

Article 4. PLACEMENT**89400 LICENSURE IS NOT AN ENTITLEMENT TO PLACEMENT 89400**

- (a) A license is required before placement, but the license does not entitle the caregiver to placement of a "child" pursuant to Welfare and Institutions Code section 16507.5, subsection (b).

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Welfare and Institutions Code section 16507.5, subsection (b) provides:

"The granting of a community care license or approval status does not entitle the caregiver to the placement of a specific child or children. Placement is based on the child's needs and best interests."

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NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Sections 1501, 1501.1, and 1531, Health and Safety Code; and Section 16507.5, Welfare and Institutions Code.

89405 TRAINING REQUIREMENTS 89405

- (a) The caregiver is required to complete training as specified in Health and Safety Code section 1529.2, subsection (b).
- (1) The following courses, seminars, conferences, or training accepted by the licensing agency to meet the training requirements in Health and Safety Code section 1529.2, subsections (b)(3) and (4) include, but are not limited to:
- (A) Child development,
 - (B) Recognizing and assisting a "child" with learning disabilities,
 - (C) Infant care and stimulation,
 - (D) Parenting skills,
 - (E) Complexities, demands, and special needs of children in the home,
 - (F) Building self-esteem of a "child,"
 - (G) Recordkeeping,

89405 TRAINING REQUIREMENTS (Continued)**89405**

- (H) Caregiver rights, responsibilities, and grievance process,
- (I) Licensing and placement regulations, and
- (J) Existing laws and procedures regarding the safety of foster youth at school as specified in the California Student Safety and Violence Prevention Act of 2000.

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Health and Safety Code section 1529.2(b)(3)(G) provides:

"Basic instruction on the existing laws and procedures regarding the safety of foster youth at school and the ensuring of a harassment and violence free school environment contained in the California Student Safety and Violence Prevention Act of 2000, Article 3.6 (commencing with Section 32228) of Chapter 2 of Part 19 of Division 1 of Title 1 of the Education Code."

Education Code section 32228 provides:

"(a) It is the intent of the Legislature that public schools serving pupils in any of grades 8 to 12, inclusive, have access to supplemental resources to establish programs and strategies that promote school safety and emphasize violence prevention among children and youth in the public schools.

(b) It is also the intent of the Legislature that public schools have access to supplemental resources to combat bias on the basis of race, color, religion, ancestry, national origin, disability, gender, or sexual orientation, as defined in subdivision (q) of Section 12926 of the Government Code, and to prevent and respond to acts of hate violence and bias related incidents. Sexual orientation shall not include pedophilia.

(c) It is further the intent of the Legislature that schoolsites receiving funds pursuant to this article accomplish all of the following goals:

- (1) Teach pupils techniques for resolving conflicts without violence.
- (2) Train school staff and administrators to support and promote conflict resolution and mediation techniques for resolving conflicts between and among pupils.
- (3) Reduce incidents of violence at the schoolsite with an emphasis on prevention and early detection.
- (4) Provide age-appropriate instruction in domestic violence prevention, dating violence prevention, and interpersonal violence prevention."

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89405 TRAINING REQUIREMENTS (Continued)**89405**

- (b) In addition to the training specified in subsection (a), the caregiver shall complete current training in first aid and Cardiopulmonary Resuscitation (CPR).
- (1) Training shall be obtained from an agency offering such training including, but not limited to, the American Red Cross, the American Heart Association, a training program approved by the State Emergency Medical Services Authority (EMSA), or a course offered by an accredited college or university.
 - (2) The caregiver shall maintain copies of unexpired first aid and CPR certificates. These certificates shall be appropriate to the age and needs of a "child."

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Health and Safety Code section 1529.2, subsections (b) and (c) provide in part:

"...(b)(1) Every licensed foster parent shall complete a minimum of 12 hours of foster parent training, as prescribed in paragraph (3), before the placement of any foster children with the foster parent. In addition, a foster parent shall complete a minimum of eight hours of foster parent training annually as prescribed in paragraph (4). No child shall be placed in a foster family home unless these requirements are met by the persons in the home who are serving as the foster parents.

(2)(A) Upon the request of the foster parent for a hardship waiver from the postplacement training requirement or a request for an extension of the deadline, the county may, at its option, on a case-by-case basis, waive the postplacement training requirement or extend any established deadline for a period not to exceed one year, if the postplacement training requirement presents a severe and unavoidable obstacle to continuing as a foster parent. Obstacles for which a county may grant a hardship waiver or extension are:

- (i) Lack of access to training due to the cost or travel required.
- (ii) Family emergency.

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(B) Before a waiver or extension may be granted, the foster parent should explore the opportunity of receiving training by video or written materials.

(3) The initial preplacement training shall include, but not be limited to, training courses that cover all of the following.

(A) An overview of the child protective system.

(B) The effects of child abuse and neglect on development.

(C) Positive discipline and the importance of self-esteem.

(D) Health issues in foster care.

(E) Accessing education and health services available to foster children.

(F) The right of a foster child to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

(4) The postplacement annual training shall include, but not be limited to, training courses that cover all of the following:

(A) Age-appropriate child development.

(B) Health issues in foster care.

(C) Positive discipline and the importance of self-esteem.

(D) Emancipation and independent living skills if a foster parent is caring for youth.

(E) The right of a foster child to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

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89405 TRAINING REQUIREMENTS (Continued)**89405****HANDBOOK CONTINUES**

(5) Foster parent training may be attained through a variety of sources, including community colleges, counties, hospitals, foster parent associations, the California State Foster Parent Association's Conference, adult schools, and certified foster parent instructors.

(6) A candidate for placement of foster children shall submit a certificate of training to document completion of the training requirements. The certificate shall be submitted with the initial consideration for placements and provided at the time of the annual visit by the licensing agency thereafter.

(c) Nothing in this section shall preclude a county from requiring county-provided preplacement or postplacement foster parent training in excess of the requirements in this section."

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NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code; Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Sections 1501, 1506, 1506.7, 1529.1, 1529.2, 1531, and 1562, Health and Safety Code; Section 16001.9, Welfare and Institutions Code; and Article 3.6 (commencing with Section 32228) of Chapter 2 of Part 19 of Division 1 of Title 1 of the Education Code.

89410 LIMITATIONS ON CAPACITY AND AMBULATORY STATUS**89410**

- (a) The caregiver shall not operate a home beyond the conditions and limitations specified in the license, including the capacity determination, as specified in Section 89228, Capacity Determination.
- (b) The caregiver shall not accept more than two infants, including infants in the caregiver's family, without additional help.
- (c) Unless the licensing agency approves an increase before placement, a social worker or placing agency does not have the authority to place more children in a home than the capacity stated on the home's license or waiver.
- (d) The caregiver shall not allow a "child" who is nonambulatory to be placed in or remain in any room approved to accommodate only children who are ambulatory.
 - (1) The licensing agency may require a "child" who is accommodated in an ambulatory room to demonstrate that they are ambulatory.

89410 LIMITATIONS ON CAPACITY AND AMBULATORY STATUS 89410
(Continued)

- (e) The licensing agency may limit care to specific children.
- (1) If care is limited to specific children, the licensing agency shall specify the names of the children in a letter to the caregiver.
 - (2) Except where the limitation is requested by the caregiver, the caregiver shall be notified in writing of the reasons for such limitation and of the caregiver's right to appeal the decision as specified in Section 89240, subsections (c) and (d).

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Sections 1501, 1501.1, 1507.5, and 1531, Health and Safety Code.

89420 FIRE CLEARANCE 89420

- (a) Before accepting a "child" who is non-ambulatory, or deciding to continue to provide services to a "child" determined after placement to be non-ambulatory, the caregiver shall notify the licensing agency so that a fire clearance, approved by the local fire authority having jurisdiction, can be obtained.
- (1) This requirement shall not apply to placement of infants.
- (b) A caregiver who is licensed for a capacity of more than six children who are ambulatory or requests an increase in capacity to more than six children who are ambulatory shall obtain an appropriate fire clearance.

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Health and Safety Code section 13143, subsection (b) provides in pertinent part:

"Notwithstanding subdivision (a) and Section 13143.6, facilities licensed pursuant to Chapter 3 (commencing with Section 1500) of Division 2 which provide nonmedical board, room, and care for six or fewer ambulatory children placed with the licensee for care or foster family homes and family day care homes for children, licensed pursuant to Chapter 3.6 (commencing with Section 1597.50) of Division 2, with a capacity of six or fewer and providing care and supervision for ambulatory children or children two years of age or younger, or both, shall not be subject to Article 1 (commencing with Section 13100) or Article 2 (commencing with Section 13140) of this chapter or regulations adopted pursuant thereto. No city, county, or public district shall adopt or enforce any requirement for the prevention of fire, or for the protection of life and property against fire and panic, with respect to structures used as facilities specified in this subdivision, unless the requirement would be applicable to a structure regardless of the special occupancy..."

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89420 FIRE CLEARANCE (Continued)**89420**

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Sections 1501, 1501.1, 1507.2, 1531, 13113, 13131, 13143, and 13143.6, Health and Safety Code.

89421 WATER SUPPLY CLEARANCE**89421**

- (a) Any home where water for human consumption is from a private source shall meet the following requirements:
- (1) Before the caregiver accepts the first placement, the caregiver shall provide evidence of an on-site inspection of the source of water and a bacteriological analysis which establishes the safety of the water, conducted by the local health department, the State Department of Public Health, or a licensed commercial laboratory.
 - (2) After the caregiver accepts the first placement, the caregiver shall be required to provide additional analyses of the source of water only when the licensing agency documents the need for an analysis to assure the health and safety of children.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Sections 1501, 1501.1, and 1531, Health and Safety Code.

89465 CAREGIVER REQUIREMENTS**89465**

- (a) The licensing agency shall have the authority to require any caregiver to provide additional help whenever the agency determines that additional help is required to provide necessary services to children.
- (1) The following factors shall be used in determining the need for additional help:
 - (A) Needs of the particular children,
 - (B) Extent of the services provided by the home,
 - (C) Physical arrangements of the particular home, and
 - (D) Any change in the considerations listed in Section 89231, subsection (b).

89465 CAREGIVER REQUIREMENTS (Continued)**89465**

- (2) The licensing agency shall specify in writing the reasons for its determination.
- (b) The caregiver and additional help, shall be in good physical and mental health, and able to comply with this chapter.
 - (1) Good health shall be verified by a health screening, including a test for tuberculosis not more than one year old, and performed by or under the supervision of a physician.
 - (2) The report, signed by the person performing the health screening, shall indicate the following:
 - (A) The presence of any health condition that would create a hazard to the caregiver or children.
- (c) Physician reports from general practitioners or specialists may be required after licensure if the licensing agency has reason to believe that the physical or mental health of the caregiver or additional help is not adequate to carry out responsibilities specified in this chapter.
 - (1) The licensing agency shall provide the caregiver with a written explanation of the need for any additional report.
 - (2) The licensing agency shall specify in writing what written information is required from the caregiver.
- (d) All adults regularly present in the home shall submit their test results for tuberculosis performed no more than one year before placement of the first child in the home.
- (e) Occasional short-term babysitters and alternative caregivers as specified in Section 89378, Responsibility for Providing Care and Supervision, are exempt from the requirements of this section.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Sections 1501, 1501.1, 1507, 1507.2, and 1531, Health and Safety Code; Sections 361.2(j) - (j)(1)(B) and 362.04(e), Welfare and Institutions Code.

89468 ADMISSION PROCEDURES**89468**

- (a) At the time of placement for each "child," the caregiver shall request the Health and Education Passport for a "child" and a written plan identifying the specific needs and services of the "child" from the placement worker if they are not immediately provided.
- (b) If the caregiver does not receive the Health and Education Passport for a "child" and the written plan identifying the specific needs and services of the "child" at the time of placement, the caregiver shall ask the placement social worker the name and age of the "child" and, at a minimum, all of the following Pre-Placement Questionnaire questions:
- (1) Does the "child" have any allergies? (i.e. any medications, peanuts, strawberries, dogs, cats, etc.)
 - (2) Does the "child" have a history of infections or contagious diseases?
 - (3) Is the "child" taking any prescription medications?
 - (4) Does the "child" have physical limitations?
 - (A) Is any special care needed?
 - (5) Does the "child" have any medical conditions I should know about? (i.e. diabetes, epilepsy, etc.)
 - (6) Does the "child" have any mental health conditions I should know about? (i.e. schizophrenia, bipolar disorder, etc.)
 - (7) Does the "child" have a history of suicide attempts?
 - (8) Does the "child" have any behavioral problems? (i.e. drug abuse, running away, or starting fires, etc.)
 - (9) Does the "child" have a history of physical or sexual abuse?
 - (10) Does the "child" act out sexually?

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The caregiver may apply the reasonable and prudent parent standard, as specified in Section 89377, Reasonable and Prudent Parent Standard, in deciding whether to ask additional questions about a "child" at the time of placement. These questions may include:

- (1) What grade is the "child" in?

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- (2) Does the "child" have any learning disabilities?
 - (A) Is the "child" currently receiving any services for this disability?
- (3) Is the "child" taking any over the counter medications?
- (4) Can the "child" swim?
- (5) Does the "child" get along with others?
- (6) What are the current service needs of the "child"? (i.e. therapist, tutor, etc.)

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- (c) The caregiver may use the Pre-Placement Questionnaire, (LIC 9225), or any other written format developed by the caregiver, to obtain the information.
- (d) The caregiver shall use the pre-placement information to determine if the caregiver can meet the needs of a "child."
 - (1) If the caregiver believes that they cannot meet the needs of a "child," the caregiver shall request that a "child" not be placed in the home.

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After reviewing the pre-placement information and as an alternative to requesting that a "child" not be placed in the home, the caregiver may request services that allow the caregiver to meet the needs of a "child."

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- (e) When the written plan identifying the specific needs and services of the "child" and the Health and Education Passport for a "child" are received, the caregiver shall review the information and determine:
 - (1) The caregiver's ability to meet the individual needs of a "child."
 - (2) The caregiver's ability to continue meeting the needs of other children and the caregiver's family.

89468 ADMISSION PROCEDURES (Continued)**89468**

- (f) If the caregiver determines after review of the written plan identifying the specific needs and services of the "child" and the Health and Education Passport for a "child" that the home cannot meet the service needs of a "child," the caregiver shall:
- (1) Inform the person or agency responsible for placing a "child."
 - (2) Request that a "child" be placed elsewhere.

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After reviewing the written plan identifying the specific needs and services of the "child" and the Health and Education Passport for a "child," and as an alternative to requesting that a "child" not be placed in or remain in the home, the caregiver may request services that allow the caregiver to meet the needs of a "child."

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- (g) The caregiver shall keep a current copy of the written plan identifying the specific needs and services of the "child," Transitional Independent Living Plan (TILP), and the Health and Education Passport for a "child" and comply with the requirements set forth in these documents.
- (h) The caregiver shall provide an orientation of the personal rights specified in Section 89372, Personal Rights to every "child," in an age and developmentally appropriate manner, and to his or her authorized representative, as specified in Health and Safety Code section 1530.91.
- (1) In addition to the requirements of subsection (h), when the home is licensed to provide care for six or more children, the caregiver shall also post a list of the personal rights (PUB 396, Foster Youth Rights). The list of personal rights shall be posted in an area of the home that is accessible to a "child" and his or her authorized representative.

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Health and Safety Code section 1530.91 provides:

"(a) Except as provided in subdivision (b) any care provider that provides foster care for children pursuant to this chapter shall provide each school age child and his or her authorized representative, as defined in regulations adopted by the department, who is placed in foster care, with an age and developmentally appropriate orientation that includes an explanation of the rights of the child, as specified in Section 16001.9 of the Welfare and Institutions Code, and addresses the child's questions and concerns.

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"(b) Any facility licensed to provide foster care for six or more children pursuant to this chapter shall post a listing of rights for a "child" specified in Section 16001.9 of the Welfare and Institutions Code. The office of the State Foster Care Ombudsperson shall design posters and provide the posters to each facility subject to this subdivision. The posters shall include the telephone number of the State Foster Care Ombudsperson."

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NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Sections 1501, 1501.1, 1507, 1507.2, 1520, 1530.6, 1530.91, 1531, and 1557.5, Health and Safety Code; Section 361.2(j)(1)(A), Welfare and Institutions Code.

- (a) Within 30 days of accepting a "child," the caregiver shall obtain a recent written medical assessment.
 - (1) A recent medical assessment shall not be more than a year old, and
 - (2) A medical assessment for a "child" shall include the results of an examination for communicable tuberculosis (TB) and other contagious or infectious diseases.
- (b) The licensing agency may require the caregiver to obtain a current written medical assessment for a "child," if such an assessment is necessary to verify the appropriateness of a home for a "child."

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Sections 1501, 1501.1, 1507, 1507.2, 1520, 1530.6, 1531, and 1557.5, Health and Safety Code.

89475 HEALTH RELATED SERVICES**89475**

- (a) Family health care, as defined in Section 89201, shall be administered by the caregiver to a "child" as outlined in writing by the appropriate medical professional.
- (1) The caregiver shall ask the medical professional to provide adequate and practical written instructions.
- (b) The caregiver shall maintain first aid supplies appropriate to the needs of a "child."
- (c) When a "child" has a health condition that requires medication, the caregiver shall comply with the following:
- (1) Assist a "child" with self-administration as needed.
- (A) If the physician of a "child" gives permission as specified in Section 89475.1, subsection (f), the "child" may self-administer medication or injections.
- (2) Ensure that instructions are followed as outlined by the appropriate medical professional.
- (3) Medication shall be stored in the original container with the original unaltered label.
- (4) Prescription medication must be administered to a "child" as directed on the label or as directed in writing by the physician.
- (5) Non-prescription medication must be administered to a "child" as directed on the label or as directed by the appropriate medical professional.
- (6) The administration of prescription PRN medication to a "child" shall require caregiver documentation of the date, time, and dose of medication administered.
- (7) If a "child" can not determine his or her own need for medication, the caregiver shall determine the need of a "child" in accordance with medical instructions.
- (d) Under no circumstances shall a "child" be required to take psychotropic medication without a court order as specified in Section 89475.1, subsection (g).

89475 HEALTH RELATED SERVICES (Continued)**89475**

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The caregiver is encouraged to document the administration of medication to a "child" using a log. A medication log can be a useful tool in determining if a "child" is receiving the correct medication. It can also assist in determining if the "child" may have a more serious problem that would require a visit to a physician. If school staff are authorized to administer PRN medication, the caregiver is encouraged to request documentation that the medication was given.

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- (e) The caregiver shall provide emergency medical assistance and injections to a "child" as specified in Section 89475.1, Emergency Medical Assistance, Injections, and Self- Administration of Medications.

NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Sections 1501, 1501.1, 1507, 1507.2, 1507.25, 1507.5, 1530.6 and 1531, Health and Safety Code; Sections 361.2(j) - (j)(1)(C), 369.5, and 739.5, Welfare and Institutions Code; and Section 2727(a), Business and Professions Code.

**89475.1 EMERGENCY MEDICAL ASSISTANCE, INJECTIONS, AND
SELF-ADMINISTRATION OF MEDICATIONS****89475.1**

- (a) A caregiver shall ensure that persons who provide emergency medical assistance and injections to a "child" are trained as specified in Health and Safety Code section 1507.25.
- (b) Emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock may be provided to a "child" as specified in Health and Safety Code section 1507.25.
- (c) Subcutaneous injections of other medications, including insulin, as prescribed by the physician of a "child," may be provided as specified in Health and Safety Code section 1507.25.
- (d) The caregiver shall ensure the date, time and dose of all injections administered to a "child," including injections self-administered by a "child," are documented by the person giving the injection as specified in Health and Safety Code section 1507.25.
- (e) The caregiver shall ensure the date, time and results of glucose testing and monitoring are documented by the person assisting with the testing as specified in Health and Safety Code section 1507.25.

**89475.1 EMERGENCY MEDICAL ASSISTANCE, INJECTIONS, AND
SELF-ADMINISTRATION OF MEDICATIONS (Continued)****89475.1**

- (f) Unless prohibited by court order, a "child" may self-administer medication or injections if the physician of a "child" gives permission. The caregiver shall ensure that a "child" knows how to:
- (1) Self-administer their medication and injections,
 - (2) Document when they self-administer their medication and injections, and
 - (3) Properly store the medication so that it is not accessible to other children.
- (g) Psychotropic medication shall only be given if the Juvenile court has approved a medication request by a physician, as provided in Welfare and Institutions Code sections 369.5, subsection (a) and 739.5, subsection (a).
- (h) The caregiver shall maintain all documentation of injections and glucose testing and monitoring specified in subsections (d) and (e) in the current record or file for a "child."

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Health and Safety Code section 1507.25 provides in part:

"(a)(1) Notwithstanding any other provision of law, a person described in paragraph (2), who is not a licensed health care professional, but who is trained to administer injections by a licensed health care professional practicing within his or her scope of practice, may administer emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock to a foster child in placement.

(2) The following individuals shall be authorized to administer emergency medical assistance and injections in accordance with this subdivision:

- (A) A relative caregiver.
- (B) A nonrelative extended family member.
- (C) A foster family home parent.
- (D) A small family home parent.
- (E) A certified parent of a foster family agency.

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**89475.1 EMERGENCY MEDICAL ASSISTANCE, INJECTIONS, AND
SELF-ADMINISTRATION OF MEDICATIONS (Continued)****89475.1**

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- (F) A substitute caregiver of a foster family home or a certified family home.
- (G) A direct care staff member of a small family home or a group home.
- (3) The licensed health care professional shall periodically review, correct, or update training provided pursuant to this section as he or she deems necessary and appropriate.
- (b)(1) Notwithstanding any other provision of law, a person described in paragraph (2), who is not a licensed health care professional, but who is trained to administer injections by a licensed health care professional practicing within his or her scope of practice, may administer subcutaneous injections of other medications, including insulin, as prescribed by the child's physician, to a foster child in placement.
- (2) The following individuals shall be authorized to give prescribed injections including insulin in accordance with this subdivision:
- (A) A relative caregiver.
- (B) A nonrelative extended family member.
- (C) A foster family home parent.
- (D) A small family home parent.
- (E) A certified parent of a foster family agency.
- (F) In the absence of a foster parent, a designated substitute caregiver in a foster family home or a certified family home.
- (3) The licensed health care professional shall periodically review, correct, or update training provided pursuant to this section as he or she deems necessary and appropriate.
- (c) For purposes of this section, administration of an insulin injection shall include all necessary supportive activities related to the preparation and administration of injection, including glucose testing and monitoring..."

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**89475.1 EMERGENCY MEDICAL ASSISTANCE, INJECTIONS, AND
SELF-ADMINISTRATION OF MEDICATIONS (Continued)****89475.1**

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Welfare and Institutions Code section 369.5, subsection (a) provides:

"(a) If a child is adjudged a dependent child of the court under Section 300 and the child has been removed from the physical custody of the parent under Section 361, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that child. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication..."

Welfare and Institutions Code section 739.5, subsection (a) provides:

"(a) If a minor who has been adjudged a ward of the court under Section 601 or 602 is removed from the physical custody of the parent under Section 726 and placed into foster care, as defined in Section 727.4, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that minor. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the minor and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the minor's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication..."

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NOTE: Authority cited: Sections 1530, and 1530.5, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Section 1507.25, Health and Safety Code; and Section 369.5 and 739.5, Welfare and Institutions Code.

89475.2 POSTURAL SUPPORTS AND PROTECTIVE DEVICES**89475.2**

- (a) Except for postural supports and protective devices as provided in this section, the caregiver shall not restrain or use any restraining devices on a "child."
- (1) Postural supports for a "child" shall be limited to appliances or devices used to achieve proper body position and balance, to improve mobility and independent functioning, or to prevent injury.
 - (A) Postural supports may include braces, spring release trays, or soft ties. Physician-prescribed orthopedic devices such as braces or casts used for support of a weakened body part or correction of body parts are also considered postural supports.
 - (B) Approved postural supports shall be fastened or tied in a manner which permits quick release by a "child."
 - (C) Under no circumstances shall postural supports include tying, depriving, or limiting a "child" from use of hands or feet.
 - (2) Protective devices are used to protect a "child" from self-injurious behavior and to provide assistance with, but not prohibit, mobility. They are not considered restraining devices for the purpose of this section.
 - (A) Protective devices may include physician-prescribed or recommended helmets, elbow guards, mittens, and a bed rail that extends half the length of the bed. Bed rails that extend the entire length of the bed are prohibited.
- (b) The caregiver shall contact the licensing or approval agency when a "child" needs postural supports or protective devices.
- (1) Before the caregiver accepts placement of a "child" who requires postural supports or protective devices, the caregiver shall seek approval from the licensing or approval agency.
 - (2) If a "child" develops a condition that requires a "child" to use postural supports or protective devices after placement in the home, the caregiver shall ask the licensing or approval agency if the home can still operate under the current license or approval.
- (c) All caregiver requests to use postural supports or protective devices shall be in writing to the licensing or approval agency and include a written order from a physician indicating the need for such supports or devices.
- (1) In order to evaluate the request, the licensing or approval agency shall be authorized to require additional documentation including, but not limited to, the Individual Program Plan (IPP) as specified in Welfare and Institutions Code section 4646, and the written consent of the person or agency responsible for placing a "child."

89475.2 POSTURAL SUPPORTS AND PROTECTIVE DEVICES
(Continued)**89475.2**

- (d) The licensing or approval agency may grant conditional or limited approvals to use postural supports or protective devices.

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Welfare and Institutions Code section 4646 provides:

"(a) It is the intent of the Legislature to ensure that the individual program plan and provision of services and supports by the regional center system is centered on the individual and the family of the individual with developmental disabilities and takes into account the needs and preferences of the individual and the family, where appropriate, as well as promoting community integration, independent, productive, and normal lives, and stable and healthy environments. It is the further intent of the Legislature to ensure that the provision of services to consumers and their families be effective in meeting the goals stated in the individual program plan, reflect the preferences and choices of the consumer, and reflect the cost-effective use of public resources.

(b) The individual program plan is developed through a process of individualized needs determination. The individual with developmental disabilities and, where appropriate, his or her parents, legal guardian or conservator, or authorized representative, shall have the opportunity to actively participate in the development of the plan.

(c) An individual program plan shall be developed for any person who, following intake and assessment, is found to be eligible for regional center services. These plans shall be completed within 60 days of the completion of the assessment. At the time of intake, the regional center shall inform the consumer and, where appropriate, his or her parents, legal guardian or conservator, or authorized representative, of the services available through the local area board and the protection and advocacy agency designated by the Governor pursuant to federal law, and shall provide the address and telephone numbers of those agencies.

(d) Individual program plans shall be prepared jointly by the planning team. Decisions concerning the consumer's goals, objectives, and services and supports that will be included in the consumer's individual program plan and purchased by the regional center or obtained from generic agencies shall be made by agreement between the regional center representative and the consumer or, where appropriate, the parents, legal guardian, conservator, or authorized representative at the program plan meeting.

(e) Regional centers shall comply with the request of a consumer, or where appropriate, the request of his or her parents, legal guardian, or conservator, that a designated representative receive written notice of all meetings to develop or revise his or her individual program plan and of all notices sent to the consumer pursuant to Section 4710. The designated representative may be a parent or family member.

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89475.2 POSTURAL SUPPORTS AND PROTECTIVE DEVICES
(Continued)**89475.2**

HANDBOOK CONTINUES

(f) If a final agreement regarding the services and supports to be provided to the consumer cannot be reached at a program plan meeting, then a subsequent program plan meeting shall be convened within 15 days, or later at the request of the consumer or, when appropriate, the parents, legal guardian, conservator, or authorized representative or when agreed to by the planning team. Additional program plan meetings may be held with the agreement of the regional center representative and the consumer or, where appropriate, the parents, legal guardian, conservator, or authorized representative.

(g) An authorized representative of the regional center and the consumer or, where appropriate, his or her parents, legal guardian, or conservator, shall sign the individual program plan prior to its implementation. If the consumer or, where appropriate, his or her parents, legal guardian, or conservator, does not agree with all components of the plan, they may indicate that disagreement on the plan. Disagreement with specific plan components shall not prohibit the implementation of services and supports agreed to by the consumer or, where appropriate, his or her parents, legal guardian, or conservator. If the consumer or, where appropriate, his or her parents, legal guardian, or conservator, does not agree with the plan in whole or in part, he or she shall be sent written notice of the fair hearing rights, as required by Section 4701."

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NOTE: Authority cited: Sections 1530 and 1530.5, Health and Safety Code; Section 16001.9, Welfare and Institutions Code. Reference: Sections 1501, 1501.1, and 1531, Health and Safety Code; Sections 361.2(j)(1)(A), 4646, and 16001.9, Welfare and Institutions Code; and Unruh Civil Rights Act, Civil Code Section 51.

Article 5. SPECIAL HEALTH CARE NEEDS**89510.1 LIMITATIONS ON CAPACITY FOR SPECIALIZED FOSTER FAMILY HOMES****89510.1**

- (a) No more than two children with or without special health care needs shall reside even on a temporary basis in a specialized foster family home with the following exceptions.
- (b) A specialized foster family home shall not care for more than two children with or without special health care needs as provided in Welfare and Institutions Code section 17732.
- (1) A specialized foster family home may accept a third "child" with or without special health care needs provided that the licensed capacity, as determined by the licensing agency under Section 89228, Capacity Determination, is not exceeded, and all of the following conditions are met:
- (A) The county social worker, regional center caseworker, or person or agency responsible for placing a third "child" determines that:
1. The county or the regional center service area in which the specialized foster family home is physically located has no other:
 - a. Specialized foster family home, nonspecialized foster family home, small family home, or certified family home available to care for a "child" with or without special health care needs.
- (B) The county social worker, regional center caseworker, or person or agency responsible for placing each "child" determines that the specialized foster family home can meet their psychological and social needs.
1. New determinations are required each time there is an increase or turnover in children and the two-"child" capacity limit is exceeded.
- (C) The individualized health care plan team for each "child with special health care needs" in the specialized foster family home determines that placement of a third "child" will not jeopardize their health and safety.
1. New determinations are required each time there is an increase or turnover in children and the two-"child" capacity limit is exceeded.

**89510.1 LIMITATIONS ON CAPACITY FOR SPECIALIZED FOSTER
FAMILY HOMES (Continued)****89510.1**

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Welfare and Institutions Code section 17732 provides in part:

"No more than two foster care children shall reside in a specialized foster care home with the following exceptions:

(a) A specialized foster care home may have a third child with or without special health care needs placed in that home provided that the licensed capacity, as determined by the department pursuant to paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code is not exceeded and provided that all of the following conditions have been met:

(1) The child's placement worker has determined and documented that no other placement is available.

(2) For each child in placement and the child to be placed, the child's placement worker has determined that his or her psychological and social needs will be met by placement in the home and has documented that determination. New determinations shall be made and documented each time there is an increase or turnover in foster care children and the two-child capacity limit is exceeded.

(3) The individualized health care plan team responsible for the ongoing care of each child with special health care needs involved has determined that the two-child limit may be exceeded without jeopardizing the health and safety of that child, and has documented that determination. New determinations shall be made and documented each time there is an increase or turnover in foster care children and the two-child capacity limit is exceeded...."

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NOTE: Authority cited: Section 17730, Welfare and Institutions Code; Sections 1530 and 1530.5, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Sections 361.2(j)(1)(A), 17710, 17731, 17732, and 17736(b), Welfare and Institutions Code; and Sections 1502(a), 1507, 1507.2, 1507.5, 1530.6, and 1531, Health and Safety Code.

89510.2 PROHIBITION OF DUAL LICENSURE FOR SPECIALIZED FOSTER FAMILY HOMES**89510.2**

- (a) A caregiver licensed to operate a specialized foster family home shall not hold any day care, other residential, or health care home license for the same premises as the specialized foster family home.
- (1) A caregiver who plans to care for a "child with special health care needs" and holds any license as specified in (a) above shall surrender the license prior to accepting a "child with special health care needs."

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; Sections 1530 and 1530.5, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Section 17732, Welfare and Institutions Code; and Section 1531, Health and Safety Code.

89565.1 CAREGIVER REQUIREMENTS FOR SPECIALIZED FOSTER FAMILY HOMES**89565.1**

- (a) The caregiver and any other person who provides specialized in-home health care to a "child with special health care needs" as specified in Welfare and Institutions Code section 17731, subsections (c)(3) and (5) shall comply with applicable regulations in Section 89465, Caregiver Requirements and the requirements of this section.

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Welfare and Institutions Code section 17731, subsections (c)(3) and (5) provide:

"... (c) The county plan shall meet all the requirements specified in this subdivision. The regional center shall not be required to submit a plan. However, all requirements specified in this subdivision shall be met prior to a regional center placement of a child who is not a court dependent and who has special health care needs.

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HANDBOOK CONTINUES

**89565.1 CAREGIVER REQUIREMENTS FOR SPECIALIZED FOSTER
FAMILY HOMES (Continued)****89565.1**

HANDBOOK CONTINUES

(3) Foster parents shall be trained by health care professionals pursuant to the discharge plan of the facility releasing the child being placed in, or currently in, foster care. Additional training shall be provided as needed during the placement of the child and to the child's biological parent or parents when the child is being reunified with his or her family.

...

(5) Assistant caregivers, on-call assistants, respite care workers, and other personnel caring for children with special health care needs shall complete training or additional training by a health care professional in accordance with paragraph (3)..."

HANDBOOK ENDS HERE

- (b) Before caring for a "child with special health care needs" or when a child's needs change, the caregiver and any other person, as specified in subsection (a), who provides care to a "child with special health care needs" shall complete training provided by a health care professional as required by a child's individualized health care plan, except when:
- (1) The caregiver and any other person who provides care to a "child with special health care needs" is a licensed health care professional, and
 - (2) A child's individualized health care plan team determines that completion of specialized in-home health care training is unnecessary based on the medical qualifications and expertise of the caregiver and any other person who provides care to a "child with special health care needs."

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; Section 1530, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Sections 362.04 and 17731, Welfare and Institutions Code; and Sections 1531 and 1562, Health and Safety Code.

89566 ADDITIONAL RECORDS FOR SPECIALIZED FOSTER FAMILY HOMES**89566**

- (a) The caregiver shall ensure that the records for the caregiver and any other person as specified in Section 89565.1, Caregiver Requirements for Specialized Foster Family Homes, who provides care to a "child with special health care needs," contain the following:
- (1) The caregiver shall have documentation verifying completion of training specified in Section 89565.1, subsection (b), or
 - (2) Documentation that the caregiver or any other person who provides care to a "child with special health care needs" is exempt from training as specified in Section 89565.1, subsections (b)(1) and (2). Documentation shall include:
 - (A) A copy of a valid license or certificate indicating that the caregiver or any other person who provides care to a "child with special health care needs" is a licensed health care professional, and
 - (B) A written statement that the individualized health care plan team for a "child" has been notified and has determined that the specialized in-home health care training specified in Section 89565.1, subsection (b) is unnecessary. This documentation shall be provided by a member designated by the team.
- (b) If the caregiver decides to have additional help to care for a "child with special health care needs," the following information shall be obtained from all additional help and kept in the records for the specialized home:
- (1) Full name.
 - (2) Copy of the Driver's License of any person who will transport a "child."
 - (3) Date the person started providing additional help in the home.
 - (4) Home address and phone number.
 - (5) Past related experience and where this experience was obtained.
 - (6) Duties.
 - (7) Date the person last worked, if no longer working in the home.

89566 PERSONNEL RECORDS FOR SPECIALIZED FOSTER FAMILY HOMES (Continued) 89566

- (c) The caregiver shall keep records of health screenings and tests for tuberculosis required by Section 89465, subsection (b)(1) on file.
- (d) The caregiver shall maintain all records at the home and shall make them available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. The licensing agency may remove records from the home if necessary for copying. Removal of records by the licensing agency shall be subject to the following requirements:
 - (1) Licensing representatives shall not remove any current emergency or health-related information for current caregivers unless the same information is readily available in another document or format.
 - (2) Prior to removing any children's records from a home, a licensing representative shall prepare a list of the records to be removed, sign and date the list upon removal of the records, and leave a copy of the list with the caregiver.
 - (3) Licensing representatives shall return the children's records to the caregiver undamaged and in good order within three business days following the date the records were removed.
- (e) The caregiver shall retain all records that pertain to persons who provide additional help for at least three years after they no longer work in the home.

NOTE: Section 17730, Welfare and Institutions Code; Sections 1530, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Section 17731, Welfare and Institutions Code; and Sections 1501, 1501.1, 1507, 1507.2, 1530.5, and 1531, Health and Safety Code.

89569.1 INDIVIDUALIZED HEALTH CARE PLANS FOR SPECIALIZED FOSTER FAMILY HOMES 89569.1

- (a) The caregiver shall not accept a "child with special health care needs" unless the caregiver has obtained an individualized health care plan for the "child." The caregiver shall maintain a copy of the individualized health care plan for a "child," which shall include the following information:
 - (1) The name, address, and phone number of the health care professional responsible for monitoring ongoing health care for a "child."
 - (2) The appropriate number of hours of on-site and off-site supervision and monitoring that needs to be provided by the health care professional responsible for monitoring ongoing health care for a "child."

89569.1 INDIVIDUALIZED HEALTH CARE PLANS FOR SPECIALIZED FOSTER FAMILY HOMES (Continued) 89569.1

- (3) Documentation by the individualized health care plan team for a "child" that identifies the specialized in-home health care to be administered by a health care professional or responsible adult trained by a health care professional.
 - (4) Arrangements for in-home health support services if required.
 - (5) Specific responsibilities of the caregiver for providing specialized in-home health care, including any required training or additional training.
 - (6) Identification of any available and funded medical services that are to be provided to a "child" in the specialized foster family home which may include, but is not limited to, assistance from health care professionals.
 - (7) Identification of any psychological, emotional, behavioral, or medical problems that are identified in the written plan identifying the specific needs and services of the "child," the Pre-Placement Questionnaire as specified in Section 89468, Admission Procedures, or the medical assessment specified in Section 89469, Children's Medical Assessments.
- (b) The individualized health care plan for each "child with special health care needs" shall be updated at least every six months or sooner if the needs of a "child" change.
- (1) The caregiver shall maintain a copy of the updated individualized health care plan for each "child" as specified in Section 89370, Children's Records.
- (c) The hospital discharge plan may be adopted by the individualized health care plan team as the individualized health care plan for a "child."
- (d) The individualized health care plan for a "child" may be combined with the written plan identifying the specific needs and services of the "child," the Pre-Placement Questionnaire as specified in Section 89468, Admission Procedures, or the individual program plan from the regional center for a "child" provided that all the information required by each plan is included.

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; Section 1530 and 1530.5, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Section 1531, Health and Safety Code; and Sections 361.2(j)(1)(A), 17710, 17731, 17731(c), and 17732(a), Welfare and Institutions Code.

**89570.1 ADDITIONAL CHILDREN'S RECORDS FOR SPECIALIZED
FOSTER FAMILY HOMES****89570.1**

Repealed by Manual Letter No. CCL-10-06, effective 4/3/10.

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; Sections 1530, 1530.5, and 1531, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Sections 17710, 17731, and 17732(a), Welfare and Institutions Code and Section 1531, Health and Safety Code.

**89572.2 PERSONAL RIGHTS FOR CHILDREN WITH SPECIAL
HEALTH CARE NEEDS****89572.2**

- (a) A "child with special health care needs" is afforded all of the personal rights specified in Section 89372, Personal Rights. Additionally, the following personal rights shall be afforded:
- (1) A "child with special health care needs" has the right to be free of the administration of medication or chemical substances except as specifically provided in the individualized health care plan for a "child."
 - (2) A "child with special health care needs" has the right to be free from any restraining or postural support device except as required to treat the specific medical symptoms of a "child" and addressed or outlined in the individualized health care plan for the "child."
 - (A) Physical restraining devices may be used for the protection of a "child with special health care needs" during treatment and diagnostic procedures. The restraining device, which shall not have a locking device, shall be applied for no longer than the time required to complete the treatment and shall be applied in conformance with the individualized health care plan for a "child." The individualized health care plan for a "child" shall include all of the following:
 1. The specific medical symptom(s) that require use of the restraining device.
 2. An evaluation of less restrictive therapeutic interventions and the reason(s) for ruling out these other practices.
 3. A written order by the physician of a "child." The order must specify the duration and circumstances under which the restraining device is to be used.
 - (B) Postural supports as specified in Section 89475.2, subsections (a)(1)(A) through (C), and protective devices as specified in Section 89475.2, subsection (a)(2)(A), may be used if prescribed in the individualized health care plan for a "child." The method of application shall be specified in the individualized health care plan for a "child" and approved in writing by the physician for a "child."

89572.2 PERSONAL RIGHTS FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS (Continued)**89572.2**

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; Section 1530, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Sections 361.2(j)(1)(A), 16001.9, 17730 and 17736, Welfare and Institutions Code.

89587.1 ADDITIONAL BUILDINGS AND GROUNDS REQUIREMENTS FOR SPECIALIZED FOSTER FAMILY HOMES**89587.1**

- (a) Areas in the home that include, but are not limited to, bedrooms, bathrooms, toilets, dining areas, passageways, and recreational spaces used by a "child with special health care needs" shall be large enough to accommodate any medical equipment that a "child" needs.
 - (1) A bedroom that is occupied by a "child with special health care needs" shall be large enough to allow storage of each child's personal items and any required medical equipment or assistive devices, including wheelchairs, adjacent to a child's bed.
 - (A) The bedroom shall be large enough to permit unobstructed bedside assistance with medical procedures and medications.
- (b) Notwithstanding Section 89387, subsection (a)(1), a bedroom used by a "child with special health care needs" shall not be shared with another child who resides in the home if a child's need for medical services or a child's medical condition would be incompatible with each child's use and enjoyment of the bedroom.
- (c) When required by the individualized health care plan for a "child," the caregiver(s) or other adult caring for a "child" shall sleep in a bedroom adjacent or in close proximity to the child's room or use a monitoring device to alert the caregiver.

NOTE: Authority cited: Section 17730, Welfare and Institutions Code; Section 1530 and 1530.5, Health and Safety Code; and Section 21 of Assembly Bill (AB) 1695 (Chapter 653, Statutes of 2001). Reference: Section 1531, Health and Safety Code; and Sections 361.2(j) - (j)(1)(C), and 17732, Welfare and Institutions Code.