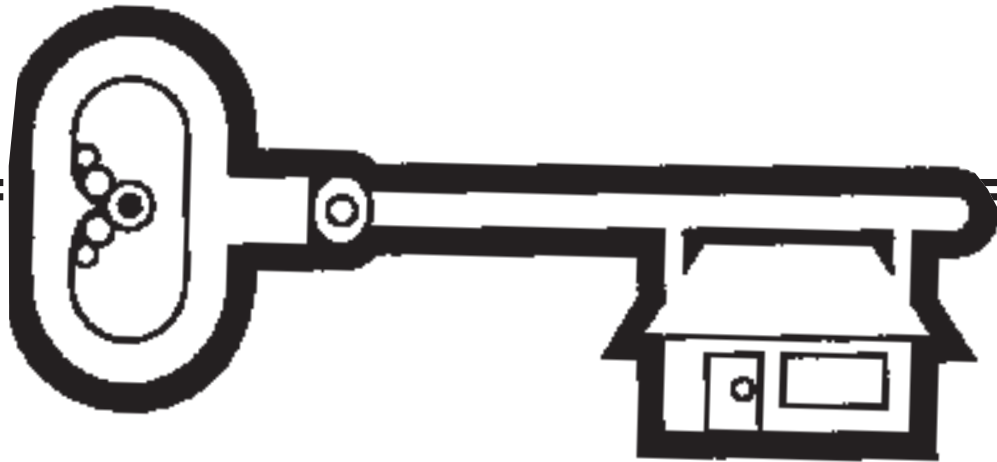


State of California
Department of Social Services

FOSTER FAMILY AGENCY PROGRAM STATEMENT

To identify & outline
existing capacity and program development abilities
to meet child placement needs.



FOSTER FAMILY AGENCY PROGRAM STATEMENT GENERAL INSTRUCTIONS

Welfare and Institutions Code (W&IC) Section 11467(b) requires the standardized **Foster Family Agency Program Statement** for county placement, Community Care Licensing (CCL), and Aid to Families with Dependent Children-Foster Care (AFDC-FC) rate setting.

A foster family agency (FFA) is defined as any organization engaged in the recruiting, certifying, and training of, and providing professional support to, foster parents, or in finding homes for placement of children for temporary or permanent care who require that level of care as an alternative to a group home. Private FFAs shall be organized and operated on a nonprofit basis (CCR 88001(f)(1)).

A FFA applicant may request to be licensed as a treatment and/or nontreatment agency. If requesting a license to provide both treatment and nontreatment services, the applicant must submit a separate **Foster Family Agency Program Statement** for each category.

Treatment FFAs provide therapeutic services to children who reside in certified family homes. Nontreatment FFAs mainly certify homes providing basic board and care services to children who oftentimes are awaiting adoption by the family.

AFDC-FC rates for FFAs are established by CDSS, Foster Care Branch (FCB). FCB establishes two separate AFDC-FC rates: treatment and nontreatment. A FFA that is licensed to provide both treatment and nontreatment services will receive a separate AFDC-FC rate for each category.

INITIAL FOSTER FAMILY AGENCY LICENSE APPLICANTS/INITIAL FOSTER FAMILY AGENCY PROGRAM STATEMENTS

A FFA must be licensed and have an AFDC-FC rate established in order to accept placements from county social services or probation. These placements are funded by AFDC-FC. AFDC-FC rates are only established for FFA programs that have the written support of the host county, social services or probation department (MPP 11-403 (g) (2)(C) and 11-406.12). The host county is the county in which the majority of an FFA's certified family homes will be located (MPP 11-400(h)(1)).

PROCESS FOR SUBMISSION OF INITIAL FOSTER FAMILY AGENCY PROGRAM STATEMENTS

1. Complete the **Foster Family Agency Program Statement**.
2. Submit one copy of the **Foster Family Agency Program Statement** to the host county (social services or probation department) and request a letter of support.
3. The host county reviews the program as described in the **Foster Family Agency Program Statement** and may schedule an interview and/or site visit to determine if the FFA program meets its needs.
4. The host county must issue a letter of support before the next step is taken.
5. Submit two copies of the **Foster Family Agency Program Statement** and the county letter of support to the CCL District Office.
6. The CCL District Office sends a copy of the **Foster Family Agency Program Statement** and the county letter of support to the FCB.

FORMAT FOR SUBMITTING FOSTER FAMILY AGENCY PROGRAM STATEMENT

- Type or print clearly.
- Complete PART I PROGRAM IDENTIFICATION and PART II PROGRAM POPULATION, SERVICES AND CAPABILITIES.
- Prepare and compile the information and documentation required in PART III PROGRAM NARRATIVE.
- Use the Table of Contents page included in the forms packet as the Table of Contents for your **Foster Family Agency Program Statement**.
- Number tabbed dividers or sheets to correspond to the numbers in the Table of Contents column entitled "Section Numbers." Place all appropriate materials behind each tabbed divider.
- Place all materials, in the order shown, in a three ring binder or folder. Place the Table of Contents in the front.
- Keep a copy for your records.

REVISIONS TO FOSTER FAMILY AGENCY PROGRAM STATEMENTS

The FFA must submit revisions to the **Foster Family Agency Program Statement** when any changes are made to the program that will affect the license and/or the AFDC-FC rate. It is only necessary to submit the documents/pages that are revised, including a new Part I and revised Table of Contents. It is not necessary to submit a complete new **Foster Family Agency Program Statement**.

All revisions to the **Foster Family Agency Program Statement** must be sent to the CCL District Office.

PROCESS FOR SUBMISSION OF REVISIONS

- Complete revisions to the **Foster Family Agency Program Statement**, including a new Part I and Table of Contents. (Enter the date of the revision(s) in the "Date Revised" column opposite the section being revised).
- Submit one copy of the revisions to the host county.
 - Clearly number and identify the revised material (or it will be returned to you).
 - Keep a copy for your records.
- The host county reviews the revised program to determine if the FFA program meets its needs.
- Submit two copies of the revisions, and the county's letter of support if needed, to the CCL District Office.
- The CCL District Office sends a copy of the revisions and the host county letter of support to the FCB.

ABBREVIATIONS USED IN THE FOSTER FAMILY AGENCY PROGRAM STATEMENT

- **AFDC-FC** - Aid to Families with Dependent Children - Foster Care
- **CCL** - Community Care Licensing
- **CCR** - California Code of Regulations (Licensing regulations are contained in Title 22, Division 6)
- **CDSS** - California Department of Social Services
- **FCB** - Foster Care Branch, CDSS
- **FFA** - Foster Family Agency
- **GC** - Government Code
- **H&SC** - Health & Safety Code
- **LCSW** - Licensed Clinical Social Worker
- **LIC** - indicates Licensing forms
- **LMFCC** - Licensed Marriage, Family, and Child Counselor
- **MPP** - Manual of Policies & Procedures (contains AFDC-FC rate setting regulations)
- **MS** - Masters of Science
- **RN** - Registered Nurse
- **W&IC** - Welfare & Institutions Code

FOSTER FAMILY AGENCY PROGRAM STATEMENT TABLE OF CONTENTS

NAME OF PROGRAM	FFA PROGRAM NUMBER	DATE
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(Use this sheet as the Table of Contents for your **Foster Family Agency Program Statement**. Number tabbed dividers to correspond to the numbers in the column titled "Section Number." Place appropriate material behind the tabbed divider. Place material, in the order shown, in a three-ring binder or folder. When submitting revised material, write the date of the revision in the column titled "Date Revised.")

	<u>SECTION NUMBER</u>	<u>DATE REVISED</u>
PART I: PROGRAM IDENTIFICATION	1	_____
PART II: PROGRAM POPULATION, SERVICES & CAPABILITIES	2	_____
PART III: PROGRAM NARRATIVE		
A. AGENCY DESCRIPTION		
HISTORY, PURPOSE, METHODS, GOALS	3	_____
B. ADMINISTRATION		
ADMINISTRATION/ORGANIZATION	4	_____
RESERVE FOR FUTURE USE	5	_____
AFDC WARRANTS	6	_____
C. FACILITY		
CONTROL OF REAL PROPERTY	7	_____
DISASTER PLAN	8	_____
FACILITY SKETCH (LIC 999 OPTIONAL)	9	_____
D. POLICIES AND PROCEDURES		
HOUSE RULES	10	_____
DISCIPLINE POLICIES	11	_____
CHILDREN'S PERSONAL RIGHTS	12	_____
HANDLING OF CHILDREN'S FUNDS, ALLOWANCES, & SALARIES	13	_____
E. STAFFING		
STAFF SCHEDULE (LIC 500 OPTIONAL)	14	_____
STAFF QUALIFICATIONS	15	_____
JOB DESCRIPTIONS	16	_____
IN-SERVICE TRAINING FOR STAFF	17	_____
F. CERTIFICATION PROCESS		
TRAINING FOR CERTIFIED PARENTS	18	_____
AGENCY SERVICES TO CERTIFIED PARENTS	19	_____
G. TREATMENT PHILOSOPHY	20	_____
H. SERVICES OFFERED		
VOLUNTEERS	21	_____
VISITATION RULES & POLICY	22	_____
ADMISSION INTAKE	23	_____
NEEDS & SERVICES PLAN	24	_____
DISCHARGE/REMOVAL	25	_____
I. SERVICES TO CERTIFIED HOMES		
FOOD, CLOTHING & INCIDENTALS	26	_____
MEDICAL/DENTAL	27	_____
PLANNED ACTIVITIES/USE OF COMMUNITY RESOURCES	28	_____
TRANSPORTATION	29	_____
J. COUNTY REQUIREMENTS (OPTIONAL)	30	_____
.....	31	_____
.....	32	_____

FOSTER FAMILY AGENCY PROGRAM STATEMENT

(See Reverse for Instructions)

PART I. PROGRAM IDENTIFICATION (SECTION I)

APPLICANT/LICENSEE NAME:

NAME COMMONLY KNOWN BY (IF DIFFERENT THAN ABOVE):

APPLICANT/LICENSEE MAILING ADDRESS:

CONTACT PERSON'S NAME:

TITLE:

PHONE NUMBER:

DOES THIS ORGANIZATION OPERATE ACTIVITIES OTHER THAN FOSTER FAMILY AGENCY ACTIVITIES? YES NO IF YES, SPECIFY TYPE OF ACTIVITIES:

TYPE OF PROGRAM: (CHECK ONE) TREATMENT NONTREATMENT

REASON FOSTER FAMILY AGENCY PROGRAM STATEMENT SUBMITTED TO COMMUNITY CARE LICENSING (CCL) AND FOSTER CARE BRANCH (FCB): Check reason CCL requires the Program Statement in Column A. Check reason FCB requires the Program Statement in Column B. One or more items in each column MUST be checked.)

**Column A
Community Care Licensing**

**Column B
Foster Care Branch**

- Initial License Application
- New License Application-Change in Conditions
 - Facility location change
 - Change in licensee
 - Separation from parent nonprofit corporation
 - Merger with another nonprofit corporation
- No license change

- New Provider (Initial rate)
- New Program
 - Different type children accepted
- Pilot Project (Provide legislative reference: _____)
- No AFDC-FC rate requested

FOSTER FAMILY AGENCY PROGRAM STATEMENT

PART I. PROGRAM IDENTIFICATION INSTRUCTIONS

APPLICANT/LICENSEE NAME(S): Enter the name of the nonprofit corporation or the name of the governmental entity legally responsible for the foster family agency and the administrative office/suboffice(s) which operate it. Enter the full name(s).

NAME COMMONLY KNOWN BY: (If different from applicant/licensee name): Enter any other name by which organization is commonly known, including a dba name.

APPLICANT/LICENSEE MAILING ADDRESS: Enter the mailing address (street number, city, state, zip code) of nonprofit corporations or governmental entities.

CONTACT PERSON'S NAME: Enter the name of the person to whom questions concerning the Foster Family Agency Program Statement should be addressed. Enter the contact person's title and daytime telephone number including area code.

OTHER AGENCY ACTIVITIES: Check the appropriate box. If YES, enter the types of activities. Examples of other activities are group home(s), adoption agency, adult care, thrift shop, health care facility.

REASON FOSTER FAMILY AGENCY PROGRAM STATEMENT SUBMITTED:

COLUMN A. COMMUNITY CARE LICENSING

INITIAL LICENSE APPLICATION: Check if the Applicant/Licensee is not currently licensed by Community Care Licensing to operate a community care facility.

NEW LICENSE APPLICATION/CHANGE IN CONDITIONS: Check if the Applicant/Licensee currently has a license to operate a community care facility but a new application is required due to a change in conditions or limitations described on the license. Check the type of change in conditions or limitations.

NO LICENSE CHANGE: Check if the Applicant/Licensee currently has a foster family agency license and there are no changes in conditions or limitations that require submission of a new license application.

COLUMN B. FOSTER CARE BRANCH

NEW PROVIDER (INITIAL RATE): Check if the Applicant/Licensee is a corporate entity organized and operated on a nonprofit basis or a governmental entity that has not operated a foster family agency which receives funding from Aid to Families with Dependent Children-Foster Care (AFDC-FC).

NEW PROGRAM: Check if the Applicant/Licensee has adopted a new program. Check the type of change that applies.

PILOT PROJECT: Check if the Applicant/Licensee is requesting a rate for a pilot project. Enter the bill number, chapter number and year of the legislative measure that governs the pilot project (e.g., AB 1242, Chapter 688, statutes of 1993).

NO AFDC-FC RATE REQUESTED: Check if the Applicant/Licensee will not be accepting children placed by county social services or probation and funded by AFDC-FC, and is not requesting that an AFDC-FC rate be established.

FOSTER FAMILY AGENCY PROGRAM NUMBER: For an annual AFDC-FC rate application, enter the 8 digit number previously assigned by CDSS. For an initial application leave blank.

AGENCY LOCATION INFORMATION: Provide the name and address of the main administrative office operating the foster family agency program. Provide the address of each suboffice.

SIGNATURE: Signature of chief executive officer or authorized representative. Enter title of person who signed Foster Family Agency Program Statement and date signed.

REVIEWED BY: Signature of person authorized by the host (or primary placing) county to review Foster Family Agency Program Statements.

AGENCY LOCATION INFORMATION

(Provide the name and address of the main administrative office operating the foster family agency program. Provide the address of each suboffice.)

ADDRESS STREET NAME / NUMBER	CITY	ZIP CODE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

ATTACH ADDITIONAL SHEET IF NECESSARY

SIGNATURE OF AUTHORIZED PERSON:	TITLE:	DATE:
---------------------------------	--------	-------

COUNTY REVIEW (OPTIONAL)

REVIEWED BY:	DATE:
TITLE:	COUNTY:

PART II. PROGRAM POPULATION, SERVICES & CAPABILITIES

Part II identifies the types of children the program accepts and the types and levels of structure, supervision and services provided.

A. SUMMARY

1. Provide a summary of the agency's mission. Be sure to include current program operation objectives and the agency resources available to meet these objectives. (E.g, Rainy Day FFA will provide emergency shelter care for no longer than three weeks for female dependents (WIC 300), ages 8 - 12 years etc.).

2. Identify the primary and secondary target groups served:
(e.g., mother's/infants, substance abusers)

- primary: _____

- secondary: _____

3. Provide a listing of services available to the target population(s). You must elaborate and address the identified services and your resources in the narrative section (Part III). You may include future planned agency services in the narrative section only. Should any of the examples below match your program, please check the box.

- | | |
|--|---|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Sibling placements |
| <input type="checkbox"/> Vocational training | <input type="checkbox"/> Group counseling |
| <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"/> _____ |

(additional boxes on the reverse side of this page)

3. Continued

B. CHILD CHARACTERISTICS AND BEHAVIORS

4. Describe the child population you cannot serve, (e.g. fire setters, severely medically fragile, drug use).

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

C. STRUCTURE/SUPERVISION

1. Average certified family home/child placement ratio: (check one)

- One child per certified home
- No more than two children per certified home
- More than two children per certified home

Will make exceptions for siblings Yes No

D. SERVICES PROVIDED TO CERTIFIED FAMILY HOME APPLICANTS/CERTIFIED PARENTS

	<u>FFA SOCIAL WORKERS</u>	<u>OTHER FFA STAFF</u>	<u>NON FFA WORKERS</u>	<u>NOT APPLICABLE</u>
Provide orientation to potential certified family home applicants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate and assess applications from potential certified parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide initial and ongoing training of certified parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrange respite care for certified parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide respite care for certified parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide/facilitate support group meetings for certified parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinate and schedule medical, dental, court, and school appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport children, as needed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24-hour emergency assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consult with licensed mental health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOSTER FAMILY AGENCY PROGRAM STATEMENT

PART III. PROGRAM NARRATIVE

It is imperative to fully outline your current program capacity to meet the needs of children your FFA is designed to address. In addition, please provide a full and clear description of agency resources that are capable to meet the needs of children in the near future.

A. AGENCY DESCRIPTION - SECTION 3

1. **OUTLINE THE HISTORY, PURPOSE, METHODS, GOALS AND PHILOSOPHY** of the FFA.

Include an overview of current programs.

[Reference: CCR 80022(b)(1), 88022(a)(4); MPP 11-403(a)(1) and (B)(2)]

- What the FFA will provide for the children and how it will be accomplished;
- How children will be assessed (e.g. Intake study, Individual counseling, Group counseling, etc.);
- What type of treatment will be provided; (e.g. Intake study, Individual counseling, Group counseling, etc).
- How agency goals are set, measured, and how frequent.

B. ADMINISTRATION

ADMINISTRATION/ORGANIZATION - SECTION 4

[Reference: CCR 80018(d)(2), 80022(b)(4), 88018(a), 88022(a)(1)]

1. Provide the following:

- Names, addresses (business and residence) and telephone numbers of all corporate officers and members of the Board of Directors*;
- Names and positions of any paid staff who are board members or related to board members;
- A current organizational chart which shows lines of administrative authority; and
- Copies of the articles of incorporation and bylaws.
- Identify frequency of home visits by staff overseeing compliance in the certified homes and how plans for correction of problems are handled.

*You may use CCL form LIC 309 Administrative Organization.

SECTION 5 - RESERVED FOR FUTURE USE.

AFDC-FC WARRANTS - SECTION 6

1. Provide the name and address of the individual to whom AFDC-FC warrants are to be mailed.

C. FACILITY

CONTROL OF REAL PROPERTY - SECTION 7

[Reference: CCR 80018(d)(3)]

1. Provide the name(s) and address(es) of the property owner(s) for each administrative office/suboffice.
2. Provide a copy of the Deed(s) or Property Tax Bill(s) as proof of property ownership.
3. If property is leased or rented, provide a copy of the lease or rental agreement(s).

DISASTER PLAN - SECTION 8

[Reference: CCR 80023]

1. Describe the FFA's plan for responding to disasters (e.g., earthquakes, fires, floods, etc.)

Include:

- Protocol for notifying child's authorized representative(s) of child's whereabouts/condition;
- Communications protocol among FFA staff and local fire, law enforcement, civil defense and other disaster authorities; and
- Training for FFA staff and certified parents in their duties and responsibilities under the disaster plan.

FACILITY SKETCH - SECTION 9

[Reference: CCR 80022(B)(7) and (8)]

1. Provide a sketch of the buildings for each administrative office/suboffice. (You may use CCL form LIC 999 Facility Sketch.)

Include:

- Dimensions of all rooms and their designated uses.

FOSTER FAMILY AGENCY PROGRAM STATEMENT

D. POLICIES AND PROCEDURES

House Rules - SECTION 10

1. Describe the FFA's policy of allowing children to be unsupervised away from certified family homes.
2. Describe standard house rules, if any, that the FFA will require certified parents to uphold or implement.
 - Curfew hours on school nights, weekends and holidays;
 - Smoking;
 - Dating other children in placement;
 - Completing homework;
 - Cleaning bedrooms and other areas;
 - Use of entertainment equipment (the child's and the certified family home's);
 - Dress code;
 - Laundry;
 - General prohibited behaviors; and
 - Other (specify).

DISCIPLINE/REWARD/POLICIES - SECTION 11

1. Describe the FFA's discipline policies and procedures. [Reference: CCR 80072(a)(3), 83072.1]
Include:
 - Type(s) of discipline permitted;
 - Conditions under which each type of discipline will be used;
 - Types of discipline not permitted (corporal punishment and violation of personal rights); and
 - Provisions for informing child's authorized representative(s) of discipline policies.

CHILDREN'S PERSONAL RIGHTS - SECTION 12

1. Describe the FFA's policies and procedures for promoting and ensuring the personal rights of children. [Reference; CCR 80072, 83072]
Include:
 - How children and authorized representatives will be advised of children's personal rights; and
 - How children and authorized representatives will be able to file complaints.

HANDLING CHILDREN'S FUNDS, ALLOWANCES, AND SALARIES - SECTION 13

1. Describe how the FFA accounts for and handles children's personal funds, including any wages or salaries earned. [Reference; CCR 80022(b)(12), 80026, 88068.2(a)(5)]
2. Describe the FFA's policy for determining and issuing allowances.
3. Describe the FFA's policy on allowing children to be employed.

E. STAFFING

STAFFING/ADMINISTRATIVE ORGANIZATION

STAFF SCHEDULE - SECTION 14

1. Provide a staff work schedule for each administrative office/suboffice that lists names, classifications, days and hours worked, and which includes provisions for 24-hour emergency services. (You may use the LIC 500 Personnel Report.)

STAFF QUALIFICATIONS - SECTION 15

[Reference; CCR88064, 88065.2, 88065.3]

1. Provide transcripts, resumes, job applications, and reference letters for all social work staff, mental health treatment workers, administrators and consultants. If employees have not started work, provide a letter of acceptance/commitment for the position.

For the Social Worker supervisor and social worker positions, outline how the requirements will be met.

JOB DESCRIPTIONS - SECTION 16

[Reference: CCR 80022(b)(5), 8066(a)(8), 88022(a)(3), 88066(a)]

1. Provide JOB DESCRIPTIONS for each classification to be used by the FFA. (•Be sure to list all social work services provided by the social worker and/or social worker supervisor).

Each JOB DESCRIPTION must include:

- Duties and responsibilities;
- Minimum qualifications, including special licenses or certificates required by the profession;
- Special skills needed to perform the job; and
- Lines of supervision.

INSERVICE TRAINING FOR STAFF - SECTION 17

[Reference: CCR 80022(b)(6), 80066(F), 88022(a)(5), 88065(a)(5)]

1. Describe the plan for providing inservice training and education for staff.
Include:
 - Which staff (new and existing) will receive training;
 - Position or person who will do the training and his/her qualifications;
 - Approximate length of training;
 - Initial and ongoing curricula; and
 - How special training needs are identified and met.

F. CERTIFICATION PROCESS**TRAINING FOR CERTIFIED PARENTS - SECTION 18**

[Reference: 88022(5)(B) and (D), 88069.7(c)(5)]

1. Describe the TRAINING PLAN for certified parents.
Include:
 - Types of training to be provided (i.e., pre-certification, ongoing);
 - Training topics;
 - Who will conduct the training;
 - Who will attend the training;
 - How many hours of training will be required annually; and
 - How special training needs are identified and met.
1. Describe the FFA's SERVICES TO CERTIFIED PARENTS - SECTION 19
[Reference: 88022(a)(4) (C) and (D), 88022(a)(5)(B) and (D), 88065.3(g)(1) and (2)]
Include:
 - Orientations for potential certified family home applicants;
 - How the applications of potential certified family homes/parents will be assessed/evaluated; and
 - What types of support services will be provided to certified parents.

G. TREATMENT PHILOSOPHY - SECTION 20

- Outline the agency's treatment philosophy.

H. SERVICES OFFERED**VOLUNTEERS - SECTION 21**

[Reference: CCR 80065(c)]

1. Describe how volunteers are utilized, screened and trained.

VISITATION RULES AND POLICY - SECTION 22

[Reference: CCR 80068(b)(8), 88068.2(a)(6)]

1. Describe the FFA's policy and rules regarding visitation.
Include:
 - When and under what circumstances children can be visited by family members, friends and others;
 - When and under what circumstances the child is permitted to have home visits with parents and/or relatives;
 - When and under what circumstances the child is permitted to have overnight visits with parents, relatives, family members and friends; and
 - When and under what circumstances other types of visits are or are not permitted.

ADMISSION/INTAKE - SECTION 23

[Reference: CCR 80022(b)(2), 88068, 88068, 88068.1]

1. Describe the FFA's admission/intake procedures.
include:
 - Criteria for evaluating appropriateness of referrals for placement;
 - Information required to assess referrals for placement;
 - Timeframe for responding to referring agencies regarding acceptance or rejection of referral;
 - Staff position responsible for intake; and
 - Procedures for accepting emergency placements on a time-limited and/or trial basis.

NEEDS AND SERVICES PLANS/ASSESSMENT - SECTION 24

[Reference: CCR 80068.2, 88068.3]

1. Describe procedures for developing a needs and services plan which addresses each child's needs and the services required to meet such needs.
2. Describe procedures for review and evaluation of the needs and services plan.

-
-
3. Describe procedures for implementing and modifying the needs and services plan.
 4. Describe the policy regarding participation of the child, his/her authorized representative(s), and certified parents in developing, updating and modifying the needs and services plan.

DISCHARGE/REMOVAL - SECTION 25

[Reference: CCR 80068.2(a)(9), 88068.4]

1. Describe procedures for planned discharge or removal.
Include time lines.
2. Describe procedures for emergency discharge or removal.
Include time lines.

I. SERVICES IN CERTIFIED HOMES

FOOD, CLOTHING AND INCIDENTALS - SECTION 26

1. Describe how the FFA ensures that children have adequate clothing, diet, personal hygiene items, etc.

MEDICAL/DENTAL - SECTION 27

1. Describe procedures used to provide routine medical and dental care, including procedures for handling, storing, and assisting children with self-administered medications. [Reference: CCR 80075(a)(1) and (2), 88069.1(a)]
2. Describe procedures used to identify and handle medical, dental and psychiatric emergencies. [Reference: CCR 80075(f), 88069.1(a)]
3. Describe procedures used to train certified parents to dispense and destroy medication. (Reference: CCR 80075(i))

PLANNED ACTIVITIES/USE OF COMMUNITY RESOURCES - SECTION 28

[Reference: CCR 80022(b)(13), 88022(a)(6)]

1. Describe how the FFA ensures SOCIAL and RECREATIONAL activities will be incorporated into children's schedules.
2. Describe the FFA's planned educational activities and services.
[Reference: CCR 88068.2(a)(2), 88070(a)(1)(D)]
Include:
 - Special education;
 - Use of public and/or private schools;
 - Tutoring, if applicable.

TRANSPORTATION - SECTION 29

1. Describe arrangements for transporting children to and from school, activities provided outside the certified family homes (including attendance at religious services), court appointment, family visits and medical/dental appointments. [Reference: CCR 80022(b)(10)]
2. Specify how the FFA will ensure that vehicles used to transport children are maintained in safe operating condition. [Reference: CCR 80074]
3. Specify how the FFA will ensure that driver licenses, vehicle registration and insurance are current.
4. Specify how the FFA will ensure that only appropriately licensed certified parents, FFA staff and volunteers will transport children.