

INSTRUCTIONS:

When reviewing child's records in a facility, enter a ✓, X, N/A, S or complete the space with other appropriate response.



**ADDITIONAL CHILD RECORDS REVIEW
FOR SPECIALIZED FOSTER CARE HOMES**

Any item shown as "X", OR "NO" shall be documented on the Licensing Report (LIC 809) with a plan of correction date. File this form in the facility file.

FACILITY NAME	LICENSE REPORT (LIC 809) DATE
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FACILITY NUMBER	TYPE OF VISIT	<input type="checkbox"/> EVALUATION	<input type="checkbox"/> FOLLOW-UP
		<input type="checkbox"/> COMPLAINT	

ALL FACILITIES					FACILITIES WITH MORE THAN 2 CHILDREN		
REFERENCE NUMBER ★	CHILD'S NAME	SHCNC	SHCNC HAS AN INDIVIDUALIZED HEALTHCARE PLAN	CERTIFICATION FOR EACH CHILD: NEEDS CAN BE MET **	CERTIFICATION NO OTHER PLACEMENT AVAILABLE	TEAM WAIVER FOR EACH SHCNC	
	1st Child accepted						AT LEAST ONE REGIONAL CENTER PLACEMENT IN SMALL FAMILY HOME WITH OVER 3 CHILDREN <input type="checkbox"/> YES <input type="checkbox"/> NO
	2nd Child accepted						
COMMENTS							

LICENSING EVALUATOR SIGNATURE	DATE
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* REFERENCE NUMBER CORRESPONDS TO NUMBER USED TO IDENTIFY CLIENT/RESIDENT ON THE FIELD VISIT REPORT

** NEEDS AND SERVICES PLAN STATE THAT NEEDS OF CHILD CAN BE MET BY THE FACILITY.