

NOTICE OF FORM CHANGE NO. 04-218

DATE

07/27/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other County Probation Departments

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE SOC 817 (7/04) Checklist of Health and Safety Standards for Approval of Family Caregiver Home

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 7/04	REPLACES 11/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 7/1/04.

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

8-1/2" x 11", 5 page form.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

Child's Name: _____ Case Number: _____
 Child's Name: _____ Case Number: _____
 Caregiver Name: _____

Checklist of Health and Safety Standards for Approval of Family Caregiver Home

Pursuant to Division 31, MPP Section 31-445.3, in order to be approved, all Foster Care Homes must meet the following standards, set forth in Title 22, Division 6, Chapter 9.5, Article 3.

STANDARDS PERMITTING ALTERNATIVE PLANS	Yes	No	N/A	*Alternative
<i>The following statements must be answered YES, unless not applicable or an exception is granted, to approve the home for placement.</i>				
1. Adequate bedroom space is provided: [§89387(a)]				
(a) No more than 2 children share a bedroom.				
(b) No sharing a bedroom by children of opposite sex unless each child is under 5 years of age.				
(c) Each child has individual bed with clean linens, pillow, blankets, mattress in good repair.				
(d) Each bedroom has sufficient portable or permanent closet and drawer space for each child.				
(e) The child does not share a bedroom with an adult unless the child is an infant.				
(f) There are no more than 2 infants and no more than 2 adults sharing the same bedroom.				
(g) Infant has age-appropriate, safe/sturdy bassinet or crib.				
(h) No room commonly used for other purposes or as a public or general passageway to another room is used as a bedroom.				
(i) Easy passage is allowed between beds and room entrance.				
2. The home has telephone service (may be waived if telephone access is available). [§89373]				

STANDARDS NOT PERMITTING ALTERNATIVE PLANS	Yes	No	N/A	»CAP
<i>The following statements must be answered YES, unless not applicable or a corrective action plan has been agreed upon. # indicates a standard for which "not applicable" is an unacceptable response.</i>				
3. The home appears to be clean, safe, sanitary and in good repair. [§89387(b)]			#	
4. Indoor and outdoor halls, stairs, ramps, and porches are free of obstructions and hazards. [§89387(c)]			#	
5. Home contains at least 1 toilet, sink, tub or shower maintained in safe, clean operating condition. [§89387(i)]			#	
6. Bunk beds of more than two tiers must not be used. [§89387(j)]				
a. Upper tier has bed rails. [§89387(j)]				

Child's Name: _____ Case Number: _____
 Child's Name: _____ Case Number: _____
 Caregiver Name: _____

b. Children under five years of age or those who are unable to climb into or out of the upper tier unassisted shall not be permitted to use the upper tier. [§89387(j)]				
7. Home is maintained at comfortable temperature at all times. [§89387(k)]			#	
8. Child's safety is ensured in homes with fireplaces, open forced heaters and woodstoves. [§89387(l)]				
9. Lamps and necessary light is provided in all rooms and other areas to ensure comfort and safety of persons in the home. [§89387(m)]			#	
10. Home has indoor sprinkling system or functioning smoke detector installed in the hallway(s) of each sleeping area audible in each bedroom or sleeping room. [§89387(p)]			#	
11. Hot water from faucets is delivered at a safe temperature. [§89387(n)]			#	
12. Medicines, disinfectants, cleaning solutions, poisons, firearms and other dangerous items are stored where inaccessible to children. [§89387.2]			#	
13. Storage areas of firearms and other dangerous weapons are locked or in lieu of locked storage the applicant is utilizing trigger locks or has removed and locked the firing pin/s separately from the firearm/s. Ammunition is stored and locked separately from firearms. [§89387.2]				
14. Solid waste is stored, located and disposed of in a manner that will not permit the transmission of communicable disease or of odors, create a nuisance, or provide a breeding place or food source for insects or rodents. [§89387(o)]			#	
15. Each sleeping room has at least one operable window or door that ensures safe, direct, emergency exit to the outside. If security window bars are used, the window is considered operable only if equipped with safety release devices. [§89387(q)]				
16. Yard or outdoor activity space is provided free from hazards to life and health. [§89387.1)]			#	

* Alternative: Documented Alternative Plan must be attached.
 » Correctable Deficiencies: Corrective Action Plan must be attached.

I certify that the home of _____ meets the standards
 (Caregiver's Name)
 for approval as described in this form.

 Signature (County CWS or Probation Worker) Date

Child's Name: _____ Case Number: _____
Child's Name: _____ Case Number: _____
Caregiver Name: _____

DEFICIENCIES AND PLANS OF CORRECTION

When a violation of health and safety standards is observed, the county worker has the responsibility to determine the length of time by which a correction must be made and to provide the relative with reasonable assistance in meeting that standard. The basic factors to be considered in making this assessment are the potential consequences to the child(ren) placed in the home and the immediacy of the need to correct.

The types of deficiencies are as follows:

1. **Immediate Impact.** Deficiencies that, if not corrected, would have a direct and immediate risk to the health, safety or personal rights of the foster child. If placement is imminent, correction **MUST BE MADE** prior to placement of the child(ren).
2. **Potential Impact:** Deficiencies that without correction could become a risk to the health, safety or personal rights of the child(ren).

Examples of Immediate Impact Deficiencies:

For initial approval:

1. Health Related: unlocked poisons, inappropriate storage of medications.
2. Food Service: food contaminated with mold, fungus or bacteria; bloated or ruptured canned foods; infestation of insects or vermin; unsanitary conditions in food preparation areas that present immediate health hazard; storing of food next to or with toxic substances.
3. Building and Grounds: no fence or approved cover for bodies of water; broken stair or stair railings; poisons, toxic substances, firearms in areas accessible to the child(ren); unlit stairwells used by the child(ren).
4. Fixtures, Furniture, Equipment and Supplies: toilet not in working condition, garbage accessible to children, unsafe fireplace or heaters that are in use, unsafe water temperature, condition of bedding or towels is unsanitary, furniture is broken and could cause injury if used.
5. Criminal Record Clearance and Child Abuse Index Check: failure to obtain a CLETS clearance and submit a fingerprint or Criminal Record Clearance and Child Abuse Index Check for those individuals whom have frequent and routine contact with the child(ren) in care.

Child's Name: _____ Case Number: _____
Child's Name: _____ Case Number: _____
Caregiver Name: _____

For re-assessment, all of the above, and:

1. Personal Rights: abuse, neglect, inappropriate use of restraints, the use of corporal punishment, and similar violations having a direct negative impact on either the physical or emotional wellbeing of the child(ren) in care.
2. Health Related Services: storing mislabeled, unlabeled, outdated or discontinued medications; failure to ensure that needed medical care is provided to those in care.
3. Food Service: failure to maintain enough food to meet the needs of the child(ren) for the next 24 hours.
4. Care and Supervision: child requires a level of care that cannot be met by the caregiver without the provision of additional supports or services.
5. Supplies: failure to maintain enough basic hygiene items to meet the needs of the child(ren).

Examples of Potential Impact Deficiencies:

For initial approval:

1. Food Service: failure to clean dishes and utensils.
2. Buildings and Grounds: conditions that may have a negative impact on the child(ren) in care if not corrected, such as multiple conditions that indicate an overall deterioration of the home; widespread neglect of maintenance; unsanitary living and food preparation areas.
3. Furniture, Fixtures, Equipment and Supplies: furnishings should be considered as deficient only when they are clearly damaged to the extent they are not functional (e.g., a tear in the seat of a chair vs. exposed springs); no operable sink or shower; inadequate linens.

For re-assessment, all of the above, and:

1. Reporting Requirements: Failure to notify the Department regarding incidents of abuse, neglect, death, injury, etc. as required by §89361.
2. Record Keeping: Failure to maintain the child(ren)'s records as required by §89370.

Child's Name: _____ Case Number: _____
Child's Name: _____ Case Number: _____
Caregiver Name: _____

Plan of Correction

When a child welfare worker has determined that a deficiency exists, the proposed caregiver and the worker will discuss each deficiency and develop a plan for correcting each deficiency. If the deficiency is not corrected during the visit, then the plan of correction must be in writing, with a copy provided to the caregiver, and shall include at least the following information:

1. Citation of the regulation section that is violated.
2. Description of the nature of the deficiency.
3. The actions to be taken by the applicant and the assistance to be provided by the County.
4. The date by which each deficiency shall be corrected.
5. The phone number of the county office responsible for approval of the home.

WHEN THERE ARE CHILDREN IN THE HOME, THE WORKER MUST REQUIRE IMMEDIATE CORRECTION OF A DEFICIENCY IF THE DEFICIENCY WOULD POSE AN IMMEDIATE THREAT TO THE HEALTH AND SAFETY OF CHILDREN. UNDER THESE SAME CIRCUMSTANCES, IF THERE ARE NO CHILDREN IN CARE, AND PLACEMENT IS IMMINENT, CORRECTION SHOULD BE WITHIN 24 HOURS OR LESS, AND BEFORE PLACEMENT IS MADE. OTHERWISE, THE DATE FOR CORRECTING A DEFICIENCY SHALL NOT BE MORE THAN 30 CALENDAR DAYS FOLLOWING THE DATE OF THE VISIT, UNLESS THE WORKER DETERMINES THAT THE DEFICIENCY CANNOT BE CORRECTED IN 30 CALENDAR DAYS. IN THIS CASE, THE WORKER MUST DETERMINE AN APPROPRIATE COMPLETION DATE. *TITLE IV-E IS NOT AVAILABLE UNTIL THE MONTH IN WHICH THE CORRECTIONS ARE COMPLETED AND THE HOME FULLY MEETS THE STANDARDS.*

THE CORRECTIVE ACTION PLAN SHALL SPECIFY CORRECTIVE ACTIONS WHICH MUST BE TAKEN WITHIN 30 DAYS AND THE DATE ON WHICH THE CORRECTIONS WILL BE COMPLETED.

In determining the date for correcting a deficiency, the worker should consider the following:

1. Whether there are children in care.
2. The potential hazard presented by the deficiency.
3. The availability of equipment or personnel necessary to correct the deficiency.
4. The estimated time necessary for delivery and installation of any necessary equipment.

If a written plan of correction is used, the worker is responsible for ensuring corrections have been completed within the required timeframes.