

Minor Dependent Nonminor Dependent Name _____

Case #: _____ Social Security Number: _____ Birth Date: _____

Caregiver Name: _____

Approval of Family Caregiver Home

Pursuant to the provisions of W&IC Section 319 or 361.45(d)(1), as applicable, I certify that I assessed

_____ Name

_____ Address

the Relative NREFM _____ Relationship

of _____; and
Minor Dependent /NMD Name Social Security Number DOB

the Relative NREFM _____ Relationship

of _____; and
Minor Dependent /NMD Name Social Security Number DOB

the Relative NREFM _____ Relationship

of _____.
Minor Dependent /NMD Name Social Security Number DOB

1. CRIMINAL RECORD/ PRIOR ABUSE CLEARANCES

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

- ALL ADULTS CLEARED/EXEMPTED
- NOT CLEARED

2. CAREGIVER QUALIFICATIONS

The above named (prospective) caregiver has been assessed as able to care for and supervise the above named minor dependent child(ren) and provide for the child(ren)'s special needs; Caregiver Assessment (SOC 818) completed and attached.

The above named (prospective) caregiver has been assessed as able to care for and supervise the above named nonminor dependent; Caregiver Assessment (SOC 818 NMD) completed and attached.

CAREGIVER NOT QUALIFIED.

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3. SAFETY OF THE HOME AND GROUNDS

An on-site inspection of the home's building and grounds was conducted on _____ by _____
(Date) (Name)

The home is clean, safe, sanitary and in good repair, meeting required licensing/approval standards set forth in MPP 31-445 and Title 22, Division 6, Chapter 9.5, Article 3 of the California Code of Regulations; Checklist of Health and Safety Standards (SOC 817 or SOC 817 NMD as applicable) completed and attached.

HOME DOES NOT MEET APPROVAL STANDARDS.

4. PERSONAL RIGHTS

Information regarding the personal rights of the minor dependent child(ren) or nonminor dependent has been provided to the (prospective) caregiver who has agreed to provide a copy of that information to any dependent minor child(ren) or nonminor dependent (or the authorized representative where applicable) placed in the home.

5. COMPLETION OF ORIENTATION/TRAINING

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

I certify that the above-named (prospective) caregiver meets the standards for relative or nonrelative extended family member home approval as of _____
(Date)

I certify that as of _____, the above-named (prospective) caregiver meets the standards for relative or nonrelative extended family member home approval pending completion of a Plan of Correction.

Plan of Correction completed on _____
(Date)

Plan of Correction not completed by agreed due date.

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

Assessment Approval Worker's Signature (Date)

Assessment Approval County

Supervisor's Signature (Date)

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CRIMINAL BACKGROUND CHECKS

| | | Temporary Placement (W&IC 309(d)(1); 361.45) | | | Live Scan Submitted (W&IC 309(d)(2)&(d)(3); W&IC 361.4; 361.45) | | | Live Scan Received (W&IC 309(d)(2)&(d)(3); W&IC 361.4; 361.45) | | | Rapback | ICT | Exemptions | | | |
|-----------------------------|---------------------------------------|---|----------------|-----------------------------|--|------|------|--|------|------|-------------|--------------------------------------|--|-----------------------|---------------------|------|
| Megan's Law Check/Date | Established Presence In Home | CLETS (309d) | CACI (309d) | CWS/CMS Search (309d) | 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 | Date |
| Other Adult | | | | | | | | | | | | | | | | |
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| Adult w/Significant Contact | | | | | | | | | | | | | | | | |
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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) |
|-------------|--|----|--------------------------------|---|----|--|-----------------------------------|----------------|--------------------|
| | YES | NO | | YES | NO | | | | |
| Caregiver | | | | | | | | | |
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| Other Adult | | | | | | | | | |
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Checklist of Standards for Approval of Family Caregiver Home

Pursuant to Division 31, MPP Section 31-445, 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** |
|--------------|---|-----|----|------|-------|
| 89318 | APPLICANT QUALIFICATIONS | | | | |
| 89319 | CRIMINAL RECORD CLEARANCE REQUIREMENT | | | | |
| 89323 | EMERGENCY PROCEDURES | | | | |
| 89361/893161 | REPORTING REQUIREMENTS | | | | |
| 89370/893170 | CHILDREN'S RECORDS/NONMINOR DEPENDENTS' RECORDS | | | | |
| 89372/893172 | PERSONAL RIGHTS | | | | |
| 893172.1 | EXPECTATIONS, ALTERNATIVES, AND CONSEQUENCES | | | | |
| 89373/893173 | TELEPHONES | | | | |
| 89374/893174 | TRANSPORTATION | | | | |
| 89376/893176 | FOOD SERVICE | | | | |
| 89377 | REASONABLE AND PRUDENT PARENT STANDARD | | | | |
| 89378/893178 | RESPONSIBILITY FOR PROVIDING CARE & SUPERVISION | | | | |
| 89379/893179 | ACTIVITIES | | | | |
| 89387/893187 | BUILDINGS AND GROUNDS | | | | |
| 89387.2 | STORAGE SPACE | | | | |
| 89388 | COOPERATION & COMPLIANCE | | | | |

*DAP: DOCUMENTED ALTERNATIVE PLAN MADE
 **CAP: CORRECTIVE ACTION PLAN MADE