLAN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89361	REPORTING REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89370	CHILDREN'S RECORDS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89372	PERSONAL RIGHTS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89373	TELEPHONES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89374	TRANSPORTATION	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89376	FOOD SERVICE	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89377	REASONABLE AND PRUDENT PARENT STANDARD	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89378	RESPONSIBILITY FOR PROVIDING CARE & SUPERVISION	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89379	ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89387	BUILDINGS AND GROUNDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89387.1	OUTDOOR ACTIVITY SPACE	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89387.2	STORAGE SPACE	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89388	COOPERATION & COMPLIANCE	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

*DAP: DOCUMENTED ALTERNATIVE PLAN MADE

**CAP: CORRECTIVE ACTION PLAN MADE

The small print in the heading refers to a different set of regulations.

"Pursuant to Division 31, MPP Section 31-445.3, in order to be approved, all relative and nonrelative extended family member homes must meet the following standards set forth in Title 22, Division 6, Chapter 9.5, Article 3."

Become familiar with the above set of regulations before documenting that a relative or NREFM meets the standard. These are licensing standards. Remember that under the Adoption and Safe Family Act, relatives and NREFM must meet the same standards as a licensed home.

The next document is the "SOC 817 –Chklist for Health/Safety Home." Click the "+" to create a new document again. In the resulting list, select SOC 817 –Chklist for Health/Safety Home and then click the "OK" button. Again,

the application will require the selection of the assessment this form is connected to. Select the correct assessment and then click the “OK” button. This will create a SOC 817. This document has two sections to be completed followed by instructions for deficiencies and plans of correction.

The first section, “STANDARDS PERMITTING ALTERNATIVE PLANS,” is shown below.

STANDARDS PERMITTING ALTERNATIVE PLANS				
<i>The following statements must be answered YES, unless not applicable or an exception is granted, to approve the home for placement.</i>				
	Yes	No	N/A	'Alternative
1. Adequate bedroom space is provided: [§89387(a)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) No more than 2 children share a bedroom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) No sharing a bedroom by children of opposite sex unless each child is under 5 years of age.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Each child has individual bed with clean linens, pillow, blankets, mattress in good repair.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Each bedroom has sufficient portable or permanent closet and drawer space for each child.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) The child does not share a bedroom with an adult unless the child is an infant.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) There are no more than 2 infants and no more than 2 adults sharing the same bedroom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Infant has age-appropriate, safe/sturdy bassinet or crib.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) No room commonly used for other purposes or as a public or general passageway to another room is used as a bedroom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Easy passage is allowed between beds and room entrance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The home has telephone service (may be waived if telephone access is available). [§89373]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each standard, document that the resource being evaluated is acceptable, not acceptable, not applicable or that there is an approved alternative plan in place for that standard. Click on the appropriate box and an “X” will fill the box. Remember that these are licensing standards. The standards are very specific as to what is acceptable.

The next section, “STANDARDS NOT PERMITTING ALTERNATIVE PLANS” lists standards that do not allow for alternative plans. The answer must be yes unless the standard is not applicable or there is a corrective plan in place to resolve the problem.

Again, clicking on the appropriate box will fill the box with an "X." Below and on the next two pages are the standards for this section.

STANDARDS NOT PERMITTING ALTERNATIVE PLANS	Yes	No	N/A	»CAP
<i>The following statements must be answered YES, unless not applicable or a corrective action plan has been agreed upon. # indicates a standard for which "not applicable" is an unacceptable response.</i>				
3. The home appears to be clean, safe, sanitary and in good repair. [§89387(b)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
4. Indoor and outdoor halls, stairs, ramps, and porches are free of obstructions and hazards. [§89387(c)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
5. Home contains at least 1 toilet, sink, tub or shower maintained in safe, clean operating condition. [§89387(i)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
6. Bunk beds of more than two tiers must not be used. [§89387(j)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Upper tier has bed rails. [§89387(j)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Children under five years of age or those who are unable to climb into or out of the upper tier unassisted shall not be permitted to use the upper tier. [§89387(j)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Home is maintained at comfortable temperature at all times. [§89387(k)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
8. Child's safety is ensured in homes with fireplaces, open forced heaters and woodstoves. [§89387(l)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Lamps and necessary light is provided in all rooms and other areas to ensure comfort and safety of persons in the home. [§89387(m)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
10. Home has indoor sprinkling system or functioning smoke detector installed in the hallway(s) of each sleeping area audible in each bedroom or sleeping room. [§89387(p)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
11. Hot water from faucets is delivered at a safe temperature. [§89387(n)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
12. Medicines, disinfectants, cleaning solutions, poisons, firearms and other dangerous items are stored where inaccessible to children. [§89387.2]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
13. Storage areas of firearms and other dangerous weapons are locked or in lieu of locked storage the applicant is utilizing trigger locks or has removed and locked the firing pin/s separately from the firearm/s. Ammunition is stored and locked separately from firearms. [§89387.2]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Solid waste is stored, located and disposed of in a manner that will not permit the transmission of communicable disease or of odors, create a nuisance, or provide a breeding place or food source for insects or rodents . [§89387(o)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
15. Each sleeping room has 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 equipped with safety release devices. [§89387(q)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Yard or outdoor activity space is provided free from hazards to life and health. [§89387.1)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>

* Alternative: Documented Alternative Plan must be attached.

» Correctable Deficiencies: Corrective Action Plan must be attached.

This document shows "DEFICIENCIES AND PLAN OF CORRECTIONS" instructions and examples.

DEFICIENCIES AND PLANS OF CORRECTION

When a violation of health and safety standards is observed, the county worker has the responsibility to determine the length of time by which a correction must be made and to provide the relative with reasonable assistance in meeting that standard. The basic factors to be considered in making this assessment are the potential consequences to the child(ren) placed in the home and the immediacy of the need to correct.

The types of deficiencies are as follows:

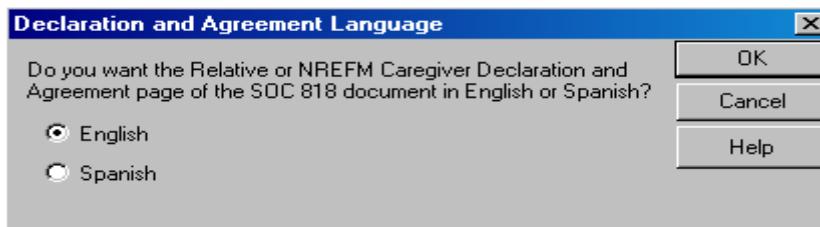
1. **Immediate Impact:** Deficiencies that, if not corrected, would have a direct and immediate risk to the health, safety or personal rights of the foster child. If placement is imminent, correction MUST BE MADE prior to placement of the child.
2. **Potential Impact:** Deficiencies that without correction could become a risk to the health, safety or personal rights of the child(ren).

For initial approval:

1. Health Related: unlocked poisons, inappropriate storage of medications.
2. Food Service: food contaminated with mold, fungus or bacteria; bloated or ruptured canned foods; infestation of insects or vermin; unsanitary conditions in food preparation areas that present immediate health hazard; storing of food next to or with toxic substances.
3. Building and Grounds: no fence or approved cover for bodies of water; broken stair or stair railings; poisons, toxic substances, firearms in areas accessible to the child(ren); unlit stairwells used by the child(ren).

SOC 818 – Relative/NREFM Assessment

The next document to create is the “SOC 818 – RELATIVE / NREFM ASSESSMENT.” It is created in exactly the same manner as the last two documents. After selecting the correct assessment, select the language for the client portion of the document.



If the Relative or NREFM Caregiver speaks primarily Spanish, select Spanish, otherwise select English. Click the “OK” button.

This document has two sections. The first section is to be completed by the social worker. The second section is to be completed by the Relative/NREFM caregiver. The sections will be shown below.

Relative or Non-Relative Extended Family Member Caregiver Assessment

If any statements below are answered No, the caregiver cannot be approved. The worker should assess whether the provision of reasonable assistance or additional services to the caregiver would enable the caregiver to properly respond to the child(ren)'s needs and the child(ren)'s health and safety. If the worker later reassesses the caregiver and determines that conditions supporting the No answer have changed sufficiently to answer Yes, approval may be given at that time.

1. The caregiver has been provided a summary of State home approval regulations and is capable, having sufficient physical and mental health, to meet these requirements for the care and supervision appropriate to the type of child(ren) to be served. [§89317]

Yes No

Comments:

2. The caregiver is aware of the child(ren)'s immediate medical, psychological, and educational needs and is able to respond to those needs. [§89378]

Yes No

Comments:

3. The caregiver understands State child abuse and neglect laws and agrees to report any circumstances indicating the child(ren) has been abused or neglected. [§89361]

Yes No

Comments:

4. The caregiver can provide the child(ren) opportunities for and encouragement in participation in group sports, leisure time, family, school and daily living activities. [§89379(a)]

Yes No

Comments: 

5. The caregiver is able to care for the child(ren) in a healthy and safe way. [§89378]

Yes No

Comments: 

6. The caregiver will ensure that only positive discipline practices which promote the health and well being of the child(ren) are used in the home, and will not use nor allow any form of discipline that violates the child(ren)'s personal rights. [§89372]

Yes No

Comments: 

7. The caregiver understands and agrees to maintain the child(ren)'s records, including the placement agreement, health and educational records and written consent for medical/dental treatment. [§89370]

Yes No

Comments: 

8. The caregiver agrees to report all changes in household composition, or change in the residence or mailing address, or absence of the caregiver from the home of more than 48 hours. [§89361]

Yes No

Comments: 

9. The caregiver agrees to post emergency telephone numbers, discuss emergency situations with the child(ren) and practice emergency procedures every 6 months. [§89323]

Yes No

Comments: 

10. The caregiver agrees to report any accidents, injuries or incidents that threaten to harm the physical or emotional health or safety of the child. [§89361]

Yes No

Comments: 

11. The caregiver has been provided with a copy of the child(ren)'s personal rights and understands them and agrees to ensure that all members of the household will abide by them. [§89372]

Yes No

Comments: 

12. The caregiver agrees to ensure direct care and supervision is provided to meet the child(ren)'s needs during participation in those activities that are sponsored by third parties. [§89379(b)]

Yes No

Comments: [REDACTED]

13. The caregiver will provide at least three nutritious meals daily to meet the child(ren)'s dietary needs. [§89376]

Yes No

Comments: [REDACTED]

14. The caregiver will ensure all transportation for the child(ren) is provided in vehicles in safe operating condition, by a driver complying with all applicable laws. [§89374]

Yes No

Comments: [REDACTED]

Assessment Summary:

The relative/non-relative extended family member has the ability and capacity to provide care and supervision to meet the child(ren)'s needs.

Yes No

[REDACTED]

Signature of County CWS or Probation Worker

[REDACTED]

Phone Number

[REDACTED]

Date

Clicking in the Yes or No box allows the documenting of the appropriate response. The bottom of this portion of the document requires the worker's signature, phone number, and date.

The second portion of this document is completed by the placement resource. The document is printed, and the form is taken to the resource for completion. The caregiver section is shown below.

**RELATIVE or NREFM
CAREGIVER DECLARATION AND AGREEMENT**

I/We declare that:

1. I/We have been provided with a summary of the state regulations regarding the approval and operation of a relative foster home and agree to abide by them. _____ (Caregiver Initial)
2. I/We agree to cooperate with the county in the maintenance of caregiver standards.
_____ (Caregiver Initial)
3. I/We have been provided with a copy of the child(ren)'s personal rights and understand them and agree to ensure that all members of the household will abide by them. _____ (Caregiver Initial)

4. I/We agree to provide for the special needs of any child placed in my/our care, including but not limited to:

- To provide the services identified in the child's Needs and Services Plan and, if applicable, Transitional Independent Living Plan. [§89378(b) and §89387.2] _____ (Caregiver Initial)
- If the child is a minor parent, to provide direct care and supervision of the child of the minor parent whenever the minor parent is at school or otherwise unavailable/unable to care for the child. [§89378] _____ (Caregiver Initial)
- If the child has a disability, to make necessary specific provisions as required to protect and assist the child and maximize the child's potential for self-help. [§89387] _____ (Caregiver Initial)
- If the child is under age 10 or is developmentally disabled, mentally handicapped, or needs special care and supervision, any pools or open body of water will be secured as required by §89387(d). _____ (Caregiver Initial)

I/We have not and will not make any false or misleading statements associated with application for approval, including information regarding the caregiver, family members, family home, or any of the services to be provided in the home.

Caregiver Signature _____ Date _____

Training Collateral _____
Caregiver Name (Print) _____

Caregiver Signature _____ Date _____

Caregiver Name (Print) _____

After the document has been initialed and signed by the caregiver, bring the document back to the office and file it in the hard file. To document that the form has been completed in CWS/CMS, open the case, then open the document by clicking on the



“Open Existing Document” icon in the “Client Management Section.”

With the document open, add the caregiver’s initials to the form in the appropriate gray boxes, and then add information to the documents to the effect that the original document initialed and signed by the caregiver is in the hard file.

There are currently two practices for getting the signature initialing information into the document. The first is to type the information in the caregiver’s signature line. The second requires that the document be “Unprotected.” Use the “Tools” drop down menu and select “Unprotect Document.” At the bottom of the form, under the signature lines, add the information. Learn your county’s practice and follow that practice unless instructed not to by your supervisor.

Creating a Relative/NREFM Placement Home

The next step after a Relative or NREFM is approved is to create a placement home for the Relative or NREFM who is the primary Substitute Care Provider (SCP). If the Relative/NREFM was approved in the collateral notebook, click on the



"Placement Management Section." Next click on the "+" under the "Open Existing Placement Home" icon. There is now a new set of pages in which to create the placement home. This is creating the residence facility in the database, not making the placement. The first page to complete is the "ID" page.

See the following as an example of the "ID" page to complete. Note the **mandatory** fields.

Client Services - Case [Training, Child] - [Placement Home ()]

Name

The first field to complete is the name. This is the name of the home; usually it is the name of the care provider in the home. In the example, that name would be Training Collateral (the name of the relative/NREFM). It is permissible to add "home" to the name. The completed field now looks similar to this.

Name
Training Collateral home

The next field to complete is the "Type." This mandatory field is completed by selecting the home type from the drop down menu after clicking on the down arrow.

Type

<None>

County Shelter/Receiving Home(Non EA/AFDC)

Court Specified Home

Foster Family Agency Certified Home

Foster Family Home

Group Home

Guardian Home

Medical Facility

Relative/NREFM Home

Small Family Home

Tribe Specified Home

In this example, select the "Relative/NREFM" option.

There are a number of fields that are now inactive and not available for entering data. This is because they do not apply to "Relative/NREFM" homes.

Name: Training Collateral home

Type: Relative/NREFM Home

Foster Family Home Type:

Primary Substitute Care Provider

Operated By:

License Number:

Inactive

The “Primary Substitute Care Provider” field is a [Read Only](#) field. It is populated from the “Substitute Care Provider” page when a primary care giver is selected.

The next fields to complete are the “Adjusted capacity” and the “Primary Phone.”

The “Adj. Cap” field asks for the number of beds available. Enter a number based on how many beds the resource has available for children to sleep in. Also, provide the primary telephone number for the home.

#Placements	Beds Avail.	Adj. Cap.
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Primary Phone	Ext.	Fax
() -		() -

Note that when the number of beds available is entered, the “Beds Avail” now shows how many beds are available for placement purposes.

#Placements	Beds Avail.	Adj. Cap.
<input type="text" value="0"/>	<input type="text" value="2"/>	<input type="text" value="02"/>
Primary Phone	Ext.	Fax
<input type="text" value="(530) 865-9999"/>	<input type="text"/>	<input type="text" value="() -"/>

The next field on this page is the “Contact Backup.” Enter the name of a backup contact person who can be reached if the substitute care provider or home can not be reached.

Backup Contact		
Name	Phone	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Provide the telephone number also.

Backup Contact		
Name	Phone	Ext.
<input type="text" value="Collateral Backup"/>	<input type="text" value="(530) 865-8888"/>	<input type="text"/>

The next fields are the address fields. The application will default to California in the “State” information box. This may be changed if appropriate. Selecting the state information as “None” allows the selection of a foreign country as the residence of the new substitute care provider. The example will continue using the same caregiver.

Address

Street No.	Street Name	City		
0000	Anystreet	Hometown		
State	ZIP	ZIP Ext	Geographic Region	County of Location
California	00000			Glenn
Foreign Country	Foreign ZIP	Foreign Address Description (Province Name, etc.)		
Comment				
This text box allows the user to add more detailed address information				

The example above shows all fields completed. Complete the fields as shown. "State," "County of Location" and "Foreign County" are drop down menus, the rest are user entry.

The final section of the page is the "Diaster Emergency Contact Information." Use this information box to record information on who to contact in case of an emergency situation-- for information on the home and the residents including the child(ren) placed there by the agency.

Disaster Emergency Contact Information

Name	Phone	Ext	Alternate Phone	Ext
Emergency Collateral Home Contact	(530) 568-9988		(530) 222-9999	

E-mail Address

Street No.	Street Name	City
999	Rural Street	Anytown

State	ZIP	ZIP Ext
California	00000	

Foreign Country	Foreign ZIP	Foreign Address Description (Province Name, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Substitute Care Provider Page

The next page is the “Substitute Care Provider” page. Record information about the adults who will be caring for children placed in this home. The application will require that each home have a primary care provider who is designated as the primary care provider before being able to save the home. First enter the names of the substitute care providers for the home. Click the “+” in the “Substitute Care Provider” information box.

+	Name	Assoc Start Date	Assoc End Date

After clicking the “+,” complete the fields in the following information boxes.

Name				
Title	First	MI	Last	Suffix
<input type="text"/>				
Marital Status	Tribe Location	Tribal Affiliation	Employer Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Note that there are **mandatory** and **AFCAR** fields on this page. Complete all known data fields. A sample of the completed fields is below. Continue completing the page.

Substitute Care Providers

+	Name	Assoc Start Date	Assoc End Date
1	Collateral, Training	01/29/2010	

Name

Title First MI Last Suffix
[] Training [] Collateral []

Marital Status

Married

Tribe Location

[]

Tribal Affiliation

[]

Employer Name

[]

Phone Numbers

+	Phone Number	Type
1	(530)865-9999	Home
2	(530)865-7777	Alternate
3	(530)200-9999	Cellular
4	(530)934-9999	Work

Gender Male Female**Hispanic or Latino Origin** Yes No Undetermined

Birth Date

07/21/1951

E-mail Address

tc@trainingsite.net

Ethnicity

+	Ethnicity
1	White

The next field is the “SCP Associations to This Home.” At this point, select who the primary care giver and secondary caregiver(s) are.

Client Services - Case [Doe, John] - [Placement Home ()]

File Edit Search Action Associated Attach/Detach Window Help Tools

ID Substitute Care Provider Other Children Other Adults Chg/Pref License Info. Comments Special Projects Payee LA Payee Hold Status Background Check

Substitute Care Providers

Name	Assoc Start Date	Assoc End Date

Name _____
 Title _____ First _____ MI _____ Last _____ Suffix _____

Gender _____ Birth Date _____ E-mail Address _____
 Male Female

Marital Status _____ Tribe Location _____ Tribal Affiliation _____ Employer Name _____

Phone Numbers
 + Phone Number Type
 Hispanic or Latino Origin
 Yes
 No
 Declines to State
 Unable to Determine
 Undetermined
 Unable to Determine - Reason _____

Race/Ethnicity
 Specify Race* if known
 + Ethnicity
 Unable to Determine - Reason _____

SCP Associations to This Home

Provider	Start Date	End Date	Licensed	D

Start Date _____
 Primary Provider CDS Person # _____
 Secondary Provider _____ End Date _____

Licensee _____ Resident _____
 Yes No Unknown
 Yes No Unknown

Attorneys Associated to This SCP

Attorney	Start Date	End Date	D

Attorney _____ Start Date _____ End Date _____
 Description _____

SCP Address _____

Ready Case [Doe, John] > Placement Home ()

By clicking in the "Primary Provider" check box, Primary Provider, the care provider, Training Collateral, has been selected as the primary care giver.

Start Date
Next, complete the "Start Date." **12/14/2009** This is the date the provider became associated with the home. In the case of "Relative/NREFM" homes, it is usually the date the provider moved into the home. It may vary with group homes and FFA homes if the agency rotates caregivers in each facility.

To the right side is an area to document an attorney for the "SCP" (substitute care provider). If the SCP has an attorney, document the attorney.

Complete the page on the bottom. For any other caregivers, the process is the same except that other caregivers will be "Secondary Caregivers." For all other caregivers, click in the "Secondary Caregiver" check box. Secondary Provider

The next page is "Other Children." Use this page to record other children in the home, who are not placed in that home, such as birth children or wards.

The screenshot shows a software interface for managing children in a home. At the top, there's a menu bar with File, Edit, Action, Associated, Window, and Help. Below the menu is a toolbar with icons for various functions. The main window has tabs at the top: ID, Substitute Care Provider, Other Children (which is selected), Other Adults, Chap/Pref, License Info., Comments, Special Projects, Payee, LA Payee, Hold Status, and Background Check. A sub-header 'Other Children in Home' is displayed above a grid. The grid has columns for Name, Date of Birth, and Gender. There are buttons for adding (+) and deleting (-) rows. Below the grid, there are input fields for Name, Date of Birth, Gender (Male or Female), and Annual Unearned Income. A section labeled 'Special Characteristics - Applies to All' contains a scrollable list. Another section titled '[Child's] Relationship to Substitute Care Providers' includes a grid for entering relationships between children and substitute care providers (SCP). The SCP grid has columns for SCP Name and Relationship.

After clicking on the “+” in the top left corner of the grid, enter the name, age and gender of the child.

Name
Child Collateral

Date of Birth **Gender** Annual Unearned Income

02/14/1998 Male Female .

After completing these fields, there is the option to enter information regarding the child's special characteristics in the "Special Characteristics-Applies to All" narrative box.

Special Characteristics - Applies to All

Remarks relevant to special conditions or characteristics of the child selected in the Other Children in Home grid.

The last area on this page is "Child Collateral's Relationship to Substitute Care Provider" grid. Click the "+" in the grid, then select the correct relationship beginning with the child.

Child Collateral's Relationship to Substitute Care Providers

+	SCP Name	Relationship
1	Collateral, Training	Son/Mother (Birth)
2	Collateral, Training Male	Son/Father (Birth)

SCP Name Relationship

"Other Adults" is the next page. Use this page to document adults living in the home who are not caregivers. It works exactly the same as "Other Children" except that

adults are not being entered. Remember in a "Relative/NREFM" home, all adults in the home must be approved even if they are not caregivers.

The "Char/Pref" page documents the characteristics and preferences of the placement caregivers. It is not uncommon to find very little information on this page. That does not affect the basic operation of the application but has a significant impact on the "Match" function of the placement search. This is the primary page used for that search, and if not completed, the home cannot be matched to specific criteria.

The top of the page has six radial button selections. Click in the correct button for each selections.

Gender Preference <input type="radio"/> Male <input type="radio"/> Female <input checked="" type="radio"/> Both	Emergency Shelter <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	Child Care Plan <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Transportation Provided <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	In Home Visits Allowed <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	Public Transportation <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown

The next portion of the page uses drop down menus for selections. These menus are multi-select. Choose all that apply to a specific home. To the right of the menu boxes are three narrative fields. Type the information in the boxes. The "Education

Ethnicity + Ethnicity	Language + Language	Education Providers + Education Providers
Religion + Religion	Population Served + Population Served	Environmental Factors/Pets + Environmental Factors/Pets

Health Factors + Health Factors

Providers" box can take up to 120 characters while the other two boxes can only take up to 60 characters. Remember, to a computer, a space is a character.

Under the menu and narrative boxes are two more narrative boxes.

Other	Religious Activities
-------	----------------------

“Other” will accept up to 120 characters and “Religious Activities” will accept up to 60 characters.

On the bottom of the page are two more narrative boxes.

LIS-Specified Preferences	CWS-Specified Preferences
---------------------------	---------------------------

The “LIS-Specified Preferences” is available only to state LIS workers. All other users will use the “CWS-Specified Preferences” box that allows approximately 220 characters.

Confidentiality in
Effect

The last field on this page is the “Confidentiality in Effect” check box. If checked, it indicates that the caregivers have requested confidentiality.



ID | Substitute Care Provider | Other Children | Other Adults | Chap/Pref | License Info. | Comments | Special Projects | Payee | LA Payee | Hold Status | Background Check |

Characteristics and Preferences

Characteristics

Gender Preference	Emergency Shelter	Child Care Plan
<input type="radio"/> Male <input type="radio"/> Female <input checked="" type="radio"/> Both	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Transportation Provided	In Home Visits Allowed	Public Transportation
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown

Ethnicity	Language	Education Providers
+ Ethnicity 1 Declines to State	+ Language 1 American Sign Language 2 English 3 German 4 Hebrew	Local Schools

Religion	Population Served	Environmental Factors/Pets
+ Religion 1 Protestant 2 Protestant - Baptist 3 Protestant - Episcopal 4 Protestant - Lutheran	+ Population Served 1 Behavioral Difficulties (runaway, lying) 2 Children with Eating Disorders 3 Health Difficulties	Health Factors

Other	Religious Activities
[Empty text area]	[Empty text area]

Preferences

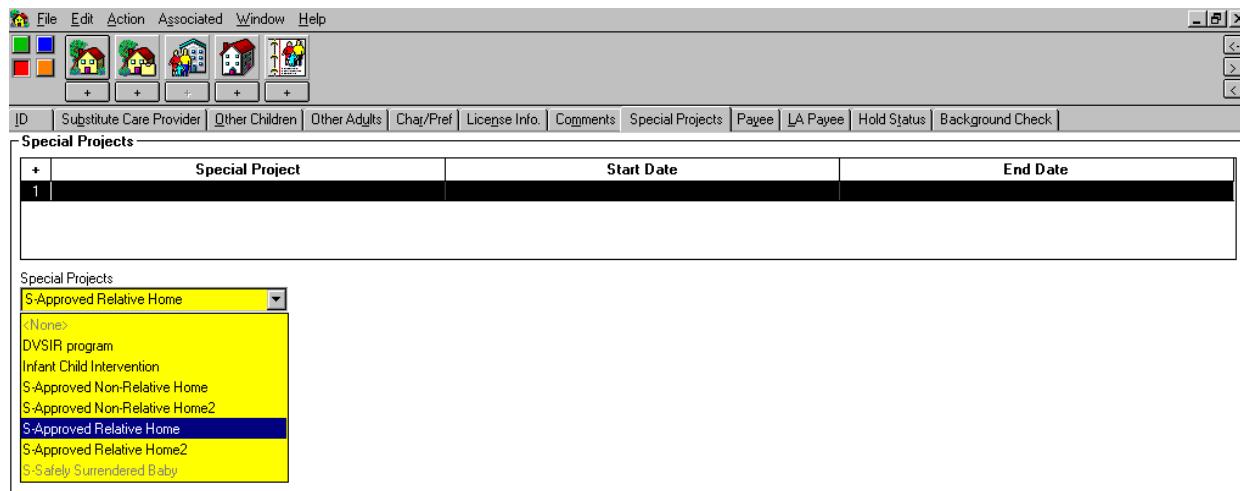
LIS-Specified Preferences	CWS-Specified Preferences
[Large empty text area]	This family is only interested in their relative child. <input checked="" type="checkbox"/> Confidentiality in Effect

The “License Info” page contains information regarding licensed homes such as original application date and license issue dates. As this example is not a licensed home, the entire page will be blank and not accessible.

The Comments page allows the documenting of any comments about the home and whether or not the home was referred for further evaluation or review by other staff.

+	Submitted By	Date	Referred to Licensing
<input type="text"/> Submitted By <input type="button" value="▼"/>			
<input type="checkbox"/> Referred to Licensing Description <input type="text"/>			

The “Special Projects” page is used to record whether the home is part of any state or county special project. To record that the home is a part of a special project, click on the “+” in the grid, then select the appropriate special project from the drop down menu.



Use the "Payee" page to record to whom and where the foster care check is to be issued. This page is used by all except Los Angeles County. Los Angeles County has its own specific payee page. In some counties, this address must match the placement address. In others, it may be different. Follow county policy. It is likely that prior to this point, the street address of the home and SCPs has been used. If county practice allows, however, you can specify a PO Box to which the check should be mailed.

The screenshot shows a software interface for managing payees. The window title is "Payee". The menu bar includes "File", "Edit", "Action", "Associated", "Window", and "Help". The toolbar features icons for various actions like adding or deleting records. The main form contains fields for personal information (First Name: Training, MI: Collateral, Last Name), address (Street No.: P.O. Box 0000, City: Hometown, State: California, ZIP: 99999, ZIP Ext), contact details (Primary Phone: (530) 865-9999, Ext), and foreign addresses (Foreign Country, Foreign ZIP). A note field for "Foreign Address Description (Province Name, etc.)" is also present.

The “LA Payee” is the next page and is only used by Los Angeles County. The next to the last page is the “Hold” page. A county may choose to place a home on hold. If a county does place a home on hold, that county will not be able to place a child in the home. This does not affect any other county, only the county placing a home on hold. For example, if Los Angeles County placed home “A” on hold for some reason, any county except Los Angeles could still place in that home if desired. When a home is placed on hold, the application will display the county placing the hold, the specific worker placing the hold, that worker’s telephone number and a reason the home was placed on hold.

Start Date	Reason
<input type="text"/>	<input type="text"/>
End Date	Staff Person
<input type="text"/>	<input type="text"/>
County	Staff Person Phone Number
<input type="text"/>	<input type="text"/>

Before using a home that a county has placed on hold, talk to the staff person who placed the hold and be certain that the hold does not have a safety issue that would put a child in any possible threat of harm.

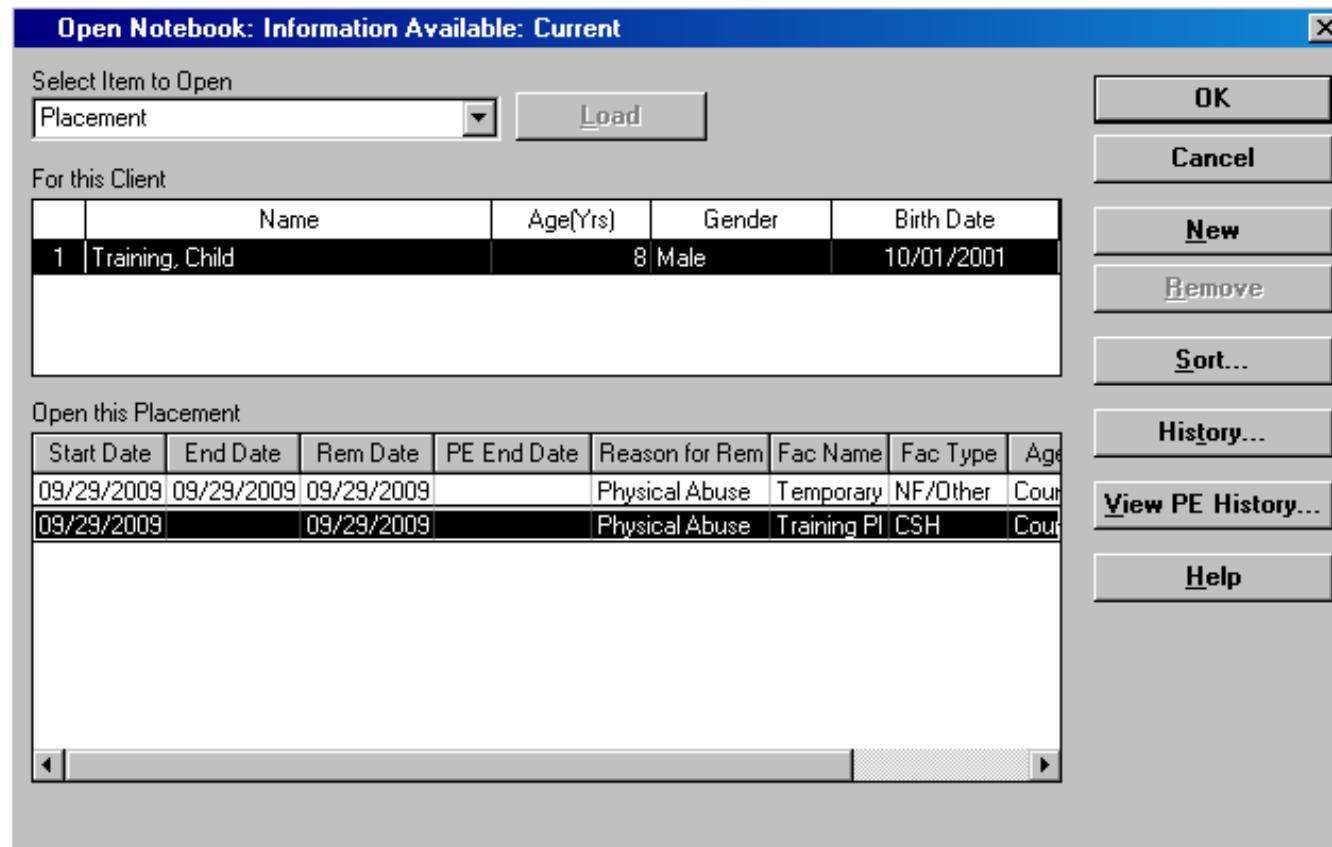
The last page is “Background Check.” This is exactly the same page as the “Background Check” page in the collateral notebook. In our example, this page has already been reviewed and completed. All necessary information has been entered in this notebook, and a “Relative/NREFM” placement can now be completed.

Before a new placement may be made, any existing placement must be ended. To end a placement, go to the placement management section  [The “Relative/NREFM” home was created in that same section.] Open the existing placement by

clicking on the “Open Existing Placement” icon

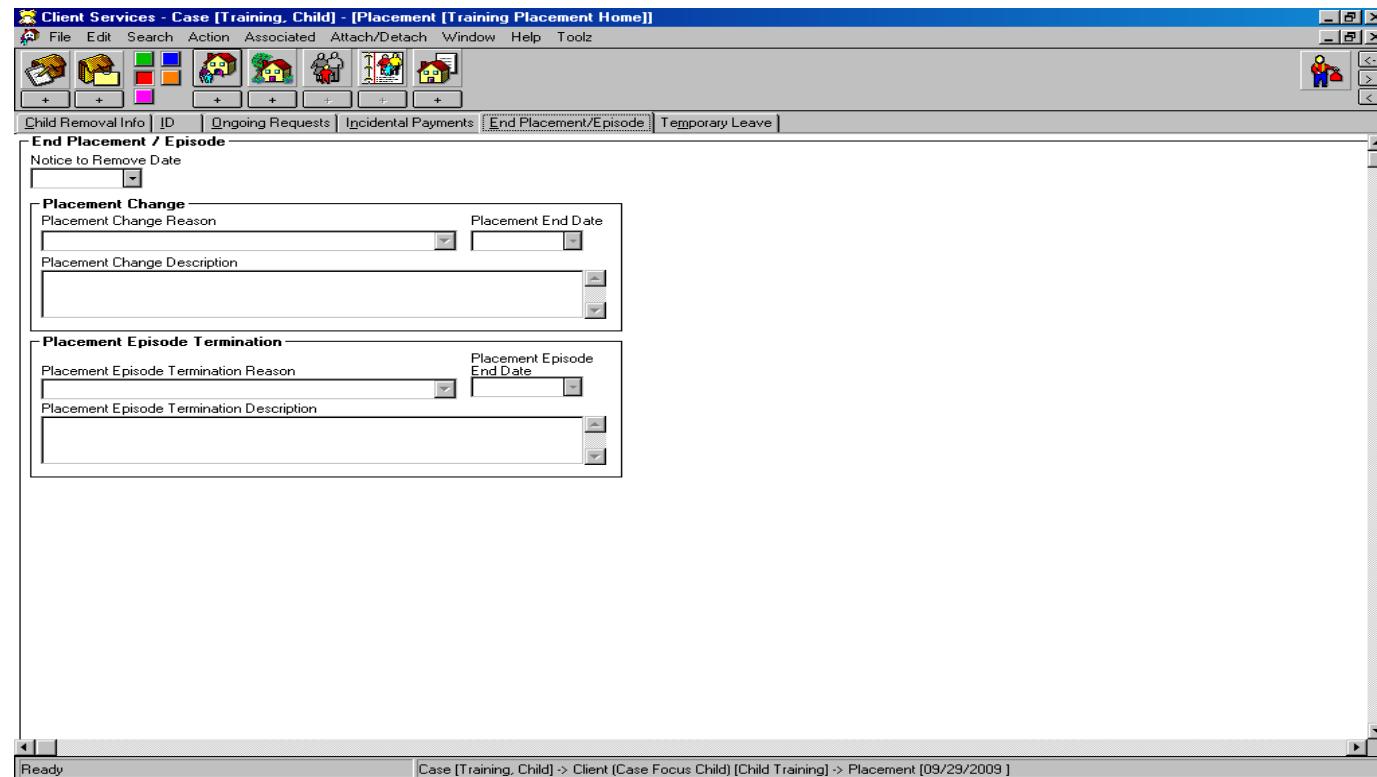


From the “Open Notebook: Information Available: Current notebook,” select the current placement. The current placement will be the placement with no, or an open, end date. It will usually be the bottom line.



Click on the “OK” button to the top right. That will open any current placement.

Next, go to the “End Placement/Episode” page.

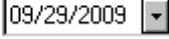


The first field to complete is the “Notice to Remove Date.”  Unless the placement was a “Non-Foster Care Placement,” or the change in placement was due to an emergency situation, request of the placement facility, a Court order, or a current signed waiver of notice, the department must provide the current placement with written notice of the intent to move the child or children at least seven calendar days prior to the move. Next, go to the “Ongoing Requests” page. End all ongoing payments.

+	Start Date	Stop Date	
1	09/29/2009	01/28/2010	Basic
2	09/29/2009	01/28/2010	SCI

Rate Type	Total	LA APPS Rates
<input checked="" type="radio"/> Basic Rate <input checked="" type="radio"/> SCI Rate	Active Rate Total 0.00	APPS Schedule/Level 
Request Details		Miller-Youakim Referral
Start Date 09/29/2009	Projected End Date 	Payment Stop Date 01/28/2010
Basic Rate 	SCI Rate 150.00	Payment County 

After ending a payment, the entire section for that grid line will become [Read Only](#). When all payments are ended, return to the “End Placement/Episode” page. The down arrow next to the “Placement Change Reason” selection menu should be enabled. If it is not enabled, and the ongoing payment date(s) are ended, go to the “ID” page in the placement management

section and be sure that a date has been entered in the “Agreement Effective Date” field.  When all ongoing payments have been ended, the “Agreement Effective Date” has been entered, and a date has been entered into the “Notice to Remove” field, the “Placement Change Reason” should be enabled. Choose a placement change reason from the drop down

menu. In this example, the reason to choose would be "Placed with Relative." After selecting the reason, complete the

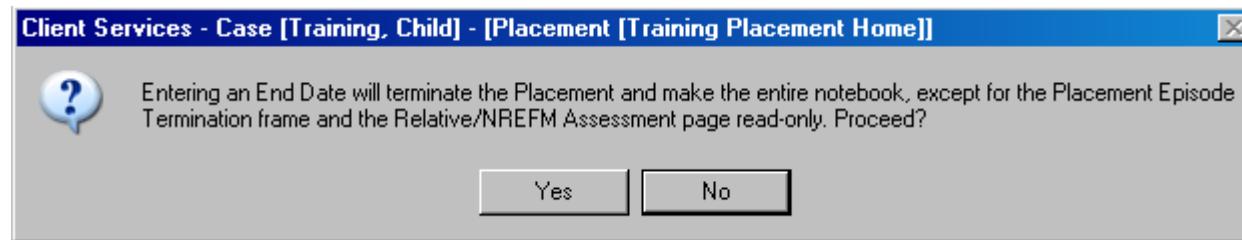
Placement End Date
"Placement End Date" field by entering the date the placement ended.

Do not end the episode. End an episode only when the child is returned home, the adoption is finalized, the child emancipates out of the system, or the child dies.

On the next page is a listing of all of the placement change reasons. Following that is a completed "End Placement/Episode" page.

<None>
Adoptive Placement Agreement Signed
Adoptv Placement w/ Nonrelative-Ends PE
Adoptv Placement w/ Relative-Ends PE
Adoptv Plcmnt w/ Fmr Fstr Family-Ends PE
Age of Majority or Emancipation-Ends PE
AFDC Funds Terminated-Ends PE
Child in Medical Facility
Child Abducted
Child Adjudged 601/602
Child Ran Away from Placement
Child Refused Services
Child Returned Home for Trial Visit
Child's Behavior
Committed to State Hospital
Complaint on Foster Home
Death of Child-Ends PE
Fost- Adopt Placement
Foster Home/Agency Request
Higher Level of Care Required
Incarcerated
Intercounty Transfer
Intracounty Transfer-Ends PE
Licensed Substitute Care Provider Moved
Lower Level of Care Required
Minor Mother Needs to be Placed w/ Child
Moved from Emergency Shelter
Other
Placed with Guardian
Placed with Relative
Reunified w/Parent/Grdian(Court)-Ends PE
Reunified w/Print/Grdian(Non-Crt)-Ends PE

When entering an “End Placement Date,” the following message is received.



Unless there is an obvious error that needs corrected, click the “Yes” button.

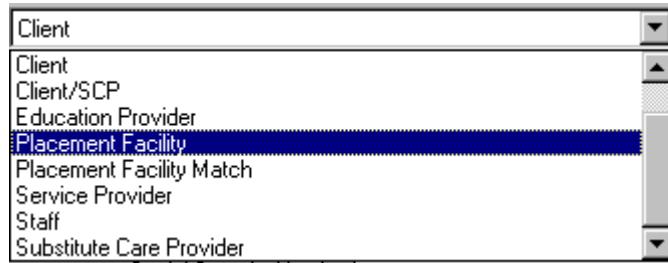
Making the Placement

It is now time to make the relative placement. If the work has not been saved to database since creating the “Relative/NREFM” placement home, there is no need to search for the placement resource. However, if the work has saved since completing the “Relative/NREFM” home, then search for the home before completing the placement.

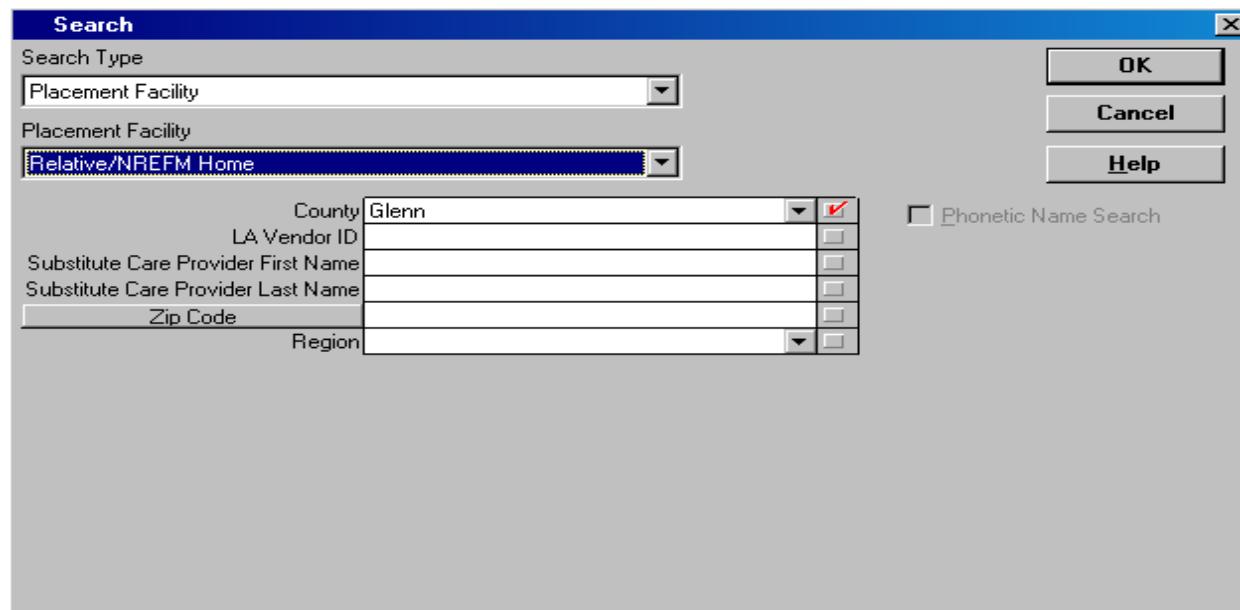
To search for a “Relative/NREFM” home, click on the “Search” drop down menu.



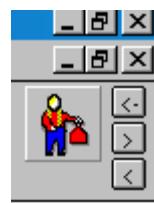
For “Search Type” select “Placement Facility.”



After selecting “Placement Facility” as the type of search, immediately below the search type, select the type of “Placement Facility” being searched for. In this case, it is a “Relative/NREFM” home.



Select the correct county, then click on the “OK” button at the top right. The relative home that was created should show in the list of relative homes the application found. If it is not there, use the “Search” drop down menu, “Search Again,” and select the same type and facility. Check the placement name and the county and search again. If the correct home is found in a search, close the search results page by clicking on the “X” in the right corner. Be careful to click on the bottom of the two “x”s that will be there.



Clicking the top “x” will close the application.

Remember, the above steps are only necessary if the data has been saved since creating the “Relative/NREFM” home. In either

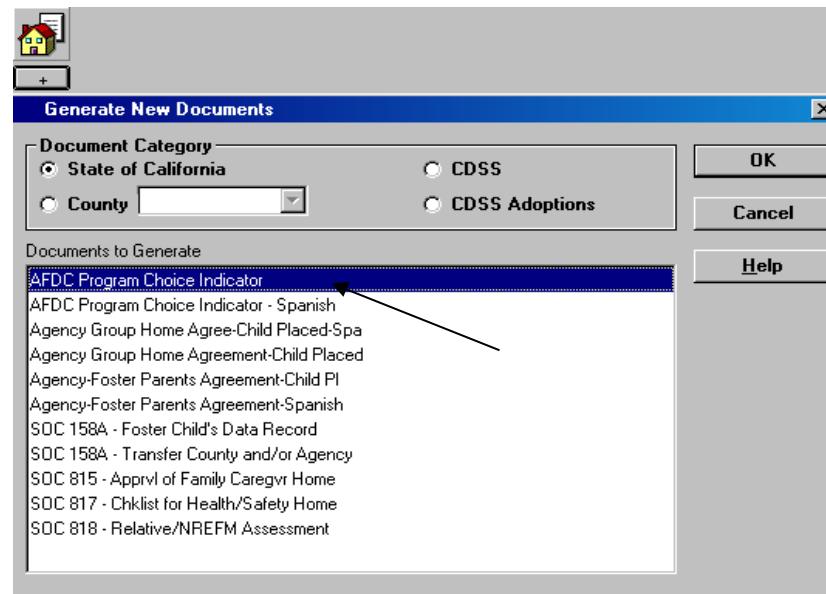


situation, now click on the “+” under the “Open Existing Placement” icon to document a new placement.

Follow the same steps as when making the original placement. There are some differences. First, the “Temporary Custody” page will already be complete. It will show exactly the same information as entered during the initial placement. This page will only change when a placement episode is closed, and a new removal and placement takes place.

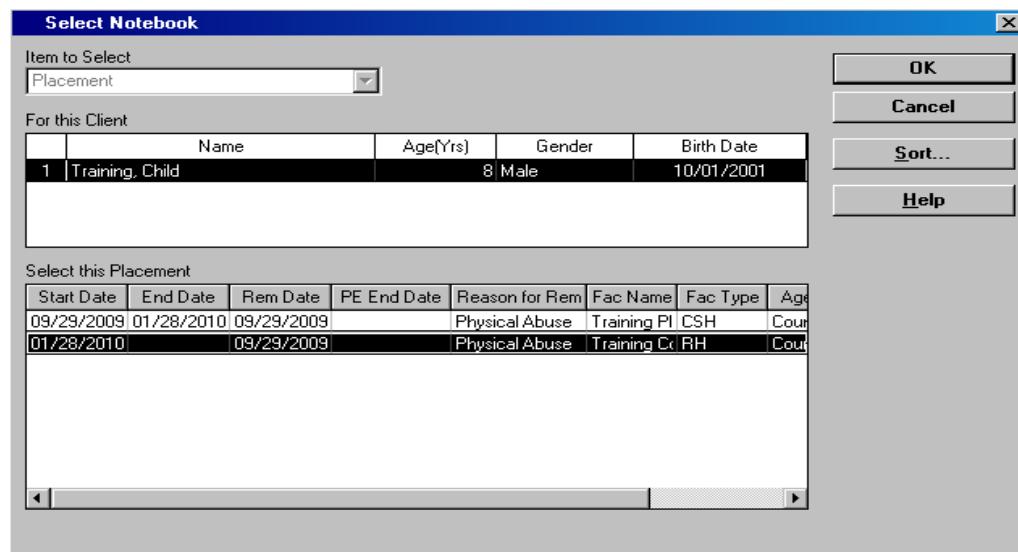
The next change is in the “Ongoing Request” page. After completing the payment amount, to the right is an information box. The boxes title is “Miller-Youkim.” It has three radial buttons, “Informed,” Informed and Accepted” and “Not Yet Informed.” The “Not Yet Informed” is the default setting. “Miller-Yoakum” refers to a federal lawsuit out of Illinois. The result of the lawsuit was that departments must inform relatives of payment options and amounts.

Complete a “Program Choice Indicator” document with the relatives/ non related extended family member and maintain a copy in the file. To create the document , create a new document by clicking on the “+” under the existing placement documents icon and selecting the “AFDC Program Choice Indicator” document.



Then click “OK.”

From the ensuing dialogue box, select the new placement.



Then click “OK.”

The form has three columns. It is likely that the assistance of an eligibility worker will be necessary to complete this form. Once completed, go over the form with the new caregivers; let them choose which program they want to use and have them sign the documents. After the new caregivers have made a choice, record in CWS/CMS that the new caregivers have been advised of their choices and made a selection as required by selecting the radial button for “Informed and Accepted.”

See the following page for an example of a completed “Ongoing Requests” page.

Client Services - Case [Training, Child] - [Placement [Training Collateral home]]

+	Start Date	Stop Date	Rate Type	Projected End Date
1	01/28/2010		Basic	

Rate Type

Basic Rate
 SCI Rate

Total

Active Rate Total

LA APPS Rates

APPS Schedule/Level

Request Details

Stat Date

Projected End Date

Payment Stop Date

Basic Rate

SCI Rate

Payment County

Miller-Youakim Referral

Informed
 Informed and Accepted
 Not Yet Informed

Special Care Increment Payment Reason

Payment Type

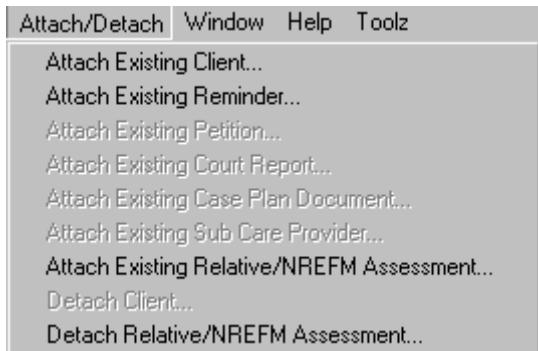
Reason Description

Approval

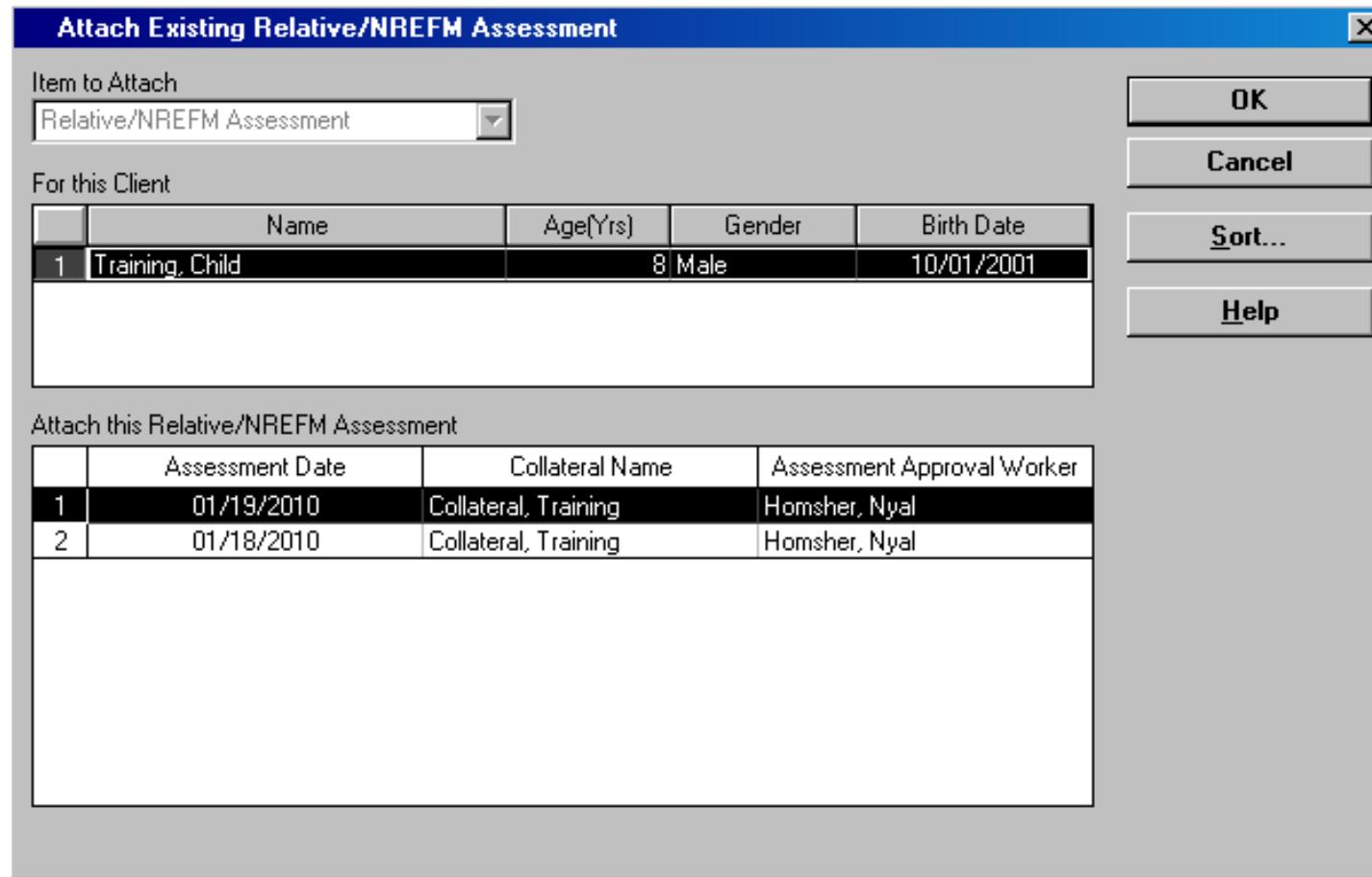
Approval Status

Date

The last step discussed in this example is to attach the “Relative/NREFM Assessment” that was completed in the collateral notebook to the placement home. From the “Attach/Detach” drop down menu, select “Attach Existing Relative/NREFM Assessment.” From the resulting dialogue box, choose the latest assessment for the relative or NREFM’s home that the child is being placed in.



On the following page is an example of the dialogue box.

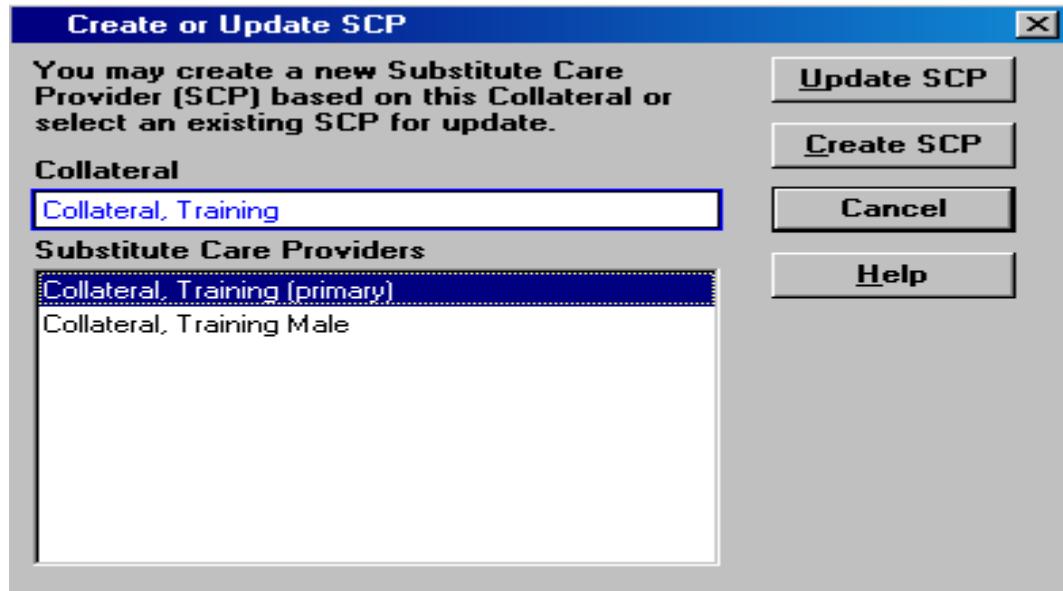


Choose the 1/19/10 assessment and then click the “OK” button in the top right of the dialogue box. Next, there is a place in the box to determine the reassessment date. The application will automatically select a date one year from the assessment date. Choosing to reassess sooner is possible, but the date should not be farther out than one year.



After determining the reassessment date, click on the “OK” button.

Next, choose between updating an existing Substitute Care Provider (SCP) and creating a new SCP for this home. As this is a new home and the relative assessment was completed in the collateral notebook, attach an existing SCP to this home.



Click on the SCP that should be updated.

Only one may be selected at a time. Then click on the "Update SCP" button on the top right of the dialogue box. The "Relative/NREFM Assessment" page from the collateral notebook will now have been copied to the "Relative/NREFM Assessment" page of the placement notebook.

Activities

Go to activity handout, chapter 10.

Process Maps, Mapped Documents and Cheat Sheets

1. CRIMINAL RECORD/ PRIOR ABUSE CLEARANCES

Criminal Record and Child Abuse records have been checked for the caregiver(s), all adults living in the home or on the premises, and other non-exempt person(s) who have routine contact with the child(ren).

- ALL ADULTS CLEARED
- NOT CLEARED

e

Collateral NB, Relative/NREFM Assessment page
or

2. CAREGIVER QUALIFICATIONS

- The above named prospective caregiver has been assessed as able to care for and supervise the above named child(ren) and provide for the child(ren)'s special needs; Caregiver Assessment completed and attached.
- CAREGIVER NOT QUALIFIED.

3. SAFETY OF THE HOME AND GROUNDS

- An on site inspection of the home's building and grounds was conducted on _____ by _____
Date _____
- The home is clean, safe, sanitary and in good repair for the safety and well-being of the child(ren), meeting required licensing/approval standards set forth in MPP 31-445.3; Checklist of Health and Safety Standards completed and attached.
- HOME DOES NOT MEET APPROVAL STANDARDS.

Collateral NB, Relative/NREFM Assessment
page or

4. CHILD'S PERSONAL RIGHTS

- Information regarding the personal rights of foster children has been provided to the prospective caregiver who has agreed to provide a copy of that information to any child (or the child's authorized representative where applicable) placed in his or her home.

Collateral NB, Relative/NREFM Assessment
page or

Collateral NB, Relative/NREFM Assessment
page or

5. COMPLETION OF ORIENTATION/TRAINING

- The caregiver has received a summary of State approval regulations and completed the orientation provided by the county.

I certify that the above named caregiver meets the standards for relative or non-relative extended family member home approval as _____.

(Date)

Collateral NB, Relative/NREFM Assessment page or Placement NB, Relative/NREFM Assessment page,
If 'Certification Statement Standard for Relative/NREFM home approved' = 'Met'

I certify that as

of _____ the above named caregiver meets the standards for relative
(Date)

or non-relative extended family member home approval pending completion of the Plan of Correction.

Collateral NB, Relative/NREFM Assessment page or Placement NB, Relative/NREFM Assessment page,
If 'Certification Statement Standard for Relative/NREFM home approved' = 'Met Pending Plan of Correction'

Plan of Correction completed on _____.
(Date)

Collateral NB, Relative/NREFM Assessment page or Placement NB, Relative/NREFM Assessment page,
If 'Date of Plan of Correction' entered

Plan of Correction not completed by agreed to due date.

Collateral NB, Relative/NREFM Assessment page or Placement NB, Relative/NREFM Assessment page,
If 'Plan of Correction not completed by agreed to due date' checked

I certify that the above named caregiver DOES NOT meet the standards for relative or
non-relative extended family member home approval .
as of _____

(Date)

Collateral NB, Relative/NREFM Assessment page or Placement NB, Relative/NREFM Assessment page,

If 'Caregiver DOES NOT meet standards for Relative/NREFM home approval as of:' date entered

Assessment Approval Worker's Signature

(Date)

Collateral NB, Relative/NREFM Assessment page or Placement NB, Relative/NREFM Assessment page

Assessment Approval County

Collateral NB, Relative/NREFM Assessment page or Placement NB, Relative/NREFM Assessment page

Supervisor's Signature

(Date)

Collateral NB, Relative/NREFM Assessment page or Placement NB, Relative/NREFM Assessment page

CRIMINAL BACKGROUND CHECKS

	CLETS	CWS/CMS Search	Live Scan Fingerprints Submitted	LIVE SCAN Received	DOJ CACI Received	FBI Requested	FBI Received	Exemption Requested	Exemption Granted	Exemption Denied	DOJ RAP-Backs Requested
Caregiver:	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)	(Date)
Collateral NB, ID page or Placement Home NB, SCP page	Collateral NB, Background Check page or Placement Home NB, Background Check page										
Other Adults											
For other SCP's: Placement Home NB, SCP page	Placement Home NB, Background Check										
If generated from Placement Management section: Placement Home NB, Other Adults page	Placement Home NB, Background Check										
If generated from Client Management section: Must be supplied manually	User Supplied										

Checklist of Standards for Approval of Family Caregiver Home

Pursuant to Division 31, MPP 31-445.3, in order to be approved, all Foster Care Homes must meet the following standards, set forth in Title 22, Division 6, Chapter 9.5, Article 3.

Section	STANDARD	YES	NO	DAP*	CAP
89317	APPLICANT QUALIFICATIONS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89319	CRIMINAL RECORD CLEARANCE REQUIREMENT	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89323	EMERGENCY PLAN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89361	REPORTING REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89370	CHILDREN'S RECORDS				<input type="checkbox"/>
89372	PERSONAL RIGHTS				<input type="checkbox"/>
89373	TELEPHONES			<input type="checkbox"/>	<input type="checkbox"/>
89374	TRANSPORTATION				<input type="checkbox"/>
89376	FOOD SERVICE	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89378	RESPONSIBILITY FOR PROVIDING CARE & SUPERVISION	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89379	ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89387	BUILDINGS AND GROUNDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89387.1	OUTDOOR ACTIVITY SPACE	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89387.2	STORAGE SPACE	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
89388	COOPERATION & COMPLIANCE	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

*DAP: DOCUMENTED ALTERNATIVE PLAN MADE

CAP: CORRECTIVE ACTION PLAN MADE

These checkbox responses
are based on information
supplied by the user

Checklist of Health and Safety Standards

for Approval of Family Caregiver Home

Pursuant to Division 31 MPP 31-445.3, in order to be approved, all Foster Care Homes must meet the following standards, set forth in Title 22, Division 6, Chapter 9.5, Article 3. <u>STANDARDS PERMITTING ALTERNATIVE PLANS</u> <i>The following statements must be answered YES, unless not applicable or an exception is granted, to approve the home for placement.</i>	Yes	No	N/A	*Alternative
1. Adequate bedroom space is provided: [§89387(a)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) No more than 2 children share a bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) No sharing a bedroom by children of opposite sex unless each child is under 5 years of age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Each child has individual bed with clean linens, pillow, blankets, mattress in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Each bedroom has sufficient portable or permanent closet and drawer space for each child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) The child does not share a bedroom with an adult unless the child is an infant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(f) There are no more than 2 infants and no more than 2 adults sharing the same bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Infant has age-appropriate, safe/sturdy bassinet or crib.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) No room commonly used for other purposes or as a public or general passageway to another room is used as a bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Easy passage is allowed between beds and room entrance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The home has telephone service (may be waived if telephone access is available). [§89373]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STANDARDS NOT PERMITTING ALTERNATIVE PLANS <i>The following statements must be answered YES, unless not applicable or a corrective action plan has been agreed upon. # indicates a standard for which "not applicable" is an unacceptable response.</i>	Yes	No	N/A	»CAP
3. The home appears to be clean, safe, sanitary and in good repair. [§89387(b)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
4. Indoor and outdoor halls, stairs, ramps, and porches are free of obstructions and hazards. [§89387(c)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
5. Home contains at least 1 toilet, sink, tub or shower maintained in safe, clean operating condition. [§89387(i)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
6. Bunk beds of more than two tiers must not be used. [§89387(j)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Upper tier has bed rails. [§89387(j)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Children under five years of age or those who are unable to climb into or out of the upper tier unassisted shall not be permitted to use the upper tier. [§89387(j)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Home is maintained at comfortable temperature at all times. [§89387(k)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
8. Child's safety is ensured in homes with fireplaces, open forced heaters and woodstoves. [§89387(l)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Lamps and necessary light is provided in all rooms and other areas to ensure comfort and safety of persons in the home. [§89387(m)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
10. Home has indoor sprinkling system or functioning smoke detector installed in the hallway(s) of each sleeping area audible in each bedroom or sleeping room. [§89387(p)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
11. Hot water from faucets is delivered at a safe temperature. [§89387(n)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
12. Medicines, disinfectants, cleaning solutions, poisons, firearms and other dangerous items are stored where inaccessible to children. [§89387.2]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
13. Storage areas of firearms and other dangerous weapons are locked or in lieu of locked storage the applicant is utilizing trigger locks or has removed and locked the firing pin/s separately from the firearm/s. Ammunition is stored and locked separately from firearms. [§89387.2]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Solid waste is stored, located and disposed of in a manner that will not permit the transmission of communicable disease or of odors, create a nuisance, or provide a breeding place or food source for insects or rodents . [§89387(o)]	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
15. Each sleeping room has 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 equipped with safety release devices. [§89387(q)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Yard or outdoor activity space is provided free from hazards to life and health. [§89387.1])	<input type="checkbox"/>	<input type="checkbox"/>	#	<input type="checkbox"/>
--	--------------------------	--------------------------	---	--------------------------

* Alternative: Documented Alternative Plan must be attached.

» Correctable Deficiencies: Corrective Action Plan must be attached.

I certify that the home
of

Placement Home NB, SCP ID or Collateral NB, ID page

meets the
standards

(Caregiver's Name)

for approval as described in this form.

User Supplied

Signature (County CWS or Probation Worker)

User Supplied

Date

Deficiencies and Plans of Correction

When a violation of health and safety standards is observed, the county worker has the responsibility to determine the length of time by which a correction must be made and to provide the relative with reasonable assistance in meeting that standard. The basic factors to be considered in making this assessment are the potential consequences to the child(ren) placed in the home and the immediacy of the need to correct.

The types of deficiencies are as follows:

1. **Immediate Impact:** Deficiencies that, if not corrected, would have a direct and immediate risk to the health, safety or personal rights of the foster child. If placement is imminent, correction MUST BE MADE prior to placement of the child.
2. **Potential Impact:** Deficiencies that without correction could become a risk to the health, safety or personal rights of the child(ren).

Examples of Immediate Impact Deficiencies:

For initial approval:

1. Health Related: unlocked poisons, inappropriate storage of medications.
2. Food Service: food contaminated with mold, fungus or bacteria; bloated or ruptured canned foods; infestation of insects or vermin; unsanitary conditions in food preparation areas that present immediate health hazard; storing of food next to or with toxic substances.
3. Building and Grounds: no fence or approved cover for bodies of water; broken stair or stair railings; poisons, toxic substances, firearms in areas accessible to the child(ren); unlit stairwells used by the child(ren).
4. Fixtures, Furniture, Equipment and Supplies: toilet not in working condition, garbage accessible to children, unsafe fireplace or heaters that are in use, unsafe water temperature, condition of bedding or towels is unsanitary, furniture is broken and could cause injury if used.
5. Criminal Record Clearance and Child Abuse Index Check: failure to obtain a CLETS clearance and submit a fingerprint or Criminal Record Clearance and Child Abuse Index Check for those individuals whom have frequent and routine contact with the child(ren) in care.

For re-assessment, all of the above, and:

1. Personal Rights: abuse, neglect, inappropriate use of restraints, the use of corporal punishment, and similar violations having a direct negative impact on either the physical or emotional wellbeing of the child(ren) in care.
2. Health Related Services: storing mislabeled, unlabeled, outdated or discontinued medications; failure to ensure that needed medical care is provided to those in care.
3. Food Service: failure to maintain enough food to meet the needs of the child(ren) for the next 24 hours.
4. Care and Supervision: child requires a level of care that cannot be met by the caregiver without the provision of additional supports or services.

5. Supplies: failure to maintain enough basic hygiene items to meet the needs of the child(ren).

Examples of Potential Impact Deficiencies:

For initial approval:

1. Food Service: failure to clean dishes and utensils.
2. Buildings and Grounds: conditions that may have a negative impact on the child(ren) in care if not corrected, such as multiple conditions that indicate an overall deterioration of the home; widespread neglect of maintenance; unsanitary living and food preparation areas.
3. Furniture, Fixtures, Equipment and Supplies: furnishings should be considered as deficient only when they are clearly damaged to the extent they are not functional, (e.g., a tear in the seat of a chair vs. exposed springs); no operable sink or shower; inadequate linens.

For re-assessment, all of the above, and:

1. Reporting Requirements: Failure to notify the Department regarding incidents of abuse, neglect, death, injury, etc. as required by §89361.
2. Record Keeping: Failure to maintain the child(ren)'s records as required by §89370.

Plan of Correction

When a child welfare worker has determined that a deficiency exists, the proposed caregiver and the worker will discuss each deficiency and develop a plan for correcting each deficiency. If the deficiency is not corrected during the visit, then the plan of correction must be in writing, with a copy provided to the caregiver, and shall include at least the following information:

1. Citation of the regulation section that is violated.
2. Description of the nature of the deficiency.
3. The actions to be taken by the applicant and the assistance to be provided by the County.
4. The date by which each deficiency shall be corrected.

5. The phone number of the county office responsible for approval of the home.

WHEN THERE ARE CHILDREN IN THE HOME, THE WORKER MUST REQUIRE IMMEDIATE CORRECTION OF A DEFICIENCY IF THE DEFICIENCY WOULD POSE AN IMMEDIATE THREAT TO THE HEALTH AND SAFETY OF CHILDREN. UNDER THESE SAME CIRCUMSTANCES, IF THERE ARE NO CHILDREN IN CARE, AND PLACEMENT IS IMMINENT, CORRECTION SHOULD BE WITHIN 24 HOURS OR LESS, AND BEFORE PLACEMENT IS MADE. OTHERWISE, THE DATE FOR CORRECTING A DEFICIENCY SHALL NOT BE MORE THAN 30 CALENDAR DAYS FOLLOWING THE DATE OF THE VISIT, UNLESS THE WORKER DETERMINES THAT THE DEFICIENCY CANNOT BE CORRECTED IN 30 CALENDAR DAYS. IN THIS CASE, THE WORKER MUST DETERMINE AN APPROPRIATE COMPLETION DATE. *TITLE IV-E IS NOT AVAILABLE UNTIL THE MONTH IN WHICH THE CORRECTIONS ARE COMPLETED AND THE HOME FULLY MEETS THE STANDARDS.*

THE CORRECTIVE ACTION PLAN SHALL SPECIFY CORRECTIVE ACTIONS WHICH MUST BE TAKEN WITHIN 30 DAYS AND THE DATE ON WHICH THE CORRECTIONS WILL BE COMPLETED.

In determining the date for correcting a deficiency, the worker should consider the following:

1. Whether there are children in care.
2. The potential hazard presented by the deficiency.
3. The availability of equipment or personnel necessary to correct the deficiency.
4. The estimated time necessary for delivery and installation of any necessary equipment.

If a written plan of correction is used, the worker is responsible for ensuring corrections have been completed within the required timeframes.

**Relative or Non-Relative Extended Family Member
Caregiver Assessment**

If any statements below are answered **No**, the caregiver cannot be approved. The worker should assess whether the provision of reasonable assistance or additional services to the caregiver would enable the caregiver to properly respond to the child(ren)'s needs and the child(ren)'s health and safety. If the worker later reassesses the caregiver and determines that conditions supporting the No answer have changed sufficiently to answer Yes, approval may be given at that time.

Responses to the following statements have been assessed by the undersigned.

1. The caregiver has been provided a summary of State home approval regulations and is capable, having sufficient physical and mental health, to meet these requirements for the care and supervision appropriate to the type of child(ren) to be served. [§89317]

Yes No

Information to be
supplied by the user

Comments: _____

2. The caregiver is aware of the child(ren)'s immediate medical, psychological, and educational needs and is able to respond to those needs. [§89378]

Yes No

Information to be
supplied by the user

Comments: _____

3. The caregiver understands State child abuse and neglect laws and agrees to report any circumstances indicating the child(ren) has been abused or neglected. [§89361]

Yes No

Information to be supplied by the user

Comments: _____

4. The caregiver can provide the child(ren) opportunities for and encouragement in participation in group sports, leisure time, family, school and daily living activities. [§89379(a)]

Yes No

Information to be supplied by the user

Comments: _____

5. The caregiver is able to care for the child(ren) in a healthy and safe way. [§89378]

Yes No

Information to be supplied by the user

Comments: _____

6. The caregiver will ensure that only positive discipline practices which promote the health and well being of the child(ren) are used in the home, and will not use nor allow any form of discipline that violates the child(ren)'s personal rights. [§89372]

Yes No

Information to be supplied by the user

Comments: _____

7. The caregiver understands and agrees to maintain the child(ren)'s records, including the placement agreement, health and educational records and written consent for medical/ dental treatment. [§89370]

Yes No

Comments: _____

Information to be supplied by the user

8. The caregiver agrees to report all changes in household composition, or change in the residence or mailing address, or absence of the caregiver from the home of more than 48 hours. [§89361]

Yes No

Comments: _____

Information to be supplied by the user

9. The caregiver agrees to post emergency telephone numbers, discuss emergency situations with the child(ren) and practice emergency procedures every 6 months. [§89323]

Yes No

Comments: _____

Information to be supplied by the user

10. The caregiver agrees to report any accidents, injuries or incidents that threaten to harm the physical or emotional health or safety of the child. [§89361]

Yes No

Comments: _____

Information to be supplied by the user

11. The caregiver has been provided with a copy of the child(ren)'s personal rights and understands them and agrees to ensure that all members of the household will abide by them. [§89372]

Yes No

Information to be supplied by the user

Comments: _____

12. The caregiver agrees to ensure direct care and supervision is provided to meet the child(ren)'s needs during participation in those activities that are sponsored by third parties. [§89379(b)]

Yes No

Information to be supplied by the user

Comments: _____

13. The caregiver will provide at least three nutritious meals daily to meet the child(ren)'s dietary needs. [§89376]

Yes No

Information to be supplied by the user

Comments: _____

14. The caregiver will ensure all transportation for the child(ren) is provided in vehicles in safe operating condition, by a driver complying with all applicable laws. [§89374]

Yes No

Information to be supplied by the user

Comments: _____

Assessment Summary:

The relative/non-relative extended family member has the ability and capacity to provide care and supervision to meet the child(ren)'s needs.

Yes No

Information to be supplied by the user

Information to be supplied by the user	Information to be supplied by the user	Information to be supplied by the user
Signature of County CWS or Probation Worker	Phone Number	Date

DECLARACION Y ACUERDO DEL PROVEEDOR DE CUIDADO

QUE ES PARIENTE O NREFM*

Yo (o nosotros) declaro que:

1. Se me ha proporcionado un resumen de los ordenamientos estatales acerca de la aprobación y operación de un hogar de crianza temporal para un pariente y estoy de acuerdo en cumplir con ellos.

_____ (Iniciales del proveedor de cuidado)

2. Estoy de acuerdo en cooperar con el Condado para mantener los estándar del proveedor de cuidado.

_____ (Iniciales del proveedor de cuidado)

3. Se me ha proporcionado una copia de los derechos personales de los niños y los entiendo y estoy de acuerdo en asegurar que todos los miembros del hogar cumplan con ellos.

_____ (Iniciales del proveedor de cuidado)

4. Estoy de acuerdo en proveer por las necesidades especiales de cualquier niño colocado bajo mi cuidado, incluyendo, pero no limitándose a:

- Proporcionar los servicios identificados en el Plan de Servicios y Necesidades del Niño y, si es pertinente, el Plan de Transición para Una Vida Independiente. (§89378(b) y §89387.2)

_____ (Iniciales del proveedor de cuidado)

- Si el menor es un parent/madre, proporcionar cuidado y supervisión directos para el hijo del menor cuando el menor esté en la escuela o que de otra manera no pueda o no esté disponible para cuidar a su hijo. (§89378)

_____ (Iniciales del proveedor de cuidado)

- Si el menor tiene una incapacidad/discapacidad, hacer los arreglos específicos necesarios que se requieren para proteger y ayudar al menor y aumentar al máximo el potencial del menor para la autosuficiencia.

(§89387) _____ (Iniciales del proveedor de cuidado)

- Si el menor tiene menos de 10 años de edad o tiene una discapacidad de desarrollo, impedimento mental, o necesita cuidado especial y supervisión, cualquier alberca o espacio abierto que contenga agua deberá de estar protegido como se estipula en §89387(d). _____ (Iniciales del proveedor de cuidado)

Yo (o nosotros) no he hecho ni haré ninguna declaración falsa ni engañosa asociada con la solicitud para aprobación, incluyendo información sobre el proveedor de cuidado, los miembros de la familia, el hogar de la familia, ni cualquier servicio que se proporciona en el hogar.

Firma del Proveedor de Cuidado

Fecha

Placement Home NB, SCP page or Collateral NB, ID page

Nombre del Proveedor de Cuidado (use letra de molde)

Firma del Proveedor de Cuidado

Fecha

Supplied by User

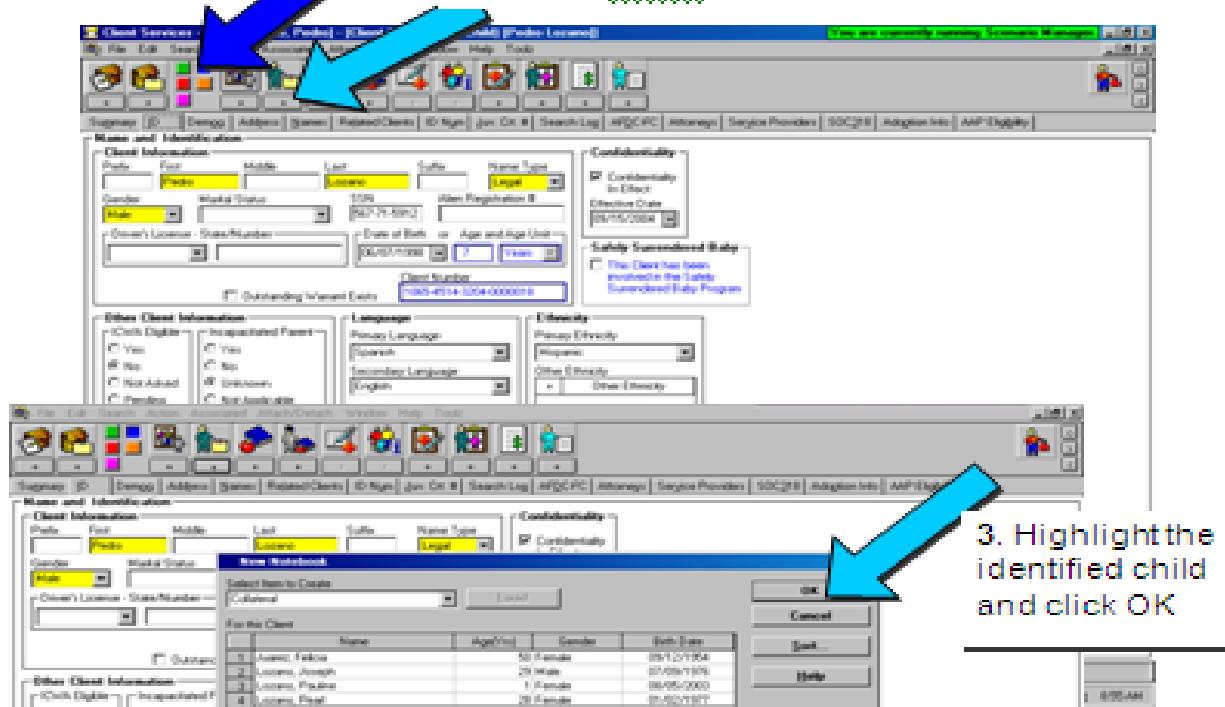
Nombre del Proveedor de Cuidado (use letra de molde)

*La definición de las siglas en inglés NREFM es: un proveedor de cuidado que no es un pariente pero que es una persona adulta con quien el niño ha establecido un lazo de familia o una relación de mentor o consejero.

A. Documenting Relative Assessments in CWS/CMS

1. From the Client Management Section

2. Create a new Collateral

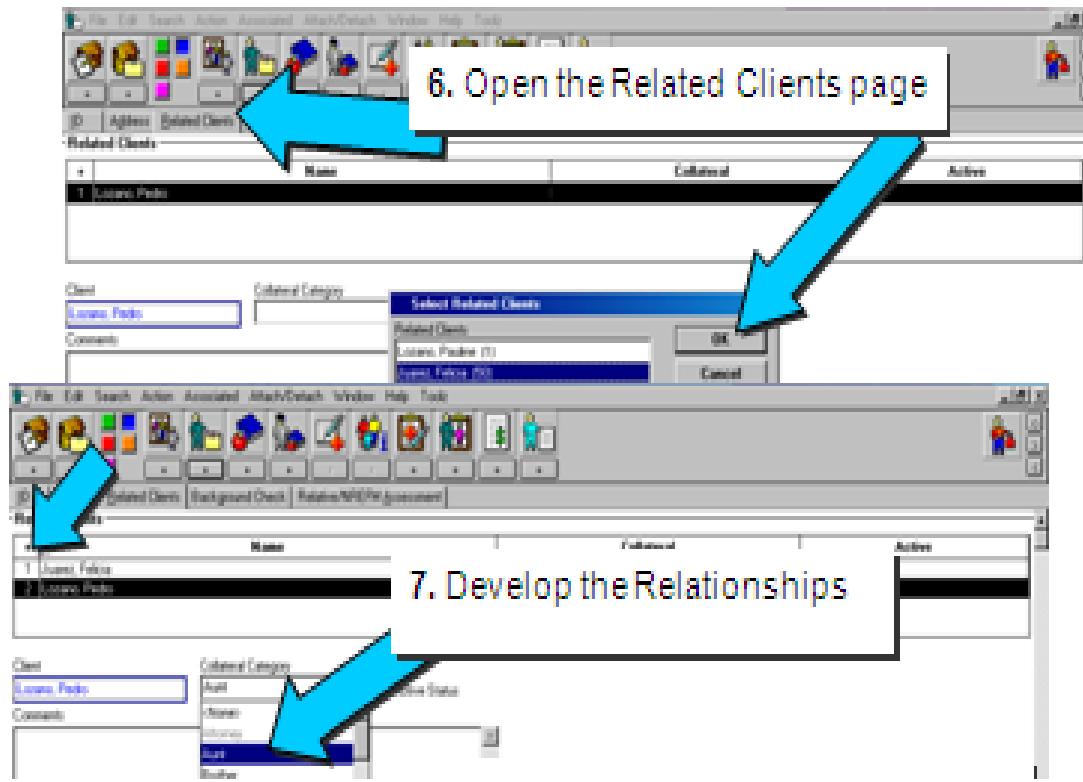


3. Highlight the identified child and click OK

4. Complete the fields on the ID page

5. Complete the fields on the Address Page

The image shows a software application window with two tabs at the top: 'ID' and 'Address'. The 'ID' tab is currently active, displaying a form with fields for Name (First: Nyal, Last: Homsher), Date of Birth (07/01/1994), Gender (Male), and Agency (Agency Name: [empty], Badge No: [empty]). Below these are sections for Phone Numbers (Emergency Phone: 555-5555, Fax Phone: [empty]) and Email (Email: [empty]). A blue arrow points from the text '4. Complete the fields on the ID page' to the 'Name' field. The 'Address' tab is also visible, showing fields for Street No (123 Elm St.), City (Sacramento), State (California), Zip (95811), and Foreign Address Description (Province Name: [empty]). A blue arrow points from the text '5. Complete the fields on the Address Page' to the 'Street No' field.



8. Open the Background Check page

The screenshot shows a software interface for managing background checks. At the top, there's a toolbar with various icons. Below it is a menu bar with 'File', 'Edit', 'Search', 'Action', 'Associated', 'Attach/Detach', 'Windows', 'Help', and 'Tools'. A tab bar indicates the current window is 'Background Check'.

The main area displays a table titled 'Background Check Type' with columns for 'Name' and 'Date'. The table contains the following data:

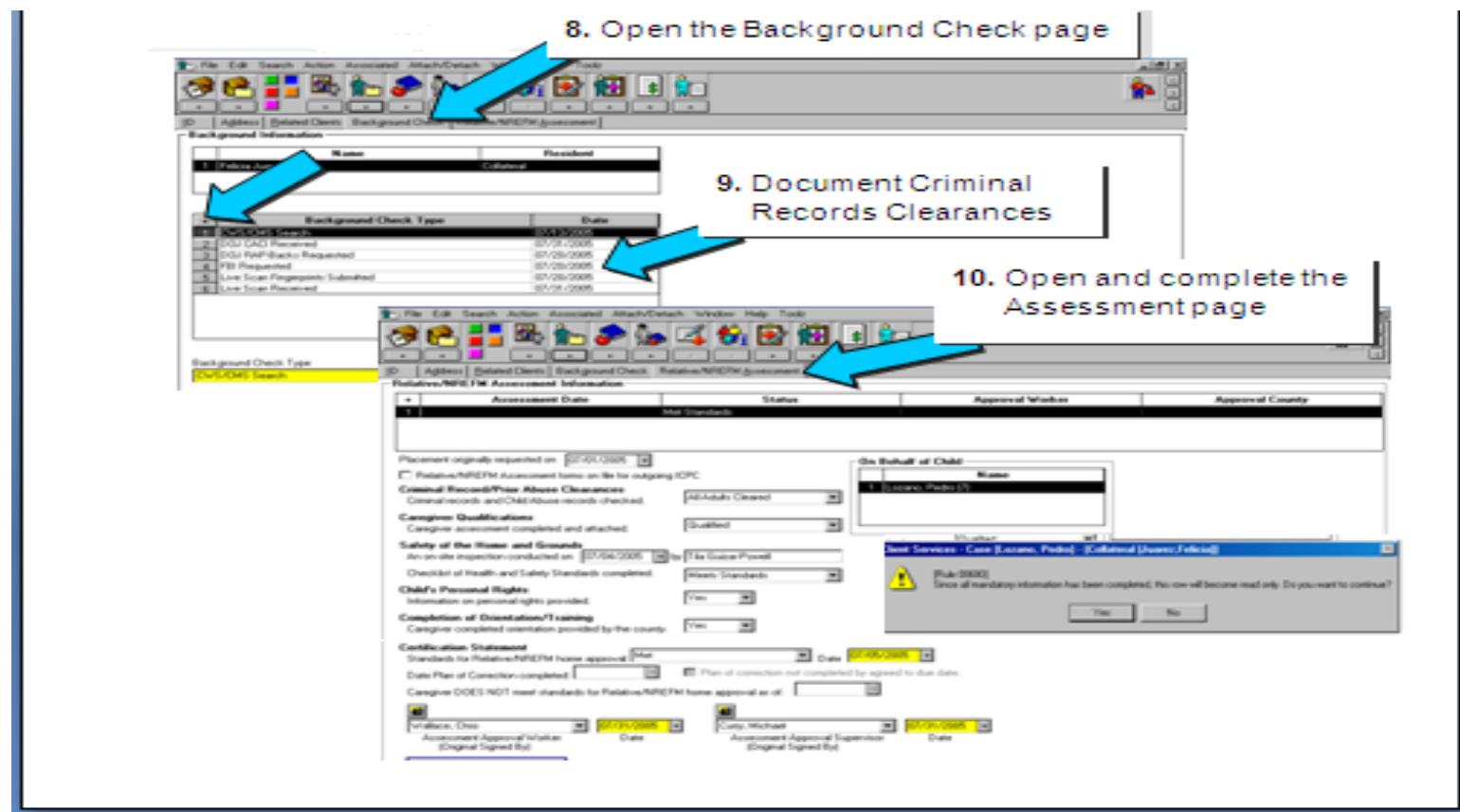
Name	Date
DOJ Fingerprint Requested	07/25/2005
DOJ FBI-Finger Requested	07/25/2005
FBI Requested	07/25/2005
Live Scan Fingerprint Submitted	07/25/2005
Live Scan Received	07/25/2005

Below this table, a yellow box highlights the 'Background Check Type' dropdown menu, which is currently set to 'DOJ/Clear Search'. There are also tabs for 'Background Check' and 'Relative/NREFM Assessment'.

On the right side of the screen, there's a separate window titled 'Save Services Case Status: Pending [Cohesion Issues/Failed]'. This window contains a warning message: 'Rule 00003 Since all mandatory information has been completed, this row will become read only. Do you want to continue?'. It has 'Yes' and 'No' buttons.

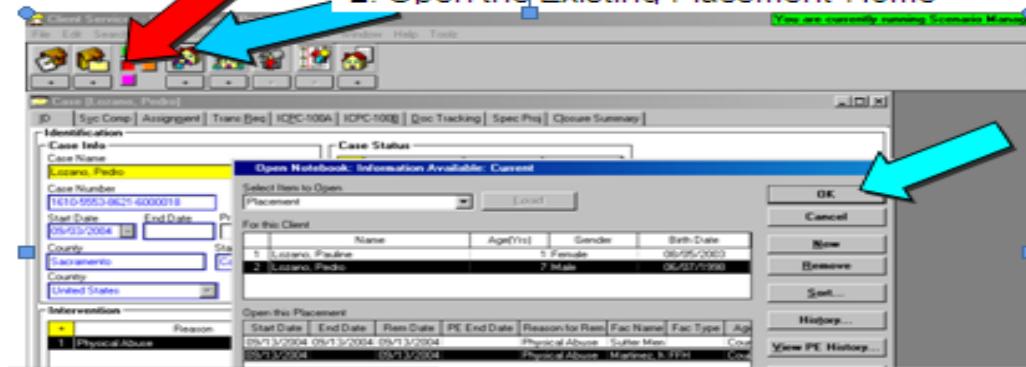
9. Document Criminal Records Clearances

10. Open and complete the Assessment page

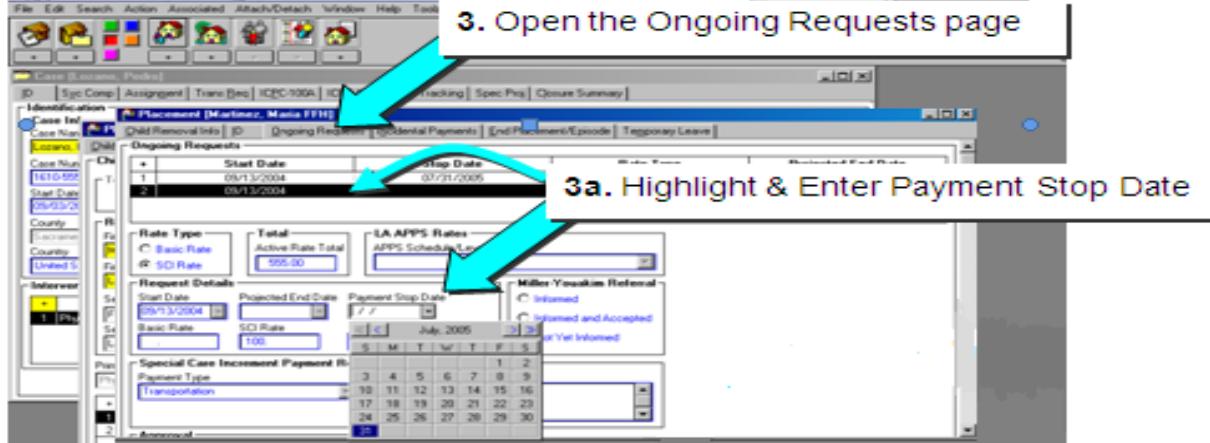


B. Developing the Relative Placement in CWS/CMS

1. From the Placement Management Section
2. Open the Existing Placement Home



3. Open the Ongoing Requests page



- 3a. Highlight & Enter Payment Stop Date

4. Open End Placement/Episode

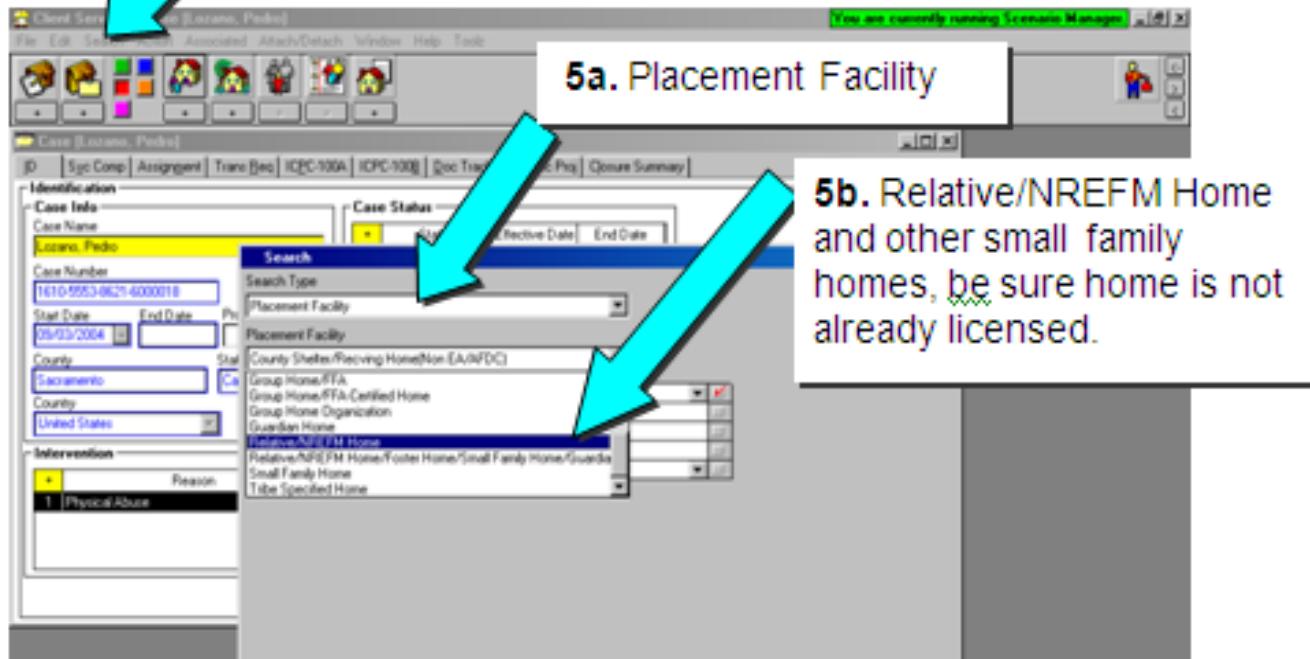
**4b. Complete
Placement
Change
Reason**

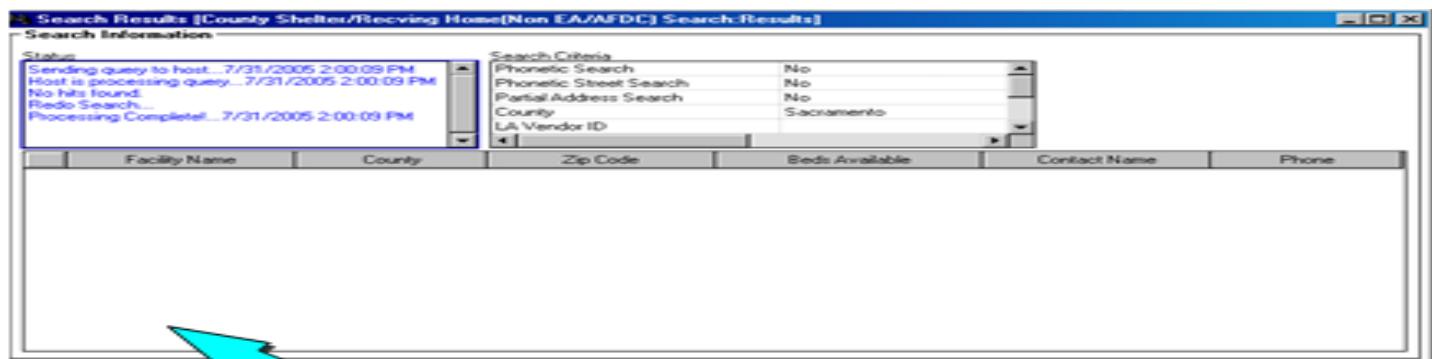
The screenshot shows a software window titled "Placement [Martinez, Maria FTH]". The menu bar includes "Child Removal Info", "Ongoing Requests", "Incidental Payments", "End Placement/Episode", and "Temporary Leave". The "End Placement/Episode" tab is selected. A sub-menu titled "Placement Change" is open, showing a list of reasons for placement change. The reason "Placed with Relative" is highlighted with a yellow background. To the right of the list is a "Placement End Date" field, which is also highlighted with a yellow background. A large blue arrow points from the text "4a. Complete Notice to remove date" to the "Notice To Remove Date" field at the top left of the screen. Another blue arrow points from the text "4c. Complete Placement End Date" to the "Placement End Date" field.

4a. Complete Notice to remove date

**4c. Complete
Placement
End Date**

5. SEARCH





No Hits ? Then...

6. Create New Placement Home

Primary Substitute Care Provider

Type

Foster Family Home Type

Age Range

#Placements

Beds Avail

Adm. Cap

Primary Phone

Ext

Backup Contact

Name

Phone

Ext

Address

Street No

Street Name

City

State

ZIP Ext

Geographic Region

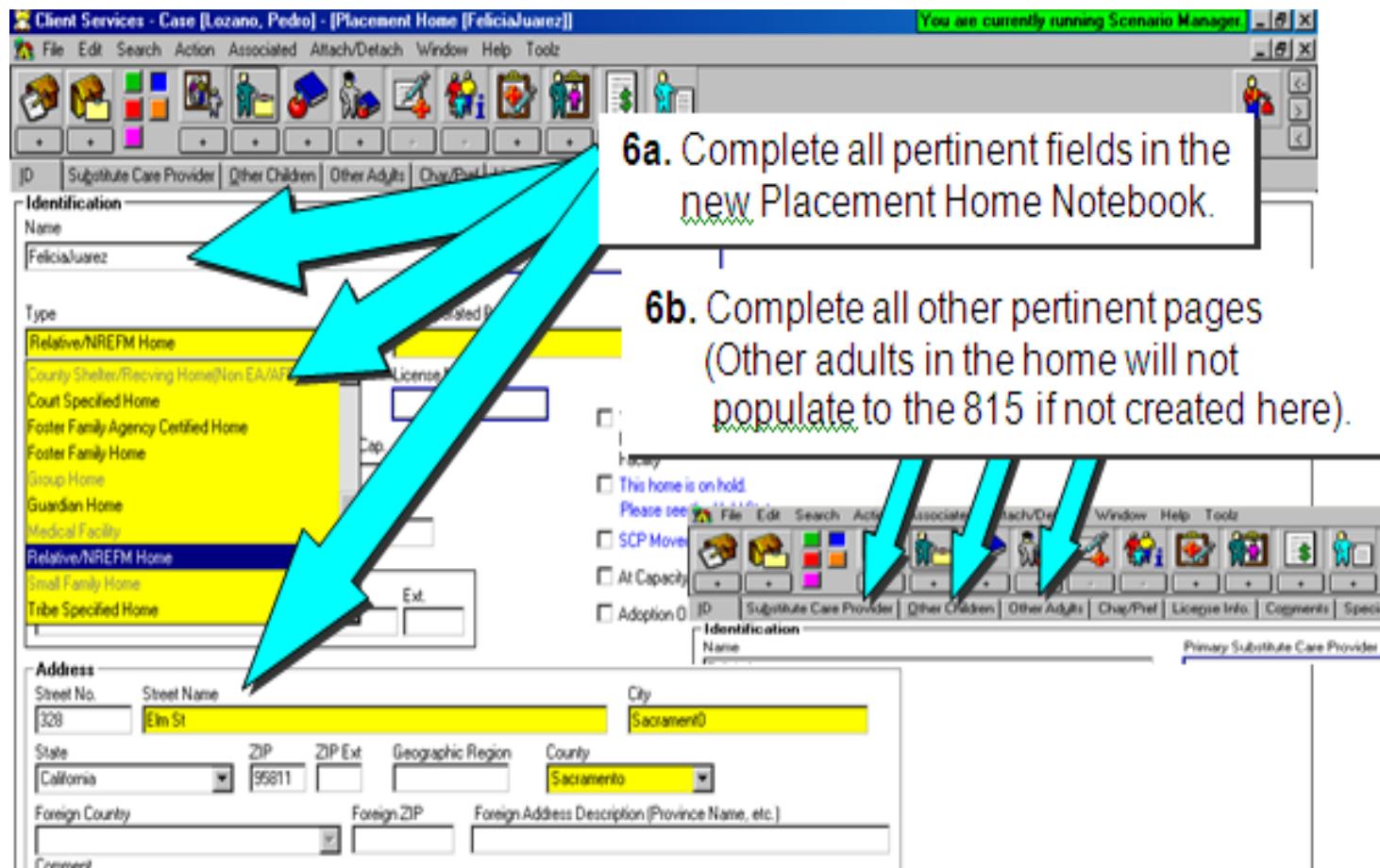
Country

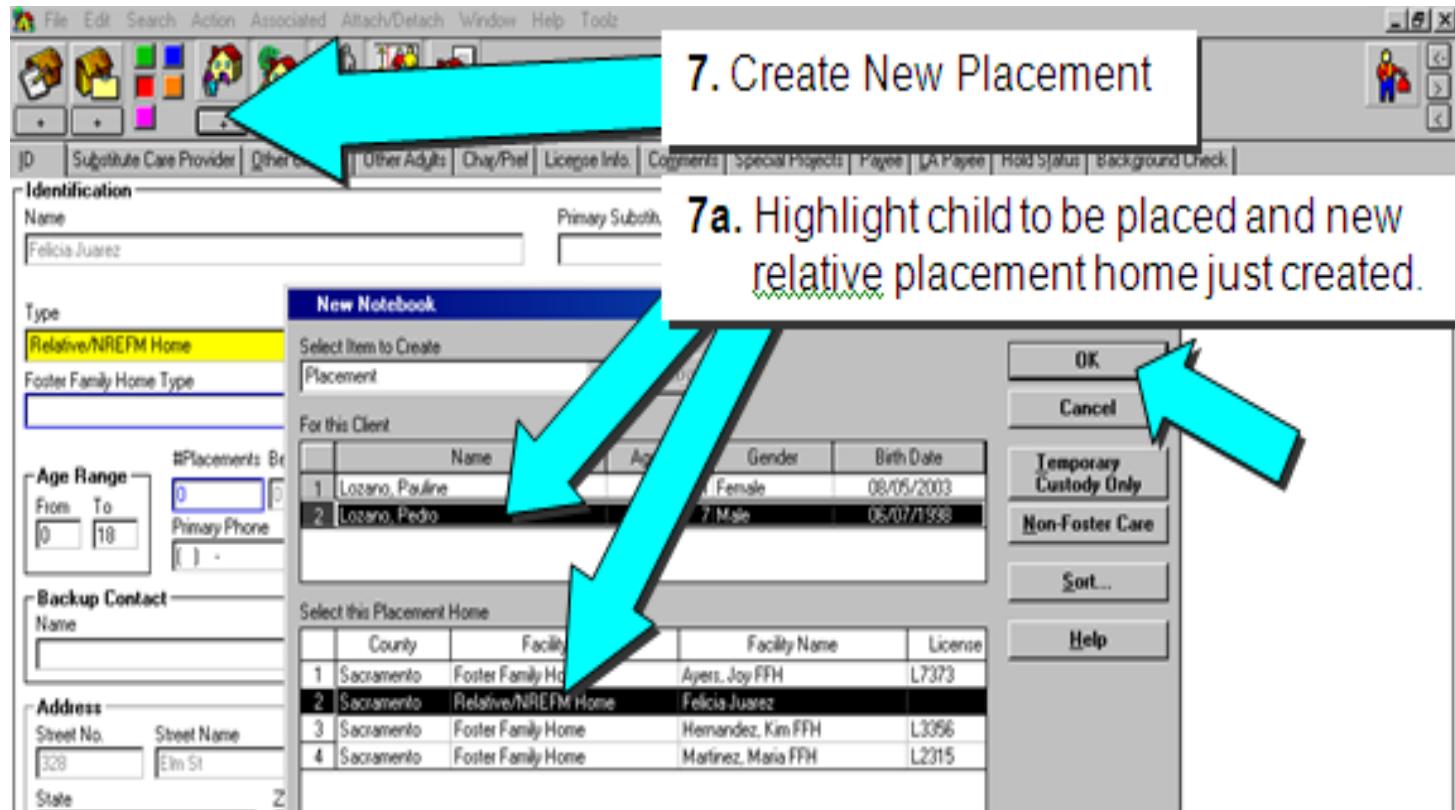
Foreign Country

Foreign ZIP

Foreign Address Description (Province Name, etc.)

Comment





**7b. ID Page: 1) Start Date
2) Relationship to Child**

Placement Information

Start Date: 07/31/2005

Agency Responsible: County Welfare Department

Facility Type: Relative/NREFM Home

Program Number: Primary Substitute Care Provider

Placement Home: Felicia Juarez

Emergency Placement Legal Auth. For Placement De Facto Parent Active Confidential Placement

Legal Authority Not Yet Determined

Effective Date:

Care Provider Relationship To Child: Relative Nonguardian

Placement Approval

Approval Status: Request Not Submitted

Date: [empty]

Shelter Care Extension Approval

Approval Status: Request Not Submitted

Date: [empty]

CHDP Program

Date Substitute Care Provider informed of CHDP Program and brochure given Substitute Care Provider Requested CHDP Services Date SCP Given HEP and Informed of Purpose

Rationale

Certified License Pending Homes: Certification on file that home meets licensing standards and licensed facility not available or does not meet child needs

Approved Homes: This home is suited to the child's needs

Group Homes: Group Home placement is necessary to meet child treatment needs and this facility offers needed services

Rationale Description:
Sibling Placement Rationale

**7b. ID Page: 1) Start Date
2) Relationship to Child**

File Edit Search Action Associated Attach/Detach Window Help Tools

Child Removal Info | ID

Identification and Approval

Placement Information

Start Date: 07/31/2005 Effective Date:

Placement Home: Felicia Juarez Facility Type: Relative/NREFM Home

Agency Responsible: County Welfare Department

Program Number: Primary Substitute Care Provider:

Emergency Placement Legal Auth For Placement Effective Date:

De Facto Parent Legal Authority Not Yet Determined

Active Confidential Placement

Care Provider Relationship To Child: Relative Nonguardian

Placement Approval

Approval Status: Request Not Submitted Date:

Shelter Care Extension Approval

Approval Status: Request Not Submitted Date:

CHDP Program

Date Substitute Care Provider informed of CHDP Program and brochure given

Substitute Care Provider Requested CHDP Services Date SDP Given HEP and Informed of Purpose

Rationale

Certified License Pending Homes: Certification on file that home meets licensing standards and licensed facility not available or does not meet child needs

Approved Homes: This home is suited to the child's needs

Group Homes: Group Home placement is necessary to meet child treatment needs and this facility offers needed services

Rationale Description

Sibling Placement Rationale

File Edit Search Action Associated Attach/Detach Window Help Toolz

Child Removal Info | D Ongoing Requests Incidental Payments End Placement/Episode Temporary Leave Relative/NREFM Assessment

Ongoing Requests

*	Start Date	Projected End Date
1	07/31/2005	

Rate Type Total LA

Basic Rate
 SCI Rate

Request Details Start Date Work Stop Date Payment County

Informed
 Informed and Accepted
 Not Yet Informed

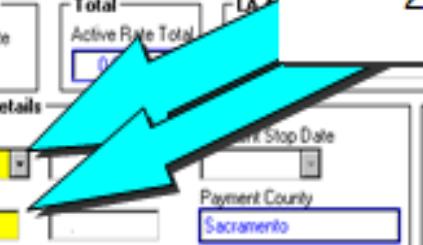
Basic Rate 400 Sacramento

Special Care Increment Payment Reason

Payment Type Reason Description

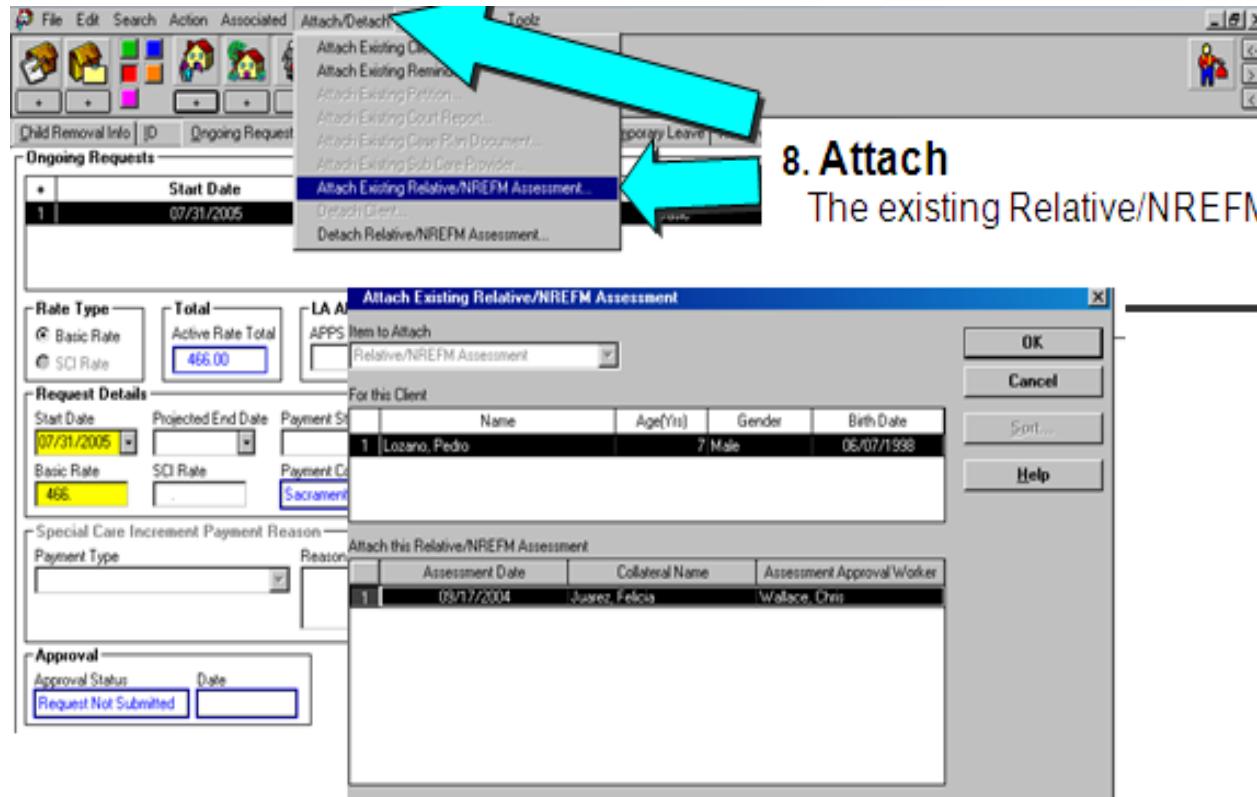
Approval Approval Status Date

Request Not Submitted



7c. Ongoing Requests Page:

- 1) Start Date
- 2) Payment Rate

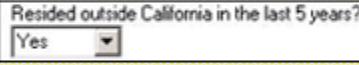
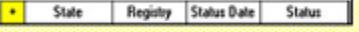


8. Attach

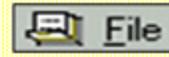
The existing Relative/NREFM Assessment

Relative - NREFM Assessment Process Map

(Page 1 of 3)

<p>OPEN CLIENT SERVICES</p>  <p>1. Click the Client Services application.</p>  <p>2. Click the Open Existing Case Folder button.</p> <p>3. Use the Open Folder dialog box to select the Case you want to open.</p> <p>4. Click OK.</p> <p>5. Click Yes.</p> <p>CREATE NEW COLLATERAL NOTEBOOK</p>  <p>6. Click the Client Management Section (blue button).</p>	 <p>7. Click the "+" Create New Collateral.</p> <p>8. In the New Notebook dialog box, select the client in the For this Client grid.</p> <p>9. Click OK.</p>  <p>10. Complete the ID page.</p>  <p>11. Click the Address page.</p> <p>12. Enter address information.</p>  <p>13. Click the Related Clients page.</p> <p>14. Click the "+" to add additional child clients for whom the Relative/NREFM Assessment is being completed.</p> <p>15. Select the Collateral Category for each row in the Related Clients grid.</p>  <p>16. Click the Background Check page.</p>	<p>17. Click the "+" to add a row to the Background Check Type grid.</p> <p>18. Select the Background Check Type from the drop-down menu.</p> <p>19. Enter the date of the Background Check.</p> <p>20. Repeat steps 15-19 until you have entered all the background checks that have been run on the Collateral listed in the Background Information grid.</p>  <p>21. If an adult has lived out of state in the last 5 years, select yes in the drop down.</p>  <p>22. Click the "+" to record state, registry information and dates requested and received.</p>  <p>23. Click the Relative/NREFM Assessment page.</p>
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<p>24. Click the "+" to add row(s) to the Relative/NREFM Assessment Information grid to enter other sibling(s) in the assessment.</p> <p>25. Highlight all the sibling name(s) you would like to include from the Select Relative/NREFM Child dialog box.</p> <p>26. Click OK.</p> <p>27. Complete the Placement originally requested on date field Complete the Criminal records and Child Abuse records checked field.</p> <p>28. Complete the Caregiver assessment completed and attached field.</p> <p>29. Complete the An on-site inspection conducted on and by fields.</p> <p>30. Complete the Checklist of Health and Safety Standards completed field.</p> <p>31. Complete the Information on personal rights provided field.</p>	<p>32. Complete the Caregiver completed orientation provided by the county field.</p> <p>33. Complete the Standards for Relative/NREFM home approval field and Date. If applicable, complete the Date Plan of Correction completed or Plan of correction not completed by agreed to due date fields.</p> <p>34. If applicable, complete the Caregiver DOES NOT meet standards for Relative/NREFM home approval as of field.</p> <p>35. Complete the Assessment Approval Worker (Original Signed By) and Date fields.</p> <p>36. Complete the Assessment Approval Supervisor (Original Signed By) and Date fields. (If the worker or supervisor's name is not in the drop-down menu, click the binoculars to search for their name before completing the field)</p>	<p>37. Click Yes in the message box to continue and make the page read only.</p> <p>CREATE CLIENT DOCUMENT- SOC 815</p>  <p>38. Click the "+" Create New Document-Client notebook.</p> <p>39. In the Generate New Documents dialog, scroll down and select SOC 815-Apprvl of Family Caregvr Home.</p> <p>40. Click OK.</p> <p>41. From the Select dialog, click the assessment for which you are creating the document from the Select this Relative/NREFM Assessment grid.</p> <p>42. Click OK.</p> <p>43. Review and complete fields of the SOC 815 document.</p> <p>44. Close the document and minimize Microsoft Word.</p>
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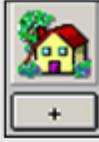
<p>CREATE CLIENT DOCUMENT- SOC 817</p> 	<p>CREATE CLIENT DOCUMENT- SOC 818</p> 	<p>59. Review and complete the fields of the SOC 818 document.</p> <p>60. Close the document and minimize Microsoft Word.</p> <p>SAVE TO DATABASE</p>  <p>61. Click the File drop-down menu.</p> <p>62. Select Save to Database.</p> <p>63. Click Continue Working.</p>
<p>45. Click the “+” Create New Document-Client notebook.</p> <p>46. In the Generate New Documents dialog, scroll down and select SOC 817-Chklist for Health/Safety Home.</p> <p>47. Click OK.</p> <p>48. From the Select dialog, click the assessment for which you are creating the document from the Select this Relative/NREFM Assessment grid.</p> <p>49. Click OK.</p> <p>50. Review and complete fields of the SOC 817 document.</p> <p>51. Close the document and minimize Microsoft Word.</p>	<p>52. Click the “+” Create New Document-Client notebook.</p> <p>53. In the Generate New Documents dialog, scroll down and select SOC 818-Relative/NREFM Assessment.</p> <p>54. Click OK.</p> <p>55. From the Select dialog, click the assessment for which you are creating the document from the Select this Relative/NREFM Assessment grid.</p> <p>56. Click OK.</p> <p>57. In the Declaration and Agreement Language message box, select English or Spanish.</p> <p>58. Click OK.</p>	<p>Created by the CWS/CMS Project Office</p>

Relative NREFM Placement Process Map

(Page 1 of 6)

<p>OPEN CLIENT SERVICES</p>  <p>1. Click the Client Services application.</p>  <p>2. Click the Open Existing Case (or Referral) Folder button.</p> <p>3. From the Open Folder dialog box, select the Case you want to open.</p> <p>4. Click OK.</p> <p>5. Click Yes.</p>	<p>OPEN EXISTING PLACEMENT NOTEBOOK</p>  <p>6. Click the Placement Management Section (red button).</p>  <p>7. Click the Open Existing Placement to check for open placements.</p> <p>8. In the Open Notebook dialog, select the name of the child you wish to place in the For this Client grid and then select the most recent placement for the child in the Open this Placement grid.</p> <p>9. Review the End Date to see if the prior placement has been ended.</p>	<p>10. If the placement does not have an End Date, click OK to open the placement. If the placement has already been end dated, click Cancel (or view the next child's placement).</p> <p>11. Repeat steps 8-10 for all minors placed in the same home.</p> <p>PLACEMENT CHANGE/END PLACEMENT</p> <p>Ongoing Requests</p> <p>12. Click the Ongoing Requests page tab.</p> <p>13. Select a row in the Ongoing Requests grid that does not have a Stop Date.</p> <p>14. Enter a Payment Stop Date.</p> <p>15. Repeat steps 13-14 to end all payments.</p>
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<p>End Placement/Episode</p> <p>16. Click the End Placement/Episode page.</p> <p>17. Enter the Notice to Remove Date.</p> <p>Placement Change</p> <table border="1"><tr><td>Placement Change Reason</td></tr><tr><td>Placed with Relative</td></tr></table> <p>18. Click the Placement Change Reason drop-down list.</p> <p>19. Select the reason for the placement change.</p> <p>20. Enter the date of the Placement Change.</p> <p>21. Click Yes.</p> <p>22. Repeat steps 8-21 for each child.</p>	Placement Change Reason	Placed with Relative	<p>PERFORM SEARCH</p> <p>Search Action As Start Search...</p> <p>23. Click the Search drop-down menu.</p> <p>24. Select Start Search.</p> <p>25. Click the Search Type drop-down list.</p> <p>26. Select Placement Facility from the Search Type drop-down list.</p> <p>Search Type</p> <table border="1"><tr><td>Placement Facility</td></tr><tr><td>Placement Facility</td></tr><tr><td>Relative/NREFM Home</td></tr></table> <p>27. Select Relative/NREFM Home in the Placement Facility drop-down list.</p> <p>28. Enter the name of the SCP.</p> <p>29. Click OK.</p>	Placement Facility	Placement Facility	Relative/NREFM Home	<p>30. Review the Relative/NREFM home abstracts to discern if the home has already been entered in CWS/CMS. If necessary, revise the search criteria.</p> <p><i>(If the home was found in the search, complete the child's placement as outlined in the process map "Match and Foster Family Home Emergency Placement". The remainder of this section will assume that the home was not found in the search.)</i></p> <p>CREATE PLACEMENT HOME</p> <p></p> <p>31. Click the Placement Management Section (red button).</p>
Placement Change Reason							
Placed with Relative							
Placement Facility							
Placement Facility							
Relative/NREFM Home							

<p>32. Click the “+” Create New Placement Home.</p>  <p>ID</p> <p>33. Complete all mandatory (yellow) and known fields on the ID page. Be sure to select Relative/NREFM Home in the Type field.</p> <p><i>(Since there is an approved Relative/NREFM assessment recorded in the Collateral notebook, do not complete the Substitute Care Provider page at this time. The Collateral will become the SCP when the assessment is attached. If there is not an approved assessment, it is important to enter the SCP on the Substitute Care Provider page).</i></p>	<p>34. Click the “+” Create New Placement.</p>  <p>35. In the New Notebook dialog, select all the client(s) you will be placing in the For This Client grid.</p> <p>36. Click the Relative/NREFM home you created in the Select This Placement Home grid.</p> <p>37. Click OK.</p> <p>Child Removal Info ID</p> <p>38. Complete all mandatory (yellow) and known fields.</p> <p>39. Click on the ID page tab.</p> <p>40. Complete all mandatory (yellow) and known fields.</p> <p>Ongoing Requests</p> <p>41. Click the Ongoing Requests page tab.</p> <p>42. Click the “+” in the Ongoing Requests grid.</p>	<p>43. Enter the Start Date, Projected End Date and Basic Rate fields.</p> <p>Ongoing Requests</p> <p>44. When applicable, click the “+” in the grid.</p> <p>45. Click on the SCI option button.</p> <p>46. Enter the Start Date, the Projected End Date and the SCI Rate.</p> <p>47. Click on the Payment Type drop-down list to identify the reason for the SCI payment.</p> <p>Incidental Payments</p> <p>48. When applicable, click the Incidental Payment page tab.</p> <p>49. Click on the “+” in the grid.</p> <p>50. Enter the Start Date, End Date and Amount of the payment.</p> <p>51. Click the Payment Type drop-down list to identify the reason for this payment.</p> <p>52. When applicable, narrative can be entered to further explain the payment in the Reason Description box.</p>
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WHEN PLACING MULTIPLE CHILDREN

53. If you created more than one placement, you must open each child's placement notebook and **repeat steps 38-52** to enter their placement information.

ATTACHING A

RELATIVE/NREFM ASSESSMENT

Attach/Detach

Attach Existing Relative/NREFM Assessment...

54. From the Attach/Detach menu, select **Attach Existing Relative/NREFM Assessment**.

55. In the Attach Existing Relative/NREFM Assessment dialog, select the client(s) in the **For This Client** grid and the assessment in the **Attach this Relative/NREFM Assessment** grid.

56. Click OK.

57. In the **Determine Reassessment Due Date** dialog, verify or change the **Reassessment Due Date**.

58. Click OK.

*(If you receive the **Create or Update SCP** dialog when attaching a Relative/NREFM Assessment, consider the Collateral and SCP list. If the Collateral is listed as an SCP, select the SCP and click **Update SCP**. If the Collateral is not listed as an SCP, select **Create SCP**.)*

UPDATING THE PLACEMENT HOME



59. Click **Open Existing Placement Home**.

60. In the **Open Notebook** dialog, select the Name in the **Open this Placement** grid.

61. Click OK.

ID Substitute Care Provider

62. Update the ID page with any additional information.

63. Click the **Substitute Care Provider** page tab.

64. Complete all mandatory (**yellow**) and known fields for the primary provider.

65. When applicable, click the "+" to add a new row to the Substitute Care Providers grid.

66. Complete all mandatory (**yellow**) and known fields for the secondary provider.

Other Children Other Adults

67. When applicable, click the **Other Children** page tab.

68. Click the "+" in the **Other Children** in the **Home** grid.

69. Complete all mandatory (**yellow**) and known fields.

70. When applicable, click the **Other Adults** page tab.

71. Click the "+" in the **Other Adults** grid.

72. Complete all mandatory (**yellow**) and known fields.

<p>Payee</p> <p>73. Click the Payee page tab.</p> <p>74. Complete all mandatory (yellow) and known fields.</p> <p>Background Check</p> <p>75. Click the Background Check page.</p> <p>76. For each Name listed in the Background Information grid, review the rows of the Background Check Type grid.</p> <p>77. To enter additional background checks, select the Name in the Background Information grid, and click the “+” in the Background Check Type grid.</p> <p>78. Complete the Background Check Type and Date fields.</p> <p>Individual Passed All Background Checks <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown</p> <p>79. Click the appropriate radio button to record Background status.</p>	<p>Resided outside California in the last 5 years? Yes</p> <p>80. If an adult lived out of state in the last five years, select yes in the drop down.</p> <p>* State Registry Status Date Status</p> <p>81. Click the “+” to record all out of state information.</p> <p>82. Repeat from step 77 to enter all background check information.</p> <p>CREATE PLACEMENT DOCUMENT – SOC 815  +</p> <p>83. Click the “+” Create New Document - Placement notebook.</p> <p>84. In the Generate New Documents dialog, scroll down and select SOC 815 – Apprvl of Family Caregvr Home.</p> <p>85. Click OK.</p>	<p>86. From the Select Notebook dialog, click the client and placement for which you are creating the document.</p> <p>87. Click OK.</p> <p>88. From the Select dialog, click the assessment for which you are creating the document from the Select this Relative/NREFM Assessment grid.</p> <p>89. Click OK.</p> <p>90. Review and complete fields of the SOC 815 document.</p> <p>91. Close the document and minimize Microsoft Word.</p> <p>CREATE PLACEMENT DOCUMENT – SOC 817  +</p> <p>92. Click the “+” Create New Document – Placement notebook.</p>
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93. In the **Generate New Documents** dialog, scroll down and select **SOC 817 – Chklist for Health/Safety Home**.

94. Click **OK**.

95. From the **Select Notebook** dialog, click the **client and placement** for which you are creating the document

96. Click **OK**.

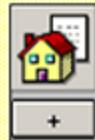
97. From the **Select** dialog, click the assessment for which you are creating the document from the **Select this Relative/NREFM Assessment** grid.

98. Click **OK**.

99. Review and complete fields of the

100. **Close** the document and **minimize Microsoft Word**.

CREATE PLACEMENT DOCUMENT –
SOC 818



101. Click the “+” **Create New Document - Placement** notebook

102. In the Generate New Documents dialog, scroll down and select **SOC 818 – Relative/NREFM Assessment**.

103. Click **OK**.

104. From the **Select Notebook** dialog, click the **client and placement** for which you are creating the document.

105. Click **OK**.

106. From the **Select** dialog, click the assessment for which you are creating the document from the **Select this Relative/NREFM Assessment** grid.

107. Click **OK**.

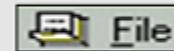
108. In the **Declaration and Agreement Language** box, select English or Spanish.

109. Click **OK**.

110. Review and complete fields of the **SOC 818 document**.

111. **Close** the document and **minimize Microsoft Word**.

SAVE TO DATABASE



112. Click the **File** drop-down menu.

113. Select **Save to Database**.

114. Click **Exit CWS/CMS**.

Created by the
CWS/CMS Project Office