

**RECORDS TO BE MAINTAINED AT THE FACILITY – Small Family Home and Foster Family Home**

THE FOLLOWING INFORMATION, which is required under Sections of Title 22, California Code of Regulations, **MUST BE KEPT IN THE FACILITY, COMPLETE AND CURRENT, AND READILY AVAILABLE FOR REVIEW.**

**I. Child's Records**

- A. A copy of the birth certificate, if available
- B. Preplacement Appraisal and Appraisal Needs and Services Plan (LIC 625) - updated at least annually with authorized signatures.
- C. Physician Report for Community Care Facilities (LIC 602) - Medical assessment, including record of illnesses and immunizations. Records of medical care provided; evidence of periodic medical and dental examinations; record of dental care; record of changes in physical, mental, emotional and social functioning of child; ambulatory status; diet restrictions.
- D. Identification and Emergency Information (LIC 601).
- E. Pre-placement Appraisal Information (LIC 603)
- F. Current admission agreement with authorized signatures - Admission Agreement Guide for Residential Facilities (LIC 604), or placement agreement.
- G. Personal Rights - Community Care Facilities (LIC 613B), receipt, signed and dated.
- H. Record of Client's/Resident's Safeguarded Cash Resources (LIC 405) and Client/Resident Personal Property and Valuables (LIC 621). Record of child's safeguarded cash resources, personal property, or valuables, if any, including supporting receipts of expenditures and of cash resources given to the child or the authorized representative.
  - I. Centrally Stored Medication and Destruction Record (LIC 622).
  - J. Unusual Incident/Injury/Report (LIC 624).
  - K. Death Report (LIC 624A)
  - L. Consent for Medical Treatment (LIC 627B).
  - M. Release of Client/Resident Medical Information (LIC 605A)

**II. For The Licensee And Staff, If Any**

- A. Health Screening Report – Facility Personnel (LIC 503) and Tuberculosis (TB) clearance.
- B. TB clearance and "good health" statement from volunteers in a Small Family Home.
- C. Appropriate driver's license for person(s) transporting children.
- D. Verification of training in first aid for persons responsible for providing direct care and supervision in a Small Family Home. Verification of training in first aid and CPR for at least one person in a Foster Family Home.
- E. Verification of education, training, and/or experience for licensee and staff, if any.
- F. Emergency Disaster Plan for Small Family Homes (LIC 610C) and Foster Family Homes (LIC 610B).
- \*G. Personnel Report (LIC 500) showing current roster.
- \*H. Licensee affidavit regarding persons exempt from fingerprint requirements, (if not on LIC 500).
- \*I. Criminal Record Statement (LIC 508). (Completed for staff and any adult residing in the home.)
- \*J. Personnel Record (LIC 501).
- K. Documentation of waivers and exceptions: Facility Waiver Request(LIC 956) and Exception/Exemption Request LIC 971).
- L. Statement Acknowledging Requirement to Report Suspected Child Abuse (LIC 9108).
- M. Child Abuse Central Index Check (LIC 198A)
- N, Request for Live Scan Service (LIC 9163)
- O. Live Scan Instructions for State Licensed Facilities (LIC 9194)

\*Information required on staff only.

### III. For Specialized Foster Care Homes

- A. For each special health care needs child (SHCNC):
1. A county or regional center placement agreement, or a letter from the child's county social worker verifying that the child is in county custody.
  2. An individualized health care plan — may be the hospital discharge plan or included in the needs and services plan or regional center IPP. Must be updated every six months.
  3. Documentation of completion of training for licensee and staff caring for the child or if the licensee/staff member is a health care professional excused from training, a valid health care license and a written waiver from the individualized health care plan team.
- B. FFHs caring for a SHCNC and a regular child:  
Documentation by each child's placement worker that the home can meet the needs of his/her child.\*
- C. Homes exceeding the two child limit:
1. For each child over the two child limit, documentation by the child's placement worker that there is no other home available for the child.
  2. Documentation by each placement worker that the needs of his/her child can be met in the home.\*
  3. Documentation from each individualized health care plan team waiving the two child limit.\*
- D. Small family homes exceeding three children:
1. The documentation specified in C.
  2. A regional center placement agreement for at least one child.
  3. Staff records for the assistant caregiver and the on-call assistant.
- E. A health screening report (LIC 503) including a tuberculosis clearance, for all persons caring for SHCNC in a foster family home.

\* Documentation must be renewed each time there is an increase or turnover in foster children and the home is operating under the specified condition(s).

## **SMALL FAMILY HOMES and FOSTER FAMILY HOMES- FORM NUMBER AND TITLE**

Licensing Forms in English or Spanish may be accessed at <http://www.cclid.ca.gov>  
(\*Available in Spanish)

|           |  |
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| LIC 198A* | Child Abuse Central Index Check                      |
| LIC 500*  | Personnel Report                                     |
| LIC 501*  | Personnel Record                                     |
| LIC 503*  | Health Screen Report - Facility Personnel            |
| LIC 508*  | Criminal Record Statement                            |
| LIC 601*  | Identification and Emergency Information             |
| LIC 602   | Physician's Report                                   |
| LIC 603   | Pre-placement Appraisal Information                  |
| LIC 604   | Admission Agreement Guide                            |
| LIC 605A  | Release of Client/Resident Medical Information       |
| LIC 610B* | Emergency Disaster Plan                              |
| LIC 610C* | Emergency Disaster Plan                              |
| LIC 613B* | Personal Rights                                      |
| LIC 621 * | Client/Resident Personal Property and Valuables      |
| LIC 622 * | Centrally Stored Medication and Destruction Record   |
| LIC 624 * | Unusual Incident/Injury Report                       |
| LIC 624A  | Death Report   |
| LIC 625 * | Appraisal Needs and Services Plan                    |
| LIC 627B* | Consent For Emergency Medical Treatment              |
| LIC 956   | Facility Waiver Request                              |
| LIC 971   | Exception/Exemption Request                          |
| LIC 9108* | tatement Reporting Suspected Child Abuse             |
| LIC 9163* | Request For Live Scan Service                        |
| LIC 9194* | Live Scan Instructions for State Licensed Facilities |