



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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ARNOLD SCHWARZENEGGER
GOVERNOR

August 11, 2009

ALL COUNTY LETTER NO. 09-38

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL COUNTY ICPC LIAISONS
CDSS ADOPTION DISTRICT OFFICES

SUBJECT: INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
(ICPC) EQUIVALENCY LETTER FOR RELATIVE/NONRELATIVE
EXTENDED FAMILY MEMBER (NREFM) OUT-OF-STATE
PLACEMENTS

REFERENCE: SOCIAL SECURITY ACT SECTION 471(a)(3); WELFARE AND
INSTITUTIONS CODE SECTIONS 309(d)(1)-(4), 319(f)(1),
361.2(j)(1)(A)-(C) AND (j)(2), 361.3, 361.4, 361.45 AND 362.7; HEALTH
AND SAFETY CODE SECTION 1522-1522.1; TITLE 22, CALIFORNIA
CODE OF REGULATIONS, DIVISION 6, CHAPTER 9.5, ARTICLE 3;
CDSS MANUAL OF POLICIES AND PROCEDURES (MPP), SECTION
31-445; ALL-COUNTY LETTER NO. 04-40

This All County Letter (ACL) is to provide California counties with an Equivalency Letter that may be used to assist counties in explaining California's relative NREFM home approval process to other ICPC members.

It has come to the attention of the California Department of Social Services (CDSS) that various California counties have experienced difficulties in explaining to other states the legality of the relative and NREFM home approval process used in California and its equivalency to a licensing status. These difficulties have resulted in delayed foster care and adoptive placements made pursuant to the ICPC and resultant funding issues associated with these placements.

In an effort to improve these problems, CDSS has developed the attached Equivalency Letter which can be provided by California counties to other ICPC members. It is our hope that the use of this letter will enable the other ICPC members to more readily

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

understand California's relative and NREFM approval process and avoid unnecessary placement and/or payment delays for children in receipt of federal foster care funds. It is suggested that counties provide the attached letter and the SOC 815 with the ICPC 100A form when it is transmitted with the final approval to the requesting or sending state. Please note some states may require an annual update to continue payments.

Questions related to this ACL should be directed to the Out-of-State Placement Policy Unit at (916) 651-8100. For questions regarding California's relative approval process, counties should contact the Kinship Care Policy and Support Unit at (916) 657-1858.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachments



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**STATE OF CALIFORNIA INTERSTATE COMPACT ON THE
PLACEMENT OF CHILDREN EQUIVALENCY LETTER FOR
RELATIVE AND NONRELATIVE EXTENDED FAMILY
MEMBER APPROVAL AS A RECEIVING STATE**

The State of California has an approval process for relative and nonrelative extended family member (NREFM*) foster care placements. The approval process is codified in California state statute in Welfare and Institutions Code sections 309(d)(1)-(4), 319(f)(1), 361.2(j)(1)(A)-(C) and (j)(2), 361.3, 361.4, 361.45 and 362.7, Title 22, California Code of Regulations, Division 6, Chapter 9.5, Article 3 (sections 89317 through 89388) and in California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Section 31.445. Under this process, relative and NFREM placements are not issued a license, but instead receive approval as meeting California foster care licensing standards. **Approval is equivalent to a foster family home license that is issued by the CDSS, Community Care Licensing Division.**

The relative and NREFM approval process ensures that the home meets the core licensing standards required of licensed foster family homes in California. These core licensing standards are:

- **Criminal Records Check:** Criminal record and child abuse records are 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 a child or children placed in the home,
- **Caregiver Qualifications:** The caregiver is assessed as able to care for and supervise a child or children placed in the home and provide for the needs of the child or children,
- **Safety of the Home and Grounds (Physical Environment):** The home is clean, safe, sanitary and in good repair for the safety and well-being of a child or children placed in the home, and
- **Personal Rights:** The personal rights of foster children are provided to the caregiver who must agree to provide a copy of the personal rights to any child placed in his or her home or the child's authorized representative, where applicable.

The relative and NREFM approval process **also** requires a county to provide an orientation or a training to the relative or NREFM regarding the child welfare system, the caregiver's role and responsibilities as a foster parent, a summary of the relative and

NREFM approval standards and a summary of the rights of children in out-of-home care (MPP Section 31-445.141). Because approvals are done specifically for a particular child, as opposed to licensure where any foster child could be placed in a home, the county can require child-specific training as determined on a case-by-case basis. Relative approvals are annually reassessed for continued compliance with approval standards.

All foster family homes in California are required to meet the same health and safety standards in order to become approved or licensed. California's relative and NREFM approval process is recognized by the federal government as meeting licensing standards. This recognition is set forth in California's Title IV-E State Plan which was submitted to and approved by the federal Administration for Children and Families (ACF). In compliance with the Social Security Act section 471(a)(3) [42 U.S.C. 671], the Title IV-E State Plan foster care payments shall be in effect in all political subdivisions of the state, which includes all county welfare and probation departments, and is mandatory upon the political subdivisions administering it. As such, approved homes are eligible for Title IV-E federal financial participation (FFP).

The *Approval of Family Caregiver Home* (SOC 815 – **attached**) is California's mandated form for documenting a relative or NREFM approval. The form indicates, on page 2, that the caregiver's home meets the licensing equivalency standards for the State of California. To determine whether a home has been approved according to appropriate standards, states should request a copy of the SOC 815 form verifying approval. Additionally, a copy of the form should be maintained in the child's eligibility file in the sending state to verify approval of the home in the event of a federal audit. Since the approval process in California includes an annual reassessment component to determine whether any changes occurred in the home, it is recommended that states contact California at least once a year to obtain a copy of the updated SOC 815 form.

Relatives and NREFMs do not need to have or meet a specified number of training hours to be approved. If a county pays specialized care rates and training hours are required in order to receive those specialized care rates, the relatives and NREFMs would have to take the training to qualify for the additional funding. However, they do not have to be licensed in order for the child to receive a specialized care rate, and approval of the home is allowable.

*Note: In California a Nonrelative Extended Family Member (NREFM) is defined by Welfare and Institutions Code section 362.7 as follows: A "nonrelative extended family member" is defined as any adult caregiver who has an established familial or mentoring relationship with the child. The county welfare department shall verify the existence of a relationship through interviews with the parent and child or with one or more third parties. The parties may include relatives of the child, teachers, medical professionals, clergy, neighbors, and family friends.

Child's Name: _____ Case #: _____

Child's SSN: _____ Child's DOB: _____

Caregiver's Name: _____

Approval of Family Caregiver Home

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

Name

Address

the Relative NREFM _____
Relationship to child
of _____; and
Child's Name Social Security Number DOB

the Relative NREFM _____
Relationship to child
of _____; and
Child's Name Social Security Number DOB

the Relative NREFM _____
Relationship to child
of _____.
Child's Name Social Security Number DOB

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 _____ by _____
(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.

Child's Name: _____ Case #: _____

Child's SSN: _____ Child's DOB: _____

Caregiver's Name: _____

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 _____.
(Date)

I certify that as of _____ the above named
(Date)
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 (Date)

Assessment Approval County

Supervisor's Signature (Date)

Child's Name: _____ Case #: _____
 Child's SSN: _____ Child's DOB: _____
 Caregiver's Name: _____

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	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																
Adult w/Significant Contact																

Child's Name: _____ Case #: _____
 Child's SSN: _____ Child's DOB: _____
 Caregiver's Name: _____

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									
Other Adult									
Adult with Significant Contact									

Child's Name: _____ Case #: _____

Child's SSN: _____ Child's DOB: _____

Caregiver's Name: _____

**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				
89319	CRIMINAL RECORD CLEARANCE REQUIREMENT				
89323	EMERGENCY PLAN				
89361	REPORTING REQUIREMENTS				
89370	CHILDREN'S RECORDS				
89372	PERSONAL RIGHTS				
89373	TELEPHONES				
89374	TRANSPORTATION				
89376	FOOD SERVICE				
89377	REASONABLE AND PRUDENT PARENT STANDARD				
89378	RESPONSIBILITY FOR PROVIDING CARE & SUPERVISION				
89379	ACTIVITIES				
89387	BUILDINGS AND GROUNDS				
89387.1	OUTDOOR ACTIVITY SPACE				
89387.2	STORAGE SPACE				
89388	COOPERATION & COMPLIANCE				

*DAP: DOCUMENTED ALTERNATIVE PLAN MADE

**CAP: CORRECTIVE ACTION PLAN MADE