

**26-518 REPORT ON PREPLACEMENT PREVENTIVE SERVICES (FORM SOC 291) 26-518**

**26-518.01 CONTENT 26-518.01**

Form SOC 291, Report on Preplacement Preventive Services, is designed to gather selected monthly information on Preplacement Preventive Services provided to children in accordance with W&I Code, Sections 16501 and 16504. The report describes significant aspects of the emergency response investigation and intake process and the family maintenance program activity. The report also includes children served and funded by the Emergency Assistance-Abused, Neglected and Exploited Children (EA-ANEC) Program.

**26-518.02 PURPOSE 26-518.02**

The data will provide the basis for reports to the Legislature, and will be used by the State Department of Social Services (SDSS) in estimating, budgeting, and allocating funds for Preplacement Preventive Services. It will also provide information to administrative and program personnel within SDSS, County Welfare Departments (CWDs), and other interested agencies and persons.

**26-518.03 DISTRIBUTION 26-518.03**

Annual reports to the Legislature are required by Section 16512 of the Welfare and Institutions Code. Summaries of the information will be made available to interested agencies and persons.

**26-518.04 DUE DATE 26-518.04**

All counties are required to submit the completed report to SDSS each month. Monthly reports are to be received in Sacramento on or before the last working day of the month following the report month. If there is nothing to report for a line item, please indicate this fact by inserting a zero (0) in the applicable line on the report form. Submit one copy of the completed report to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

<b>26-518.05</b>	<b>REPORT FORMAT</b>	<b>26-518.05</b>
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The Preplacement Preventive Services Report (SOC 291) consists of two sections. Section I collects information relating to Emergency Response Program intake activity and caseload activity, including information on the number of children receiving services funded (all or in part) by the EA-ANEC Program. Section II collects information on Family Maintenance Program caseload activity.

<b>26-518.10</b>	<b>INSTRUCTIONS FOR COMPLETING FORM SOC 291</b>	<b>26-518.10</b>
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<b>26-518.20</b>	<b>SECTION I: EMERGENCY RESPONSE PROGRAM</b>	<b>26-518.20</b>
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<b>26-518.21</b>	<b>PART A. EMERGENCY RESPONSE REFERRALS RECEIVED</b>	<b>26-518.21</b>
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Part A is designed to count all referrals alleging child abuse/neglect received by the Emergency Response (ER) system. Report only those referrals that clearly fit the Penal Code, Section 11165, definition of abuse, neglect or exploitation. Do not include inappropriate inquiries such as those regarding aid payments, Medi-Cal cards, etc.

Please note that each referral is to be counted as one referral, regardless of the number of children in the family. For example, a family of four is counted as one referral.

**Item Instructions:**

Item 1. **Total Emergency Response referrals received**

Report all ER referrals made to CWD by phone, in person, or by mail during the report month. Count each referral only once, regardless of the number of times the same incident was reported or the number of persons making reports on the same incident. Include new referrals to the ER Program alleging new incidents of abuse/neglect of a child for whom there already exists an open Child Welfare Services (CWS) case.

Item 1a. **Emergency Response referrals, information insufficient**

Report those referrals alleging abuse, neglect, or exploitation but which contain insufficient information to identify or locate the children for purpose of attempting an in-person response.

**26-518.22 PART B. EMERGENCY RESPONSE DISPOSITIONS****26-518.22**

Part B provides information on the number of service children which left the ER program during the month by transfer to Family Maintenance (FM), Family Reunification (FR), or Permanent Placement (PP) programs; or who were determined by the ER worker to require no further CWS services and the case was closed. Also report, as appropriate, in Items 1 through 6 below any open CWS services cases that were referred to the ER program and have reached a disposition.

**Item 1. Emergency Response assessment cases closed or transferred, determined inappropriate for in-person response**

Report the number of service children referred to the ER Program who cases were assessed and closed by the CWD after being determined inappropriate for in-person response. If the CWD is unable to specify the actual number of children involved in this ER referral, the CWD is to report one child per referral.

Also report in this line item the situation in which the ER worker discovered that an ER referral is currently an open CWS case, determined that no further ER services are necessary, and referred the matter back to the appropriate CWS worker for any follow-up action.

**Item 2. Emergency Response in-person response case closed, Emergency Response services provided**

Report the number of in-person response cases closed during the month. An in-person response case involves the documented activities of the CWS ER worker who has either attempted an in-person response unsuccessfully; or who has conducted a face-to-face response to an ER referral, determined that no further CWS services are required, and closed the case. If the CWD is unable to specify the actual number of children involved in an ER referral in which an in-person response was attempted but was unsuccessful, the CWD is to report one child per referral.

**Item 3. Emergency Response services cases closed, Emergency Response services provided**

Report the number of services children for all ER services cases closed during the month. An ER services case involves the documented activities of the CWD ER worker who has determined that an in-person response, conducted an initial evaluation, determined that additional child welfare services are required, and prepared on assessment and services plan for the child.

**Item 4. Transferred to Family Maintenance**

Report all ER services cases transferred to the FM program during the report month.

**26-518.22 PART B. EMERGENCY RESPONSE DISPOSITIONS (Continued) 26-518.22**

**Item 5. Transferred to Family Reunification/Permanent Placement**

Report all ER services cases transferred to the FR or PP programs during the report month.

**Item 6. Transferred to other jurisdiction**

Report the number of ER services cases that were transferred to another jurisdiction during the report month.

**Item 7. Total Emergency Response dispositions**

Report the total number of service children that left the ER Program during the month. This number is the sum of Items 1 through 6 above.

**Item 7a. How many dispositions from Part B, Item 7 above were EA-ANEC funded children?**

Report the number of children that received services funded (all or in part) by Emergency Assistance - Abused, Neglected and Exploited Children (EA-ANEC) funds.

**26-518.23 PART C. REASON FOR EMERGENCY RESPONSE AT DISPOSITION 26-518.23**

This part includes only those Service children whose ER cases reached disposition during the month.

Since the reason given by a person making a referral may not be accurate, the primary reason for an emergency response should be determined by the investigating Social Worker and reported at disposition. Items 1 through 7 below are prioritized by primary reason.

Please note, however, that this is an unduplicated count. Only one reason for each child is reported. Thus, if the person making the referral cited physical abuse (Item 2) and the Social Worker determined the actual reason was sexual abuse (Item 1), report the one count in Item 1, none in Item 2. Also, if the child experienced more than one type of abuse/neglect, report only the most serious allegation, as prioritized on this form and determined by the Social Worker at disposition. If the Social Worker determined that the reason for ER services was unfounded or unsubstantiated, then report the reason cited in the referral.

**26-518.23 PART C. REASON FOR EMERGENCY RESPONSE AT DISPOSITION 26-518.23**  
(Continued)

**Item Instructions:**

Item 1. **Sexual abuse/sexual exploitation**

Means the victimization of a child by sexual activities including, but not limited to, those activities defined in Penal Code Section 11165.1 as "sexual assault" or "sexual exploitation".

Item 2. **Physical abuse**

Means nonaccidental bodily injury that has been or is being inflicted on a child. It includes, but is not limited to, those forms of abuse defined by Penal Code Sections 11165.3 and .4 as "willful cruelty or unjustifiable punishment of a child" and "unlawful corporal punishment or injury".

Item 3. **Severe neglect**

The negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive. "Severe neglect" also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered, as prescribed by Penal Code Section 11165.3, including the intentional failure to provide adequate food, clothing, or shelter.

Item 4. **General neglect**

Means the negligent failure of a person having the care or custody of a child to provide adequate food, clothing, shelter, or supervision where no physical injury to the child has occurred.

Item 5. **Emotional abuse**

Means nonphysical mistreatment by the child's caretaker (defined as parent or guardian), the results of which may be characterized by disturbed behavior on the part of the child such as severe withdrawal, regression, bizarre behavior, hyperactivity, or dangerous acting-out behavior. Note: Such disturbed behavior is not deemed, in and of itself, to be evidence of emotional abuse, however.

**26-518.23 PART C. REASON FOR EMERGENCY RESPONSE AT DISPOSITION** **26-518.23**  
(Continued)

Item 6. **Exploitation**

The act of forcing or coercing a child into performing activities for the benefit of the caretaker (defined as parent or guardian) which are beyond the child's capabilities or capacities or which are illegal or degrading.

Item 7. **Caretaker absence or incapacity**

Means the absence of caretaker (defined as parent or guardian) due to hospitalization, incarceration, death, etc., or incapacity of caretaker to provide adequate care for the child due to physical or emotional illness, disabling condition, etc.

Item 8. **Total number of abuse/neglect (Sum of 1 through 7)**

Enter the sum of Items 1 through 7 above.

**26-518.30 SECTION II: FAMILY MAINTENANCE PROGRAM** **26-518.30**

**26-518.31 PART A. FAMILY MAINTENANCE PROGRAM ACTIVITY** **26-518.31**

This part provides information regarding program activity and number of service children receiving FM services during the report month.

**Item Instructions:**

Item 1. **On hand, beginning of month**

Report the number of service children receiving FM services on the first day of the report month. Report the same number as stated in Section II, Part A, Item 6 of the preceding month's report.

Item 1a. **Inventory adjustment**

If the CWD discovers that the number of service children on hand at the beginning of the month is different from that stated in Section II, Part B, Item 6 of the preceding month's report and in Item 1 above, report the amount of the increase or decrease in this line item and provide a detailed explanation for the difference in the Comments Section of the form. For example, if the inventory at the beginning of the month is 105 instead of 100 as reported earlier, enter "+5" in Item 1a. If necessary, use the back of the form for explanation or attach additional sheet.

**26-518.31 PART A. FAMILY MAINTENANCE PROGRAM ACTIVITY (Continued) 26-518.31**

**Item 2. Subtotal**

Enter either the sum of or remainder of Items 1 and 1a.

**Item 3. Transferred to Family Maintenance during month**

Enter the total from Section II, Part B, Item 4.

**Item 4. Total active during month**

Enter the sum of Items 2 and 3.

**Item 5. Closed or transferred Family Maintenance cases during month**

Enter the number of FM service cases closed or transferred to another CWS program during the month.

**Item 6. On hand, end of month**

Enter the remainder of Item 4 minus Item 5 as Item 6 on the form.

**26-518.32 PART B. TRANSFERRED TO FAMILY POSITIONS 26-518.32**

This part reports the number of children transferred to the FM Program and reports what program they were in prior to the transfer.

**Item Instructions:**

**Item 1. Transferred from Emergency Response**

Enter the number of service children whose cases were transferred into the FM Program from the ER Program during the month.

**Item 2. Transferred from Family Reunification/Permanent Placement**

Report the number of service children transferred from the FR and PP programs to the FM Program during the report month.

**26-518.32 PART B. TRANSFERRED TO FAMILY POSITIONS (Continued) 26-518.32**

**Item 3. Transferred from other jurisdiction**

Report all other children transferred to the FM Program that were not shown under Items 1 and 2 above.

**Item 4. Total**

Enter the total number of children transferred to the FP Program. This is the sum of Items 1 and 3 above. This figure should be the same as Section II, Part A, Item 3.



FORM SOC 291

FORM SOC 291

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

**REPLACEMENT PREVENTIVE SERVICES**

**MONTHLY STATISTICAL REPORT**

**EMERGENCY RESPONSE AND FAMILY MAINTENANCE PROGRAM ACTIVITY**

SEND ONE COPY TO:  
Department of Social Services  
Statistical Services  
744 P Street, MS 19-87  
Sacramento, CA 95814

COUNTY \_\_\_\_\_ CODE \_\_\_\_\_  
MONTH ENDING \_\_\_\_\_ 19 \_\_\_\_\_

**SECTION I. EMERGENCY RESPONSE PROGRAM**

**PART A. EMERGENCY RESPONSE REFERRALS RECEIVED** Referrals

1. Total Emergency Response referrals received .....	1
a. Emergency Response referrals, information insufficient .....	2

**PART B. EMERGENCY RESPONSE DISPOSITIONS** Service Children

1. Emergency Response assessment cases closed or transferred, determined inappropriate for in-person response .....	3
2. Emergency Response in-person response cases closed, Emergency Response services provided .....	4
3. Emergency Response services cases closed, Emergency Response services provided .....	5
4. Transferred to Family Maintenance .....	6
5. Transferred to Family Reunification/Permanent Placement .....	7
6. Transferred to other jurisdiction .....	8
7. Total Emergency Response Dispositions (Sum of Items 1 through 6) .....	9
a. How many dispositions from Item 7 above were EA-ANEC funded children? .....	10

**PART C. REASON FOR EMERGENCY RESPONSE AT DISPOSITION**

1. Sexual abuse .....	11
2. Physical abuse .....	12
3. Severe neglect .....	13
4. General neglect .....	14
5. Emotional abuse .....	15
6. Exploitation .....	16
7. Caretaker absence or incapacity .....	17
8. Total number of Abuse/Neglect (Sum of Items 1 through 7) .....	18

**SECTION II. FAMILY MAINTENANCE PROGRAM**

**PART A. FAMILY MAINTENANCE PROGRAM ACTIVITY**

1. On hand, beginning of month (Same as Section II, Part A, Item 6, last month) .....	19
a. Inventory adjustment (explain in comments section, below) .....	20
2. Subtotal .....	21
3. Transferred to Family Maintenance during month (Same as Section II, Part B, Item 4) .....	22
4. Total active during month (Sum of Items 2 and 3) .....	23
5. Closed or Transferred Family Maintenance cases during month .....	24
6. On hand, end of month (Item 4 minus Item 5) .....	25

**PART B. TRANSFERRED TO FAMILY MAINTENANCE PROGRAM**

1. Transferred from Emergency Response .....	26
2. Transferred from Family Reunification/Permanent Placement .....	27
3. Transferred from other jurisdiction .....	28
4. Total (Sum of items 1 through 3) (Also same as Section II, Part A, Item 3) .....	29

COMMENTS:

REFUSAL TO CONTACT \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

SOC 291 (8/88) Ref. Div. 26-518

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<b>26-520</b>	<b>IN-HOME SUPPORTIVE SERVICES PROGRAM MONTHLY CASELOAD HOURS AND COSTS REPORT (FORM SOC 296)</b>	<b>26-520</b>
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The SOC 296 was discontinued, effective July 1, 1987. Statistical information concerning the program may be obtained by contacting Adult Services Bureau, State Department of Social Services, 744 P Street, MS 6-530, Sacramento, CA 95814 (Phone: 916/322-6320).

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**26-522 ELDER ABUSE/DEPENDENT ADULT ABUSE MONTHLY STATISTICAL REPORT (FORM SOC 340) 26-522**

**26-522.01 CONTENT 26-522.01**

Form SOC 340 collects summary statistical information on reports of abuse which occurred in other than long-term care facilities. The form differentiates between reports of abuse perpetrated by another person and reports of self-inflicted abuse. Information is reported for two categories of adults: Elder adults - those age 65 and older, and dependent adults - those age 18 to 64. The form requests information on the number of reports of abuse received, types of confirmed abuse, an unduplicated count of abused persons, types of actions taken on confirmed cases, and adult protective services investigations in long-term care facilities.

**26-522.02 PURPOSE 26-522.02**

The purpose of Form SOC 340 is to meet the mandate set forth in Sections 15620 and 15630 of Division 8.5 of the W&I Code as amended by Chapter 769, Statutes of 1986 (AB 3988).

**26-522.03 DISTRIBUTION 26-522.03**

Summaries of the information will be made available to interested agencies and individuals on request.

**26-522.04 DUE DATE 26-522.04**

Reports are to be received in Sacramento on or before the tenth working day of the month following the report month. Send reports to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

<b>26-522.06</b>	<b>DEFINITIONS</b>	<b>26-522.06</b>
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**Elder:**

Any person residing in California who is 65 years of age or older.

**Dependent Adult:**

Any person residing in California who is between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including but not limited to persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Dependent adult includes any person between the ages of 18 and 64 who is admitted as an in-patient to a 24-hour care facility.

**Elder Abuse or Dependent Adult Abuse:**

Abuse of an elder or of a dependent adult means physical abuse, neglect, intimidation, cruel punishment, sexual assault, abandonment, fiduciary abuse, or other treatment which results in physical harm or pain or mental suffering, or the deprivation by a care custodian of goods or services which are necessary to avoid physical harm or mental suffering.

<b>26-522.07</b>	<b>ABUSE PERPETRATED BY ANOTHER PERSON</b>	<b>26-522.07</b>
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Physical abuse - Includes assault, battery, assault with a deadly weapon or force likely to produce great bodily injury, unreasonable physical restraint or prolonged or continual deprivation of food or water.

Sexual assault - Includes sexual battery, rape, rape in concert, incest, sodomy, oral copulation, or penetration of a genital or anal opening by a foreign object.

**26-522.07 ABUSE PERPETRATED BY ANOTHER PERSON (Continued) 26-522.07**

Neglect - The negligent failure of any person having the care or custody of an elder or of a dependent adult to exercise that degree of care which a reasonable person in a like position would exercise. Neglect includes, but is not limited to, all of the following:

1. Failure to assist in personal hygiene or in the provision of food, clothing, or shelter.
2. Failure to provide medical care for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.
3. Failure to protect from health and safety hazards.
4. Failure to prevent malnutrition.

Abandonment - The desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

Fiduciary Abuse - A situation in which any person who has the care or custody of, or who stands in a position of trust to, an elder or a dependent adult, takes, secretes, or appropriates their money or property, to any use or purpose not in the due and lawful execution of his or her trust.

Mental Suffering - Deliberately subjecting a person to fear, agitation, confusion, severe depression, or other forms of serious emotional distress through threats, harassment, or other forms of intimidating behavior.

<b>26-522.08 SELF-INFLICTED ABUSE</b>		<b>26-522.08</b>
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For statistical reporting purposes, self-inflicted abuse includes the following:

- Physical: neglect and/or other physical abuse
- Suicidal: attempted suicide
- Fiduciary: financial excesses

and other self-inflicted abuse (that is, abuse not perpetrated by any other person).

<b>26-522.09 GENERAL INSTRUCTIONS</b>		<b>26-522.09</b>
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Exclude from this report (Form SOC 340) any reports of persons where the abuse occurred in a long-term care facility (except as specifically called for under Part E). This exclusion refers to reports of persons who were abused during the report month where the abuse occurred in a long-term care facility, including skilled nursing and intermediate care facilities, community care facilities (including adult day care facilities and residential care facilities for the elderly, either licensed or unlicensed), swing beds in an acute care facility or any extended care facility, and any adult day health care facility. Although long-term care ombudsman coordinators will submit reports of abuse in long-term care facilities to county Adult Protective Service agencies on a monthly basis, statistical counts will be reported by the ombudsman coordinators on Form SOC 340A directly to the State Department of Aging. The incidents of abuse submitted by the ombudsman coordinators to the county welfare department is for the information of county staff and is not to be reported to the State Department of Social Services on Form SOC 340. To meet the statutory requirement, the State Department of Aging will provide the State Department of Social Services with quarterly summaries of the ombudsman coordinators' reports.

Report on Form SOC 340 only those abuse incidents which, when reported on Form SOC 341 (Report of Suspected Dependent Adult/Elder Abuse) had a type of setting other than long-term care facility checked under the item "Place of Incident." Report only those cases of abuse which occurred or were reported and/or acted on during the report month where the abuse occurred in other than a long-term care facility. Exclude those cases where the incident of abuse is checked as having occurred in a long-term care facility.

All incidents of abuse that become known to the county and/or were acted upon by the county during the report month are to be reported on Form SOC 340. These counts will be based primarily on incidents reported to the county on Form SOC 341 and on Form SOC 341s completed by county staff when reports of abuse are received by telephone.

Fill in the information requested at the top and bottom of the report form and enter the counts required for each item. If there is nothing to report for an item, enter "0". Do not leave any data cells blank.



**26-522.10 COLUMN INSTRUCTIONS** **26-522.10**

**REPORTS OF CASES OF ABUSE PERPETRATED BY ANOTHER PERSON**

Use the two left-hand columns of the form to report information on cases of elder abuse/dependent adult abuse where the abuse was the result of actions of another person.

**REPORTS OF CASES OF SELF-INFLICTED ADULT ABUSE**

Use the two right-hand columns of the form to report information on cases of elder/dependent adult abuse where the abuse was self-inflicted.

Note: The reporting of self-inflicted abuse differs from the reporting of abuse perpetrated by another person in that, for the purpose of reporting self-inflicted abuse, both physical abuse and neglect are to be reported under physical abuse.

**REPORTS OF CASES OF ELDER ADULTS OR DEPENDENT ADULTS**

Under the appropriate column heading report the number of persons abused who are either (1) elder adults (those 65 or older) or (2) dependent adults (those between the ages of 18 and 64) where the abuse occurred in other than a long-term care facility, when the abuse was either (1) the result of the actions (or inaction) of another person, or (2) was self-inflicted.

**26-522.11 PART A. ITEM INSTRUCTIONS** **26-522.11**

**PART A. NUMBER OF REPORTS**

Use this part of the form to report the number of elder/dependent adult abuse reports which were received by the Adult Protective Services Unit of the county welfare department during the month and the disposition of these reports and any other reports pending from previous months.

1. Received during the month:

Enter the number of reports of abuse which were received by the county during the month. Most, if not all of these reports would have been reported to the county on SOC 341, Report of Elder/Dependent Adult Physical Abuse. Count a reported incident of abuse only once in cases where more than one report of the same incident of abuse is received.

**26-522.11 PART A. ITEM INSTRUCTIONS (Continued)** **26-522.11**

2. Investigated during the month:

Enter the number of reports for which investigations were completed by the county during the month, without regard to the month in which the report was received.

3. Number of reports confirmed during the month:

Enter the number of reports which were confirmed during the month.

This can be a duplicate count if there are more than one confirmed reports of abuse for the same person during the same report month. Report each incident of abuse under this item. This is an incidence count of the number of confirmed reports during the report month.

4. Enter the number of reports which were dismissed during the month for such reasons as insufficient evidence, etc.

5. Number of unfounded reports during the month:

Enter the number of reports where the investigation determined the report to be unfounded for such reasons as a false report, etc.

**26-522.12 PART B. TYPES OF CONFIRMED INCIDENTS OF ADULT ABUSE** **26-522.12**

Under Part B, for each type of abuse listed, report the unduplicated count of the type of confirmed abuse for each individual each month. Unduplicated count means that even though an individual may have, for example three separate reports of the same type of abuse during a report month, report that individual only once for that type of abuse on the monthly report. However, if more than one type of abuse is confirmed for an individual during the report month, report each type of confirmed abuse that occurred. For example, if two incidents of physical abuse and one incident of fiduciary abuse are committed against an individual during the month, report a count of one (1) under physical abuse and a count of (1) under fiduciary abuse.

Note: Even though the count of each type of abuse reported under Items 6 through 13 is unduplicated in terms of persons, the total (Item 14) may represent a duplicated count of the number of persons abused, since one person may have been subject to more than one type of abuse during the report month.

The county also may receive more than one report of the same incident of abuse. If more than one person or agency reports the same incident of abuse for the same individual, report this incident only once on this report.

**26-522.13 PART C. TOTAL NUMBER OF CONFIRMED ELDER/DEPENDENT ADULT ABUSE CASES 26-522.13**

Use this part of the form to report the total of the unduplicated count of the number of persons (elder and dependent adults) who were victims of any type(s) of abuse confirmed during the month. Report also the number of persons for whom abuse had been confirmed in a previous month but the cases have not yet been referred to Adult Protective Services or to another agency for assignment to a services caseload or have not yet been closed.

This is an unduplicated persons count. If two reports of confirmed abuse were reported for the same person during the month under Part A, Item 3, Confirmed, report this person only once under Item 15 during the same report month.

15. Total Unduplicated Number of Confirmed Persons Abused During the Month

Enter the unduplicated number of persons (both elder adults and dependent adults) who were victims of any type of abuse confirmed during the month.

15.A Number of Persons with Confirmed Abuse During Previous Month(s) Whose Cases are Still on Hand

Enter the number of persons for whom abuse had been investigated and confirmed during a prior month but the cases have not yet been referred to APS or another agency during the report month for services, and have not yet been closed. Do not report the number of ongoing APS cases in this line item.

**26-522.14 PART D. TYPES OF ACTIONS TAKEN ON CONFIRMED CASES 26-522.14**

Use this part of the form to report the type of action that was taken during the month on confirmed cases of elder abuse/dependent adult abuse. Reportable types of actions include the following:

16. Victims refusing service
17. Investigations closed/no service needed
18. Adult Protective Services Cases open for services
19. Referred to another agency for services (APS case not opened)
20. Other

**26-522.15 PART E. ADULT PROTECTIVE SERVICES INVESTIGATIONS** **26-522.15**  
**IN LONG-TERM CARE FACILITIES**

Use this part of the form to report information describing Adult Protective Services investigations of abuse occurring in long-term care facilities during the month. Refer to All-County Letters 86-133 and 86-136.

21. Where abuse occurred in a long-term care facility:
- A. Number of requests received from ombudsman coordinators for assistance from Adult Protective Service (APS) Staff in investigations of abuse reports in long-term care facilities during the month:  
  
Enter the number of requests received during the month from ombudsman coordinators for assistance from APS staff in the investigations of reports of abuse occurring in long-term care facilities.
  
  - B. Number of abuse investigations involving APS staff.  
  
Enter the number of investigations in which county APS staff members were involved during the month.
  
  - C. Number of confirmed abuse reports resulting from these APS investigations in long-term care facilities during the month:  
  
Enter the number of confirmed reports of abuse resulting from these APS investigations.

FORM SOC 340

FORM SOC 340

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

**ELDER ABUSE/DEPENDENT ADULT ABUSE  
MONTHLY STATISTICAL REPORT**

RETURN COMPLETED FORM TO: Department of Social Services  
Statistical Services Section  
744 P Street, M.S. 19-81  
Sacramento, CA 95814

COUNTY	MONTH ENDING	CTY CODE	MONTH	YEAR

REPORTS OF CASES OF ABUSE	PERPETRATED BY ANOTHER PERSON		SELF-INFLICTED	
	ELDER ADULT 65+	DEPENDENT ADULT 18-64	ELDER ADULT 65+	DEPENDENT ADULT 18-64

<b>PART A. NUMBER OF REPORTS:</b>				
1. Received .....	01	02	03	04
2. Investigated .....	05	06	07	08
3. Confirmed .....	09	10	11	12
4. Dismissed (Insufficient Evidence) .....	13	14	15	16
5. Unfounded (False Reports) .....	17	18	19	20
<b>PART B. TYPES OF CONFIRMED INCIDENTS</b>				
6. Physical .....	21	22	23	24
7. Sexual .....	25	26		
8. Neglect .....	27	28		
9. Abandonment .....	29	30		
10. Mental Suffering .....	31	32		
11. Fiduciary .....	33	34	35	36
12. Suicidal .....			37	38
13. Other .....	39	40	41	42
14. Total Sum of Items 6 Through 13 .....	43	44	45	46
<b>PART C. TOTAL NUMBER OF PERSONS WITH CONFIRMED ABUSE:</b>				
15. Total Unduplicated Number of Persons with Confirmed Abuse During the Month .....	47	48	49	50
A. Number of Persons with Confirmed Abuse During Previous Month(s) Whose Cases are Still On Hand .....	51	52	53	54
<b>PART D. TYPES OF ACTIONS TAKEN ON CONFIRMED CASES:</b>				
16. Victims Refusing Service .....	55	56	57	58
17. Investigation Closed/No Service Needed .....	59	60	61	62
18. Adult Protective Services Cases Open for Services .....	63	64	65	66
19. Referred to Another Agency (APS Case Not Opened) .....	67	68	69	70
20. Other .....	71	72	73	74
<b>PART E. ADULT PROTECTIVE SERVICES INVESTIGATIONS IN LONG-TERM CARE FACILITIES:</b>				
21. Where Abuse Occurred in a Long-Term Care Facility:				
A. Number of Requests from Ombudsmen for Assistance from APS Staff .....	75	76	77	78
B. Number of Abuse Investigations Involving APS Staff .....	79	80	81	82
C. Number of Confirmed Abuse Reports Resulting from These APS Investigations .....	83	84	85	86

PERSON TO CONTACT REGARDING THIS REPORT: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

SOC 340 (4-89)

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**26-552 FOSTER CHILD'S DATA RECORD AND AFDC-FC CERTIFICATION 26-552**  
**(SOC 158/158A)**

**26-552.01 CONTENT 26-552.01**

The Foster Care Information System (FCIS) is an automated system which provides information on the placement status, authority for placement, services, payments and characteristics of each foster care child in the report population. Case specific information is collected through the input documents, Foster Child's Data Record and AFDC-FC Certification, SOC 158/158A and/or computer tape.

**26-552.02 PURPOSE 26-552.02**

The purpose of collecting this foster care case specific information is to: 1) comply with the Federal Adoption Assistance and Child Welfare Act of 1980 (PL 96-272) which requires states to establish a permanent, ongoing statewide foster care information system in order to qualify for federal funding, 2) provide a comprehensive tracking system which can immediately identify the physical location of each child in foster care, 3) enable the State Department of Social Services (SDSS) to better evaluate and direct policy regarding the Foster Care Program and 4) enhance individual agency's management information and reporting systems. In addition, the FCIS input document is used to summarize and transmit crucial AFDC-FC payment information to county income maintenance staff to determine the child's AFDC-FC eligibility and payment amount (prior to entry on the FCIS).

**26-552.03 DISTRIBUTION 26-552.03**

Case specific information is released daily to authorized agencies. The FCIS statistical data are produced in various report formats and released monthly, quarterly, semi-annually, annually and on an ad hoc basis to administrative and program staff within SDSS, County Welfare and Probation Departments and other interested persons and agencies.

**26-552.04 DUE DATE 26-552.04**

A SOC 158A is to be submitted immediately upon opening a child's case which meets the FCIS population definitions. Thereafter, a preprinted turnaround document, SOC 158, is to be submitted whenever changes occur. These documents are to be batched with a SOC 158C (Foster Child's Data Record Batch Transmittal) and sent to:

State Department of Social Services  
Data Processing and Statistical Services Bureau  
P.O. Box 944281  
Sacramento, CA 94244-2810

**26-552.04 DUE DATE (Continued)** **26-552.04**

Agencies that have been approved to submit data via computer tape are to submit their tapes bi-weekly to:

State Department of Social Services  
744 P Street, Mail Station 19-13  
Sacramento, CA 95814

Attention: Data Guidance - FCIS Contact Person

**26-552.10 INSTRUCTIONS** **26-552.10**

Detailed reporting instructions, edit criteria, case activity examples and Form SOC 158/158A are contained in the FCIS Reporting Instructions Manual.

Agencies requiring additional copies of the FCIS Reporting Instructions Manual should contact Statistical Services at (916) 322-5462 or (ATSS) 492-5462.



<b>26-600</b>	<b>REPORTS ON ADOPTION</b>	<b>26-600</b>
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**Summary Reports:**

- 26-614 Applications and Homes Approved for Adoptive Placements -Relinquishment Program Quarterly Statistical Report (Form AD 56A)
- 26-618 Adoption Placement Services - Relinquishment Program Quarterly Statistical Report (Form AD 56C)
- 26-620 Quarterly Statistical Report on Independent Adoptions (Form AD 56D)
- 26-622 Services to Other Agencies and Post-Adoption Services on the Relinquishment and Independent Programs -Quarterly Statistical Report (Form AD 56E)
- 26-626 Intercountry Adoptions Program - Quarterly Statistical Report (Form AD 202B)
- 26-651 Individual Case Report - Relinquishment Adoptions (Form AD 42R)
- 26-653 Individual Case Report - Independent Adoptions (Form AD 42I)

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<b>26-614</b>	<b>APPLICATIONS AND HOMES APPROVED FOR ADOPTIVE PLACEMENTS - RELINQUISHMENT PROGRAM - QUARTERLY STATISTICAL REPORT (FORM AD 56A)</b>	<b>26-614</b>
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<b>26-614.01</b>	<b>CONTENT</b>	<b>26-614.01</b>
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This report (Form AD 56A) is designed to provide quarterly information on applications of persons who wish to adopt children. It is divided into three parts for reporting: (1) requests for applications, (2) processing of signed applications, and (3) approved homes available for adoptive placements.

<b>26-614.02</b>	<b>PURPOSE</b>	<b>26-614.02</b>
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The purpose of this report is to collect information on the number of applications received to adopt a child, and the number of approved homes available for adoptive placements in the Relinquishment Adoption Program in California. This information is used by administrators in the Adoptions Branch and other branches of the State Department of Social Services (SDSS), as well as by administrators in public and private adoption agencies to assist them in carrying out their administrative responsibilities.

<b>26-614.03</b>	<b>DISTRIBUTION</b>	<b>26-614.03</b>
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The information collected on this report is compiled into quarterly statewide summaries for use by departmental managers, the State Legislature, and other interested agencies and individuals.

<b>26-614.04</b>	<b>DUE DATE</b>	<b>26-614.04</b>
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Reports are to be submitted quarterly by public and private adoption agencies licensed by SDSS for a Relinquishment Program, and are due in Sacramento not later than the 20th calendar day of the month following the report quarter. Send report to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

<b>26-614.10 INSTRUCTIONS</b>	<b>26-614.10</b>
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<b>26-614.20 PART A. REQUESTS</b>	<b>26-614.20</b>
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Report in this part all new requests for applications to adopt relinquished children.

**1. Requests received during the quarter**

Enter the number of new requests to make an application to adopt a child received during the quarter regardless of whether or not a decision was made to take the application. Include requests in person, in writing, or by telephone from persons desiring to apply. Exclude requests received from friends, relatives, other interested individuals, those pending from a prior quarter and requests for information.

If the agency utilizes a two-part application process, the first part may be counted as a new request received if the applicant has not been counted previously.

<b>26-614.30 PART B. APPLICATIONS</b>	<b>26-614.30</b>
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Report in this part activity on all signed applications to adopt relinquished children, i.e., homes accepted for adoptive study. An application accepted from a couple who previously adopted a child through the agency (or are currently in the process of adopting a child through the agency) or whose previous application was denied, withdrawn or cancelled, shall be treated statistically in the same manner as a new application.

If the agency utilizes a two-part application process, the application shall be counted only upon acceptance of both parts of the completed application. If the agency is unable to study an applicant for a period of time and then requests a SECOND application to update information, the SECOND application SHALL NOT be counted as a NEW application.

**26-614.30 PART B. APPLICATIONS (Continued)** **26-614.30**

**2. Pending from last quarter**

Enter the number of applications which were accepted for study in a previous quarter and were still pending at the beginning of the quarter. The entry in this item should be the same as the entry in Item 6 of last quarter's report. If Item 6 was in error, the correct figure shall be in Item 2 and an explanation of the correction made in a footnote.

**3. Received during quarter**

Enter the number of signed formal applications received by the agency during the current quarter.

**4. Total applications**

Enter the sum of Items 2 and 3.

**5. Disposed of during quarter**

Enter the number of applications disposed of during the current quarter. The entry in this item is the sum of Items 5a and 5b which follow.

**a. Approved**

Enter the number of applications approved by the agency during the quarter. Show the same entry in Item 9, Homes Approved During Quarter.

**b. Denied, withdrawn or other reason**

Enter the total number of applications which during the current quarter were denied by the agency, withdrawn by the applicants or disposed of for other reasons. Include in this item cases in which the applicant died or the agency cancelled the application because contact with the applicant was lost.

**6. Pending at end of quarter**

Enter the difference between the entries in Items 4 and 5.

<b>26-614.40 PART C. APPROVED HOMES AVAILABLE FOR ADOPTIVE PLACEMENTS</b>	<b>26-614.40</b>
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Report in this section activity in regard to homes that have been approved and are available for adoptive placement.

**7. Approved homes available for adoptive placements, beginning of quarter**

Enter the number of homes available for adoptive placements at the beginning of the quarter. The entry in this item should be the same as the entry in Item 12 of last quarter's report. If Item 12 was in error, the correct figure shall be shown in Item 7 and an explanation of the correction made in a footnote.

**8. Adoptive placement terminated - child returned, removed or died**

Enter the number of adoptive homes from which children were removed by the agency, where the child died, or where the adoptive parents returned the child during the quarter.

Report this home in this or in a subsequent quarter under Item 1 1a if another child is placed in the home, or under Item 1 1b if service is terminated without another adoptive placement.

Do not include homes from which children were removed for a temporary period, e.g., for medical care, and it is the agency's plan that the child will be returned to the same adoptive home.

**9. Homes approved during quarter**

Enter the number of homes approved by the agency for adoptive placement during the quarter. The entry in this item is the same as the entry in Item 5a, Applications Approved.

**10. Total Homes**

Enter the sum of the entries in Items 7, 8, and 9.

**11. Approved homes disposed of during quarter**

Enter the number of approved homes disposed of during the quarter (sum of Items a - b, below).

**26-614.40 PART C. APPROVED HOMES AVAILABLE FOR ADOPTIVE PLACEMENTS (Continued)** **26-614.40**

- a. Enter the number of approved homes in which adoptive placement was made during the quarter (sum of Item 11(a) 1 - 2, below).

Note: The term "relinquished" in the following two items should be construed to include children for whom there was action in lieu of relinquishment and children for whom no action was necessary.

(1) **Used for this agency's children**

Enter the number of this agency's homes used for the adoptive placement of children relinquished to this agency. The number of homes reported in this item should not be greater than the number of children shown in Item 11, Form AD 56C.

(2) **Used for children from another adoption agency**

Enter the number of this agency's homes used for the adoptive placement of children relinquished to another adoption agency.

b. **Homes otherwise disposed of**

Enter the number of approved homes which ceased to be available for placement whether due to action of the agency or of the family, e.g., family moved out of area served by agency, death of one of couple, change in family plans.

**12. Approved homes available for adoptive placement, end of quarter**

Enter the difference between the entries in Items 10 and 11.

**26-614.90 FORM AD 56A** **26-614.90**

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. If there is nothing to report on an item, enter "0"; however, if there is nothing to report on any of the items in Part A, Part B, or Part C draw a line across the entire Part - zero entries need not be made in this instance.

FORM AD 56A

FORM AD 56A

STATE OF CALIFORNIA -- HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

**APPLICATIONS AND HOMES APPROVED FOR ADOPTIVE PLACEMENTS -  
RELINQUISHMENT PROGRAM -- Quarterly Statistical Report**

STATE DEPARTMENT OF SOCIAL SERVICES  
STATISTICAL SERVICES BRANCH  
744 P STREET, N.E. S. 12-81  
SACRAMENTO, CALIFORNIA 95814

COUNTY		
AGENCY		
REPORT FOR QUARTER OF		19

**PART A. REQUESTS**

1. Requests received during quarter

**PART B. APPLICATIONS**

2. Pending from last quarter (same as Item 6 of last quarter's report)

3. Received during quarter

4. Total applications (Item 2 + 3)

5. Disposed of during quarter (Item 5a + 5b)

a. Approved

b. Denied, withdrawn or other reason

6. Pending at end of quarter (Item 4 minus 5)

**PART C. APPROVED HOMES AVAILABLE FOR ADOPTIVE PLACEMENTS**

7. Approved homes available for adoptive placements, beginning of quarter (same as Item 12 of last quarter's report)

8. Adoptive placement terminated - child returned, removed or died

9. Homes approved during quarter (same as 5a)

10. Total homes (Item 7 + 8 + 9)

11. Approved homes disposed of during quarter (a + b)

a. Homes in which adoptive placements were made (1 + 2)

(1) Used for this agency's children

(2) Used for children from another adoption agency

b. Homes otherwise disposed of

12. Approved homes available for adoptive placement, end of quarter (Item 10 minus 11)

SIGNATURE OF REPORTING OFFICER	TITLE	DATE
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AD 26-614-2 (3) Ref. 26-614



**26-618 ADOPTION PLACEMENT SERVICES - RELINQUISHMENT PROGRAM 26-618  
QUARTERLY STATISTICAL REPORT (FORM AD 56C)**

**26-618.01 CONTENT 26-618.01**

This report provides quarterly statistical information describing the following selected activities in the relinquishment program in California: (1) requests to arrange adoptive placements, (2) children under preplacement study or supervision, (3) children in adoptive homes, and (4) adoptive assessments of children in foster care. The report also provides information on children on whose behalf two adoption agencies have entered into interagency placement agreements.

**26-618.02 PURPOSE 26-618.02**

The purpose of this data is to provide administrators in the Adoptions and other Branches of the State Department of Social Services (SDSS) and administrators in public and private adoption agencies (and other interested groups and individuals) with current summary information describing relinquishment adoptions in California to help them carry out their administrative responsibilities.

**26-618.03 DISTRIBUTION 26-618.03**

The information collected in this report is compiled into quarterly statewide summaries for use by departmental managers, the State Legislature, and other interested agencies and individuals.

**26-618.04 DUE DATE AND TRANSMITTAL INSTRUCTIONS 26-618.04**

Adoptions Form AD 56C is to be submitted quarterly by public and private adoption agencies licensed to provide relinquishment adoption services. Send one copy to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

Reports are due no later than the 20th calendar day of the month following the report quarter.

**26-618.10 GENERAL INSTRUCTIONS****26-618.10**

If more than one child is involved in a request, report each child as a separate request. The adoption agency is responsible for the statistical reporting of all children for whom: 1) a request to arrange adoptive placement has been made by either or both birth parents, or 2) a joint assessment is to be conducted. Report the child on Form AD 56C until either: 1) the court approves a permanent placement plan other than adoption and the child is not legally freed, 2) the adoption is completed, 3) the child reaches age 18, 4) the relinquishment(s) are rescinded, 5) the child dies, or 6) adoption services are terminated for any other reason prior to the child being legally freed. This applies even to children who have been determined to be unplaceable and who have been transferred to another social agency or another unit of the reporting agency for supervision.

**26-618.20 PART A. REQUESTS TO ARRANGE ADOPTIVE PLACEMENTS****26-618.20**

Use this part to report children for whom requests to arrange adoptive placements have been received by the agency and the disposition of such requests. Foster care children for whom the court has approved a permanent placement plan of adoption are also to be reported in this part. Exclude children accepted for study or supervision by another adoption agency who, by interagency agreement, are being considered for placement in this agency's adoptive homes. Report such children in Column 2 of Part C beginning with the quarter the child is physically transferred to the reporting adoption agency.

**1. Pending from last quarter**

Enter the number of requests pending at the beginning of the quarter. The entry in this item should be the same as Item 5 of last quarter's report. If Item 5 was in error, enter the correct figures in Item 1 and provide an explanation of the correction made in a footnote.

**2. Received during quarter**

Enter the number of children for whom requests to arrange adoptive placements were received during the quarter, including foster care children referred to adoption services as a result of a permanency placement plan of adoption. Report only requests made by a person who can take responsibility for planning for the child and who can place the child under the care of the adoption agency. This would include the parent or parents and, if there is no parent to take active responsibility in planning for the child, would also include relatives, other persons, other agencies or other units of the reporting agency.

**26-618.20 PART A. REQUESTS TO ARRANGE ADOPTIVE PLACEMENTS** **26-618.20**  
(Continued)

**3. Total**

Enter the sum of the entries in Items 1 and 2.

**4. Disposition of requests during quarter**

Enter the number of requests disposed of during the quarter. The entry in this item is the sum of entries in Items 4a and 4b which follow:

**a. Accepted for study or supervision**

Enter the number of children accepted for study or supervision during the quarter. This means that actual study or supervision begins during the quarter, either by taking the child into direct care of the agency, supervision, or initiating the study process leading to adoption. Include cases accepted prior to the birth of the child. Also include foster care children referred to adoptions as a result of a permanency placement hearing. Exclude cases in which an appointment for an interview has been made but not kept, or agreement has been reached with another agency regarding acceptance at a future date. Exclude children who have been accepted for study or supervision by other adoption agencies and who, by interagency agreements, have been accepted for adoptive placement in the reporting agency's adoptive homes. Report such children in Item 15 in the quarter of physical placement of the child.

**b. Otherwise disposed of**

Enter the number of children for whom adoptive placement has been requested but the agency decided not to accept the child, the request was withdrawn or the request has been disposed of for some other reason, i.e., lost contact. Do not include foster care children for whom the joint assessment resulted in a permanent placement plan other than adoption.

**26-618.20 PART A. REQUESTS FOR ARRANGE ADOPTIVE PLACEMENTS** **26-618.20**  
(Continued)

**5. Pending at end of quarter**

Enter the difference between the entries in Items 3 and 4. Cases in this group include requests where decision to accept has not been put into action.

Examples:

- a. Conference agreement to study at later date.
- b. Appointment made for interview but not yet held.
- c. Appointment made for conference not yet held.

**26-618.30 PART B. CHILDREN UNDER PREPLACEMENT STUDY** **26-618.30**  
**OR SUPERVISION**

Use this part to report the preplacement study or supervision of children covering the period between acceptance for adoptive study or supervision (as defined in Item 4a, Part A), and termination of service or placement in an adoptive home. Note the special instruction under General Instructions regarding circumstances for termination of service.

**6. Pending from last quarter**

Enter the number of children reported in Item 13 last quarter. If Item 13 was in error, enter the correct figure in Item 6 and provide an explanation of the correction made in a footnote.

**7. Accepted for study or supervision during a quarter**

Enter the number of children accepted for study from all referral sources during the quarter. The entry in this item is the sum of Items 7a, 7b, and 7c and is also the same as the entry in Item 4a, **Accepted for study or supervision.**

Use Items 7a and 7b to report more detailed information regarding those children accepted for study or supervision reported in Item 4a. Items 7a and 7b refer to children who are court dependents. These items provide information regarding outcomes of adoptability assessments reported in Part D and a comparison between adoption worker recommendations after adoptability assessments and Juvenile Court orders at permanency planning hearings.

**26-618.30 PART B. CHILDREN UNDER PREPLACEMENT STUDY OR SUPERVISION (Continued)** **26-618.30**

- a. **Accepted via court-ordered referral at initial permanency planning hearing after adoptability assessment.**

Enter the number of children accepted for study or supervision during the quarter as a result of a referral to adoption by order of the Juvenile Court at the initial permanency planning hearing. Do not include referrals by order of the Juvenile Court if an adoptability assessment was **not** completed by adoption staff. Report in Item 7c referrals by order of the Juvenile Court when there has been no adoptability assessment.

- b. **Accepted via court-ordered referral at subsequent permanency planning hearing after adoptability reassessment.**

Enter the number of children accepted for study or supervision during the quarter as a result of a referral to adoption by order of the Juvenile Court at a subsequent permanency planning hearing when a reassessment of adoptability has been completed by adoption staff. Include in Item 7c referrals by order of the Juvenile Court at subsequent permanency planning hearings (i.e., hearings after the 12-months or 18-months hearing) when there has been **no** adoptability reassessment.

- c. **Accepted from all other sources, e.g., birth parents. Includes court-ordered referral when there has been no adoptability assessment or reassessment.**

This item refers to children accepted from all other sources, such as from birth parents. It also includes court-ordered referrals when there has been **no** adoptability assessment or reassessment. Enter here the remaining number of children accepted for study or supervision after entering those children in Items 7a and 7b so that the sum of Items 7a, 7b, and 7c add to the total in Item 7.

8. **Returned or removed from adoptive homes during quarter**

Enter the number of children who were removed by the agency or returned to the agency by adoptive parents during the quarter. Do not report a child in this item if the child is out of the home temporarily, e.g., for medical care, and it is the agency's plan that the child will be returned to the same adoptive home; continue to count such children as though there had been no interruption in the adoptive placement. The adoption agency with primary responsibility for the child must include the return or removal of the child placed in another agency's adoptive home. The entry in this item and in Item 18 must be the same.

26-618.30	<b>PART B. CHILDREN UNDER PREPLACEMENT STUDY OR SUPERVISION (Continued)</b>	26-618.30
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9. **Total**

Enter the sum of the entries in Items 6, 7, and 8.

10. **Legally freed for adoption during quarter**

Enter the number of children, including foster care children under study or supervision who have been legally freed for adoption during this quarter.

**Note:** Do not report a child as legally freed for adoption until you have sent certified copies of the signed relinquishment documents or notice in lieu of relinquishments to SDSS Adoptions Branch and have received an acknowledgment of filing of the documents (Form AD 35).

11. **Placed in adoptive home during quarter**

Enter the number of children who were placed in adoptive homes during the quarter. The entry in this item must be the same as the entry in Column 1 of Item 15, Part C.

12. **Service terminated during quarter**

Enter the number of children not in adoptive homes for whom the adoption unit or agency terminated service this quarter. This item is the sum of Items 12a through 12i which give the reasons for the termination of service.

Report children or cases (if child unborn) in the quarter adoption service is terminated by the agency with the exception of children who have been relinquished to the agency and the relinquishment(s) filed with SDSS (see NOTE under Item 10). Service is terminated at the point the adoption agency, or the person who requested adoption service, makes the decision that adoption is not the plan for a given child, whether the decision is made because of the physical or mental condition of the child, because no applicants are available for a child of this particular background, because the parent reclaimed the child, or for some other reason.

Report a child under these items even though the case has not been formally closed in the agency, e.g., pending the final dictation in the case record.

**26-618.30 PART B. CHILDREN UNDER PREPLACEMENT STUDY  
OR SUPERVISION (Continued)****26-618.30**

Enter the counts to indicate the reason for termination of agency service.

- a. **Parent kept or reclaimed child** - includes cases where the parent decided to keep the child after making a request to arrange adoptive placement. Also includes those cases where the child is returned to the parent after being under agency care.
- b. **Parent made independent placement** - includes those situations where it is known that the parent decided to place the child independently for adoption and the case is terminated for this reason.
- c. **Lost contact with parent** - report here when the agency case is closed because the parent cannot be located.
- d. **Child died** - include only children whose death occurred after a live birth. Stillborn should be reported under (i) other reason.
- e. **Abortion** - includes both voluntary abortions and miscarriages (involuntary).
- f. **Long-term foster care** - includes those children under adoptive study for whom the court has approved a permanent placement plan of long-term foster care.
- g. **Child reached majority** - includes those children who have reached the age of 18 or those who attended school through age 20.
- h. **Guardianship** - includes those petitioners who were granted Letters of Guardianship by the Superior Court or for whom the juvenile court had approved a permanent placement plan of guardianship.
- i. **Other** - report here when the reason for termination is other than one of those given above.

**26-618.30 PART B. CHILDREN UNDER PREPLACEMENT STUDY OR SUPERVISION (Continued)** **26-618.30**

**13. Under study or supervision at end of quarter**

Enter the number of children, including unborn children who were under study or supervision at the end of the quarter who were not in adoptive homes, and children who were legally freed and for whom the court had approved a permanency placement plan of long-term foster care or guardianship. This item will equal Item 9 minus the sum of Items 11 and 12; it will also equal the sum of Items 13a, 13b and 13c.

**a. Unborn**

Enter the number of cases under study at the end of the quarter which involved unborn children. Do not include born children in the counts reported under Items 13b and 13c.

**b. Not relinquished - born**

Enter the number of children under study or supervision at the end of the quarter for whom all of the necessary relinquishments, or actions in lieu of relinquishments, have not yet been taken by the reporting agency.

**c. Legally free**

Enter the number of children not in an adoptive placement at the end of the quarter for whom all necessary documents have been taken or for whom it has been determined that no action is necessary. Children with permanent placement plans other than adoption must be included in this count if the necessary documents have been filed with the SDSS, even though the children have been transferred to the care and supervision of another agency or another unit of the reporting agency. This count will also include children who were returned from adoptive homes during the quarter (Item 8) unless they were placed in another adoptive home before the end of the quarter. This item will be the sum of Items 13c(1) and (2).

NOTE: Do not report a child as legally freed for adoption until you have sent certified copies of the signed relinquishment documents or notice in lieu of relinquishment to SDSS Adoptions Branch and have received acknowledgment of filing of the documents (Form AD 35).

(1) **Number of children for whom adoptive homes are being actively sought.**



**26-618.30 PART B. CHILDREN UNDER PREPLACEMENT STUDY OR SUPERVISION (Continued)** **26-618.30**

(2) **Number of children for whom adoptive homes are not being actively sought.**

(a) **Number of children in long-term foster care.**

Enter the number of children who are legally free and have a permanent placement plan of long-term foster care.

(b) **Number of children under guardianship.**

Enter the number of legally free children in a foster care placement for whom the court has approved a permanent placement plan of guardianship. This category includes children who might be temporarily placed in a group home or in another similar placement if the foster parent's guardianship has not been dismissed. Do not include in this category those children who are under the adoption agency's guardianship only, as a result of a court action taken pursuant to Sections 232 and 239 of the Civil Code.

**26-618.40 PART C. CHILDREN IN ADOPTIVE HOMES** **26-618.40**

Use this part to report information on children who have been placed in adoptive homes under the relinquishment program. Separate columns provide for reporting the total number of children in adoptive homes who are the primary responsibility of the reporting agency (Column 1), the number of these children who are in the adoptive homes of another adoption agency (Column 1A), and in addition the number of children who are the primary responsibility of another adoption agency but who have been placed in the adoptive home of the reporting agency (Column 2).

**This Agency's Children**

Columns 1 and 1A are to be used for reporting children who have been accepted by the reporting agency and for whom this agency has primary responsibility (e.g., include a child relinquished to the reporting agency). Exclude from these columns children who are the primary responsibility of another adoption agency even though they are being considered for and placed in the reporting agency's adoptive homes; report such children in Column 2.

Column 1 **Total**

Use this column for reporting the number of children this agency has accepted for study or supervision. Include children also reported in Column 1A.

**26-618.40 PART C. CHILDREN IN ADOPTIVE HOMES (Continued)** **26-618.40**

**Column 1A Under Another Adoption Agency's Care**

Use this column for reporting children for whom the reporting adoption agency has responsibility but the children have been physically transferred by interagency placement agreement to another adoption agency's care.

**Column 2 Children From Another Adoption Agency**

Use this column for reporting children who are the responsibility of another adoption agency, but who, by interagency placement agreement, have been placed in this agency's adoptive homes. Exclude such children from Columns 1 and 1A.

**14. Brought forward from last quarter**

Enter the number of children who were in adoptive homes at the beginning of the quarter. This item should agree with Item 19 on last quarter's report. If Item 19 was in error make the necessary adjustment to correct the count and give the reason for the adjustment on the back of the report form.

**15. Placed in adoptive homes during the quarter**

Enter the number of children who were placed in adoptive homes during the current calendar quarter. The count in Column 1 must agree with the entry in Item 11. NOTE: Item 15, Columns 1A and 2, indicate the name of the other agency connected with the adoption placement in the space provided immediately following Item 19.

**16. Total**

Enter the sum of Items 14 and 15.

**17. Service terminated during quarter**

Enter the number of children in adoptive homes for whom service was terminated by the agency during the quarter. This item will equal the sum of Items 17a and 17b.

**26-618.40 PART C. CHILDREN IN ADOPTIVE HOMES (Continued) 26-618.40**

**a. Adoptions completed**

Enter the number of children for whom the agency received verification during the quarter that the adoption was granted by the court. Acceptable verification includes notice of subsequent action, copy of adoption order, communication, verbal or written, from attorney, information from agency representative at court hearing and telephone or other communication from the court.

In an interagency placement, the agency in whose adoptive home the child has been placed should immediately notify the agency to which the child is relinquished that the adoption has been completed to insure that both agencies will report the completed adoption of Form AD 56C in the same quarter.

**b. Other reasons**

Enter the number of children in adoptive homes for whom service was terminated for reasons other than completion of the adoption. Give the reason for termination on the reverse of the report form.

**18. Returned or removed from adoptive homes during quarter**

Enter the number of children who were removed by the agency or returned to the agency by adoptive parents during the quarter. Do not report a child in this item if the child is out of home temporarily, e.g., for medical care, and it is the agency's plan that the child will be returned to the same adoptive home. Continue to count such children as though there had been no interruption in the adoptive placement. The entry in Column 1 of this item and in Item 8 must be the same.

**19. In adoptive homes at end of quarter**

Enter the number of children who were in adoptive homes at the end of the quarter. This item will equal Item 16 minus the sum of Items 17 and 18.

26-618.50	<b>PART D. CASES REVIEWED BY ADOPTIONS FOR ADOPTABILITY ASSESSMENT PRIOR TO PERMANENCY PLANNING HEARING</b>	26-618.50
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Use this part to report information on children referred to Adoption staff for an adoptability assessment prior to a permanency planning hearing. Separate columns provide for reporting the number of children for whom initial and subsequent permanency planning hearing adoptability assessments were made during the report quarter. Report in PART D **only** those cases referred to Adoption staff for assessment. Exclude cases where the adoptability assessment was **not** conducted by Adoption staff.

Report in Column 2 the number of children involved in assessments for adoption potential in order to develop an **initial** permanency placement plan.

Report in Column 3 the number of children involved in assessments for adoption potential **other** than the **initial** permanency plan, i.e., whose adoption potential is being reassessed for a subsequent permanency placement plan. Exclude assessments for periodic court reviews for children whose current permanent placement plan **already** is adoption.

Report in Column 1 the sum of the entries for each item reported in Columns 2 and 3.

20. **Adoptability assessment cases pending from last quarter.** Report the number of cases referred for adoptability assessments during a previous quarter but for which the assessment has not yet been completed.
21. **Cases received for adoptability assessment during quarter.** Report the number of cases received for adoptability assessment during the report quarter.
22. **Total assessment cases.** Enter the sum of entries in Items 20 and 21 above.
23. **Adoptability assessments completed during quarter** (sum of a and b). Report the total number of adoptability assessments completed by adoption staff during the quarter.
  - a. **Recommended for adoption**

Report the number of children for whom a permanency plan of adoption was recommended during the quarter.

**26-618.50 PART D. CASES REVIEWED BY ADOPTION FOR ADOPTABILITY ASSESSMENT PRIOR TO PERMANENCY PLANNING HEARING (Continued)** **26-618.50**

**b. Not recommended for adoption**

Report the number of children for whom adoption was not recommended as a permanency placement plan during the quarter.

24. **Adoptability assessment cases pending at end of quarter.** Report the number of cases which had been received by Adoption staff for an adoptability assessment but for which the assessment had not yet been completed at the end of the report quarter (Item 22 minus 23).

**26-618.90 FORM AD 56C** **26-618.90**

Fill in the information requested on the front and back of the report form and enter the figures required for each item. If there is nothing to report for an item, enter "0"; however, if there is nothing to report on any of the items in an entire part, draw a line across the entire part. In this instance, zero entries need not be made.

FORM AD 56C

**FORM AD 56C**

STATE OF CALIFORNIA — HEALTH AND HUMAN SERVICES DEPARTMENT OF SOCIAL SERVICES  
**ADOPTION PLACEMENT SERVICES  
 RELINQUISHMENT PROGRAM**  
 Quarterly Statistical Report

SEND ONE COPY TO:  
 Department of Social Services  
 Statistical Services Branch  
 744 P Street, M.S. 12-01  
 Sacramento, California 95834

COUNTY: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_

Report for quarter ending \_\_\_\_\_ 19\_\_

PART A. REQUESTS TO ARRANGE ADOPTIVE PLACEMENTS		CHILDREN (Include Unborn)	
1. Pending from last quarter (Item 5 last quarter) .....			
2. Received during quarter .....			
3. Total (1 + 2) .....			
4. Disposition of requests during quarter (4a + 4b) .....			
a. Accepted for study or supervision (Same as Item 7) .....			
b. Otherwise disposed of .....			
5. Pending at end of quarter (3 minus 4) .....			
<b>PART B. CHILDREN UNDER PREPLACEMENT STUDY OR SUPERVISION</b>			
6. Pending from last quarter (Item 13 last quarter) .....			
7. Accepted for study or supervision during quarter (sum of a - b + c) (Same as 4a) .....			
a. Accepted via court-ordered referral at initial permanency planning hearing after adoptability assessment .....			
b. Accepted via court-ordered referral at subsequent permanency planning hearing after adoptability reassessment .....			
c. Accepted from all other sources, e.g., birth parents. Includes court-ordered referrals when there has been no adoptability assessment or reassessment .....			
8. Returned or removed from adoptive homes during quarter (Same as Item 18) .....			
9. Total (6 + 7 + 8) .....			
10. Legally freed for adoption during quarter .....			
11. Placed in adoptive homes during quarter (Same as Item 10) .....			
12. Service terminated during quarter (Sum of a through i) .....			
Reason for Termination (Other than completion of adoption):			
a. Parent kept or reclaimed child .....			
b. Parent made independent placement .....			
c. Lost contact with parent .....			
d. Child died .....			
e. Abortion .....			
f. Long-term foster care .....			
g. Child reached majority .....			
h. Guardianship .....			
i. Other .....			
13. Under study or supervision at end of quarter (a + b + c). (Item 9 minus sum of 11 and 12)			
a. Unborn .....			
b. Not legally free - Born .....			
c. Legally free (1) + (2) .....			
(1) Number of children for whom adoptive homes are being actively sought .....			
(2) Number of children for whom adoptive homes are not being actively sought (a + b) .....			
(d) Number of children in long-term foster care .....			
(e) Number of children under guardianship .....			

NOTE: For items 13a and 13c, "legally free" shall be construed to include neither of them, either on day of relinquishment, and determination that no other is necessary.

AD 56C (1/81) (OVER) REF. 25-618

REVERSE OF FORM AD 56C

REVERSE OF FORM AD 56C

**PART C. CHILDREN IN ADOPTIVE HOMES**

	THIS AGENCY'S CHILDREN (Excluding Column 2)		CHILDREN FROM ANOTHER ADOPTION AGENCY (2)
	TOTAL Pre/Adm Cases (A) (1)	UNDER ANOTHER ADOPTION AGENCY'S CARE (1A)	
14. Brought forward from last quarter (Item 16 last quarter)	36	40	41
15. Placed in adoptive homes during quarter (Same as Item 11)	41	48	48
16. Total (14 + 15)	77	88	89
17. Service terminated during quarter (a + b)	48	48	50
a. Adoptions completed	41	42	50
b. Other reasons (Specify reason e.g., child died)	7	6	0
18. Returned or removed from adoptive homes during quarter (Same as Item 8)	31	38	38
19. In adoptive homes at end of quarter (16 minus sum of 17 and 18)	29	40	39

NOTE: For items 15 and 17a, Columns 1A and 2 give the name of the other agency concerned with the adoption placement or completion in the space provided below.

\_\_\_\_\_

\_\_\_\_\_

**PART D. CASES REVIEWED BY ADOPTIONS FOR ADOPTABILITY ASSESSMENT PRIOR TO PERMANENCY PLANNING HEARING**

	TOTAL (Column 2 + 3)	ASSESSMENTS FOR INITIAL PERMANENCY PLANNING HEARINGS (2)	ASSESSMENTS FOR SUBSEQUENT PERMANENCY PLANNING HEARINGS (3)
	(1)	(2)	(3)
20. Adoptability assessment cases pending from last quarter	81	86	91
21. Cases received for adoptability assessment during quarter	88	87	88
22. Total adoptability assessment cases (20 + 21)	169	173	179
23. Adoptability assessments completed during quarter (Total a + b)	98	99	117
a. Recommended for adoption	78	79	99
b. Not recommended for adoption	20	20	18
24. Adoptability assessment cases pending at end of quarter	71	74	62

**FOR COUNTY USE ONLY**

<b>CO-OPERATIVE AGENCIES: (THIS COUNTY'S HOME)</b>	<b>IN PLACEMENT</b>	<b>COMPLETED</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>THIS COUNTY'S CHILDREN IN OTHER AGENCIES:</b>	<b>IN PLACEMENT</b>	<b>COMPLETED</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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<b>Handbook</b>	<b>STATISTICAL REPORTS REPORTS - ADOPTIONS</b>	<b>26-620.04</b>
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<b>26-620</b>	<b>QUARTERLY STATISTICAL REPORT ON INDEPENDENT ADOPTIONS (FORM AD 56D)</b>	<b>26-620</b>
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<b>26-620.01</b>	<b>CONTENT</b>	<b>26-620.01</b>
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This report provides for the collection of quarterly statistical information on the investigation and reporting to the courts on independent adoptions, i.e., adoptions of children who have been placed independently.

<b>26-620.02</b>	<b>PURPOSE</b>	<b>26-620.02</b>
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This report collects quarterly statistical data needed by the State Department of Social Services (SDSS) on the movement of independent adoption cases, and provides state and county administrators with information needed for budgeting, staffing, program planning, and for other administrative responsibilities.

<b>26-620.03</b>	<b>DISTRIBUTION</b>	<b>26-620.03</b>
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The information collected on this report is compiled into quarterly Statewide summaries for use by departmental managers, the State Legislature, and other interested agencies and individuals.

<b>26-620.04</b>	<b>DUE DATE</b>	<b>26-620.04</b>
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Reports are to be submitted quarterly by the SDSS adoption district offices and public adoption agencies to which the independent program has been delegated by SDSS. Reports are due on or before the 20th calendar day of the month following the report quarter. Send one copy to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814



26-620.10	INSTRUCTIONS	26-620.10
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26-620.20	PART A. ADOPTION CASELOAD	26-620.20
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- Item 1. **Pending from Last Quarter** (PART A, Item 5 last quarter) - Enter the number of independent adoption cases that were pending further action at the end of last quarter. If the entry is not the same as in Item 5 in last quarter's report, the correct figure shall be shown in Item 1 and an explanation of the correction made in a footnote.
- Item 2. **Added during quarter** - Enter the sum of Items 2A and 2C.
- Item 3. **Total active during quarter** - Enter the sum of Items 1 and 2.
- Item 4. **Total disposed of during quarter** - Enter the sum of Items 4A and 4B.
- Item 4A. **Court reports filed** - Enter the sum of Items 4A(1) through 4A(3).
- Item 4A(1). **Approval recommended** - Enter the number of adoption cases in which the agency filed court reports recommending approval of the petitions.
- Item 4A(2). **Denial recommended** - Enter the number of adoption cases in which the agency filed a court report recommending denial of petitions.
- Item 4A(3). **Dismissed** - Enter the number of adoption cases in which the agency filed court reports recommending the petitions be dismissed. This figure will equal the sum of Items 4A(3) through 4A(3)f.
- Item 4A(3)a. **Child reclaimed by/returned to birth parent(s)** - Enter the number of adoption petitions in which a dismissal report was filed with the court because the child was reclaimed by/returned to the birth parent(s) before the consent was signed.
- Item 4A(3)b. **Petition to withdraw consent granted** - Enter the number of adoption cases in which the natural parent(s) requested approval for withdrawal of consent either by motion or by filing a petition.

**26-620.20 PART A. ADOPTION CASELOAD (Continued) 26-620.20**

- Item 4A(3)c. **Parent did not respond** - Enter the number of adoption cases in which a dismissal report was filed with the court because parent did not respond or the agency was unable to contact the birth parent(s).
- Item 4A(3)d. **Parent refused consent** - Enter the number of adoption cases in which a dismissal report was filed with the court because the parent(s) refused to grant consent for the adoption.
- Item 4A(3)e. **Petitioner(s) withdrew** - Enter the number of adoption cases in which a dismissal report was filed with the court because petitioner(s) withdrew from the adoption process.
- Item 4A(3)f. **Other** - Enter the number of adoption petitions on which a dismissal report was filed with the court for all reasons other than those specified above.
- Item 4B. **Other dispositions** - Enter the sum of Items 4B(1) and 4B(2).
- Item 4B(1). **Returned to inactive file** - Enter the number of reopened cases on which there was activity, but no report was made to the court and the case was closed.
- Item 4B(2). **Transferred out** - Enter the number of adoption cases transferred to another agency during the quarter. In order to facilitate adjustment of the statewide report by Statistical Services (SDSS), the agencies to which these cases are being transferred should report them in the same quarter's report in Item 2B.
- Item 5. **Pending end of quarter** - Enter the number of adoption cases awaiting disposition by the agency at the close of the quarter. The entry will equal Item 3 minus Item 4.

**26-620.30 PART B. OTHER COURT REPORTS FILED AND APPEARANCES 26-620.30**

- Item 6. **Informational and follow-up court reports filed** - This figure will equal the sum of Items 6A and 6B.

NOTE: Do not add the entry in this item to the entry in Items 1 through 5. The cases reported here became a part of the caseload count when the petition was received. The intent of this item is to capture the number of cases for which preliminary and supplemental reports were filed.

**26-620.30 PART B. OTHER COURT REPORTS FILED AND APPEARANCES** **26-620.30**  
(Continued)

Item 6A. **Preliminary reports** - Enter the total number of preliminary reports filed in the quarter under Civil Code Section 226.6, 232, 7006, 7017, Probate Code 1543, and the Indian Children Welfare Act (ICWA) CAC 30932. This figure will equal the sum of Items 6A(1) through 6A(6).

In Items 6A(1) through (6), enter the number of preliminary court reports filed under each indicated statute during the quarter.

Item 6B. **Supplemental reports** - Enter the total number of supplemental reports filed under Civil Code 226.6 and other statutes during the quarter.

**26-620.40 PART C. TIME REQUIREMENTS** **26-620.40**

Item 7. **Extensions granted during quarter** - This item is to show how many old petitions were granted an extension of the investigation period by the court. Report only the initial extension in the quarter the extension was granted.

Item 8. **45-day due date not met during quarter** - This item is to show how many new petitions did not meet the requirement that an interview be held with the parties to the adoption within 45 days after the date the petition was filed. This count is to be reported during the quarter the 45-day due date was not met.

**26-620.50 PART D. COMMITMENTS** **26-620.50**

Report in the appropriate column those children committed to the SDSS or a delegated county agency because their independent or intercountry adoptive placement was terminated.

Item 9. **Pending from last quarter** - (Part D, Item 13, last quarter) - Enter the number of children who were committed to the SDSS, or a delegated county agency, that were pending at the end of last quarter. If the entry is not the same as in Item 13 of last quarter's report, the correct figure shall be shown in Item 9 and an explanation of the correction made in a footnote.

Item 10. **Added during the quarter** - Enter the number of children who were committed during the quarter.

**26-620.50 PART D. COMMENTS (Continued) 26-620.50**

- Item 11. **Total active during quarter** - Enter the sum of Item 9 and 10.
- Item 12. **Total disposed of during quarter** - Enter the number of commitments terminated (cases closed). Enter sum of Items 12A through 12C.
- Item 12A. **Adoptive Placement (replacement)** - Enter the number of children placed in adoptive homes.
- Item 12B. **Reached majority** - Enter the number of children who have reached the age of 18.
- Item 12C. **Other** - Enter the number of children whose plan is placement with relatives, return to parents, placement in long-term foster care, or guardianship for petitioners.
- Item 13. **Pending end of quarter** - Enter the number of children committed that were pending end of quarter. This entry will equal Item 11 minus Item 12.

**26-620.60 PART E. PETITIONS TO SET ASIDE ADOPTIONS 26-620.60**

In the appropriate column report petitions to set aside independent, relinquishment, or stepparent adoptions. Include adoptions handled by public agencies (including SDSS), private agencies, and probation offices.

- Item 14. **Pending from last quarter (PART E, Item 18 last quarter)** - Enter the number of "petitions to set aside" that were pending at the end of last quarter. If the entry is not the same as in Item 18 of last quarter's report, the correct figure shall be shown in Item 14 and an explanation of the correction made in a footnote.
- Item 15. **Added during quarter** - Enter the number of "petitions to set aside" added during the quarter.
- Item 16. **Total active during quarter** - Enter the sum of Items 14 and 15.
- Item 17. **Total disposed of during quarter** - Enter the sum of Items 17A and 17B.

**26-620.60 PART E. PETITIONS TO SET ASIDE ADOPTIONS (Continued) 26-620.60**

Item 17A.           **Approval recommended** - Enter the number of "petitions to set aside" on which approval was recommended.

Item 17B.           **Denial recommended** - Enter the number of "petitions to set aside" on which denial was recommended.

Item 18.            **Pending end of quarter** - Enter the number of "petitions to set aside" that were pending end of quarter. This entry will equal Item 16 minus Item 17.

**26-620.90 FORM AD 56D 26-620.90**

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. If there is nothing to report on an item, enter zero; however, if there is nothing to report on any of the items in Part A, B, C, D, draw a line across the entire part - zero entries need not be made in this instance. Part E is to be completed by SDSS Adoptions Branch District Office and is to be disregarded by county agencies.

FORM AD 56D

FORM AD 56D

STATE OF CALIFORNIA — HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

**QUARTERLY STATISTICAL REPORT ON INDEPENDENT ADOPTIONS**

Return to: *Department of Social Services  
Statistical Services Branch  
744 P Street, Mail Station 12-81  
Sacramento, California 95814*

COUNTY AGENCY	1
DSS DISTRICT OFFICE	2
REPORT FOR QUARTER ENDING	3
	19

PART A - ADOPTION CASELOAD	FOR STATE USE ONLY
1. Pending from last quarter (Item 5 last quarter) .....	4
2. Added during quarter (Items 2A through 2C) .....	5
A. New adoption petitions received .....	6
B. Transferred in .....	7
C. Reopened .....	8
3. Total active during quarter (Items 1 and 2) .....	9
4. Total disposed of during quarter (Item: 4A + 4B) .....	10
A. Court reports filed (Items 4A (1) through 4A (3)) .....	11
(1) Approval recommended .....	12
(2) Denial recommended .....	13
(3) Dismissed (Items a + b + c + d + e + f) .....	14
(a) Child reclaimed by/returned to birth parent .....	15
(b) Petition to withdraw consent granted .....	16
(c) Parent did not respond .....	17
(d) Parent refused consent .....	18
(e) Petitioner(s) withdrew .....	19
(f) Other .....	20
B. Other dispositions (Items 4B(1) + 4B(2)) .....	21
(1) Returned to inactive file .....	22
(2) Transferred Out .....	23
5. Pending end of quarter (Item 3 minus 4) .....	24
<b>PART B - OTHER COURT REPORTS AND APPEARANCES</b>	
6. Informational and follow-up court reports filed (Items A + B) .....	25
A. Preliminary reports (Items 1 through 5) .....	26
(1) Civil Code 226.6 - Validity of Consent .....	27
(2) Civil Code 232 - Abandonment Actions .....	28
(3) Civil Code 7006 - Existence of Parent Relationship .....	29
(4) Civil 7017 - Necessity for Parental Consent .....	30
(5) Probate Code 1543 - Concurrent Guardianship Petition .....	31
(6) ICWA CAC 30932 - Consent signed before judge .....	32
B. Supplemental report .....	33

(Continued on Reverse)

4-D 56D (11-78) Rev. 26-820

REVERSE OF FORM AD 56D

REVERSE OF FORM AD 56D

PART C - TIME REQUIREMENTS		FOR STATE USE ONLY	
7. Extensions granted during quarter .....	34		
8. 45-day due date not met during quarter .....	35		
PART D - COMMITMENTS			
	INDEPENDENT	INTERCOUNTRY	
9. Pending from last quarter (Item 13 from last quarter)	38	37	
10. Added during quarter .....	39	39	
11. Total active during quarter .....	40	41	
12. Total disposed of during quarter .....	42	43	
A. Adoptive placement .....	44	45	
B. Reached majority .....	46	47	
C. Other .....	48	48	
13. Pending end of quarter .....	50	51	
PART E - PETITIONS TO SET ASIDE ADOPTIONS			
(TO BE COMPLETED BY DSS STAFF ONLY)	INDEPENDENT	RELINQUISHMENT	STEPARENT
14. Pending from last quarter (Item 18 from last quarter)	53	53	54
15. Added during quarter .....	56	56	57
16. Total active during quarter (Items 14 + 15) .....	58	59	60
17. Total disposed of during quarter (Items 17A + 17B) ...	61	62	63
A. Approval recommended .....	64	65	66
B. Denial recommended .....	67	68	69
18. Pending end of quarter (Item 16 minus 17) .....	70	71	72
SIGNATURE OF REPORTING OFFICER	TITLE	TELEPHONE NUMBER	DATE
▶		( )	

<b>26-622</b>	<b>SERVICES TO OTHER AGENCIES AND POST-ADOPTION SERVICES ON THE RELINQUISHMENT AND INDEPENDENT PROGRAMS QUARTERLY STATISTICAL REPORT (FORM AD 56E)</b>	<b>26-622</b>
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<b>26-622.01</b>	<b>CONTENT</b>	<b>26-622.01</b>
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This report provides for the collection of quarterly statistical information on: (1) adoption services requested by other agencies; and (2) post-adoption services.

<b>26-622.02</b>	<b>PURPOSE</b>	<b>26-622.02</b>
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The purpose of this report is to provide statistical information describing services to other agencies and post-adoption services in the Relinquishment and Independent Adoption Programs in California. This information is useful to administrators in the Adoptions Branch and other Branches of the State Department of Social Services (SDSS) as well as to administrators in public and private adoption agencies to help them carry out their administrative responsibilities.

<b>26-622.03</b>	<b>DISTRIBUTION</b>	<b>26-622.03</b>
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The information collected on this report is compiled into quarterly statewide summaries for use by departmental managers, the State Legislature, and other interested agencies and individuals.

<b>26-622.04</b>	<b>DUE DATE</b>	<b>26-622.04</b>
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Adoption Form AD 56E is to be submitted quarterly by public and private adoption agencies licensed by SDSS for a Relinquishment Program. Send one copy to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

Reports are due not later than the 20th calendar day of the month following the end of the report quarter.



26-622.10 INSTRUCTIONS 26-622.10

26-622.20 PART A. SERVICES TO OTHER AGENCIES 26-622.20

This part of the report is designed to provide data on requests for services relative to relinquishment and independent adoption cases referred to the reporting agency from: (1) out-of-state; and (2) other California agencies or district offices.

**Column Instructions**

Column 1. **Total** - This column reports the total number of adoption services requested by other agencies or district offices (sum of Column 2 and Column 3; same as Item 5, last quarter's report).

Column 2. **Total Post-Placement** - This column reports the total number of requests for post-placement services from other agencies or district offices (sum of Column 4 and Column 6).

Column 3. **Total Other** - This column reports the number of requests for services other than post-placement services from other agencies or district offices.

Column 4. **Out-of-State Post-Placement** - This column reports the number of requests for post-placement services from another state.

Column 5. **Out-of-State Other** - This column reports the number of requests from another state for services other than Post-Placement Services.

Column 6. **Another California Agency or District Office - Post-Placement Services** - This column reports on the number of post-placement services requested by another California agency or district office.

Column 7. **Another California Agency or District Office - Other Services** - This column reports on the number of services other than post-placement services requested by another California agency or district office.

**26-622.20 PART A. SERVICES TO OTHER AGENCIES (Continued)****26-622.20****Item Instructions**

Enter for each item, in each column, the number of requests for adoption services requested by out-of-state agencies and other California agencies or district offices.

**Item 1. Pending from last quarter**

Enter the number of requests for service that were brought forward from the previous quarter. The entries in each column should agree with those in Item 5 of last quarter's report. If Item 5 was in error, the correct figures shall be shown in Item 1 and an explanation of the correction made in a footnote.

**Item 2. Received during quarter**

Enter the number of requests for services that were received during the quarter from other agencies (usually adoption agencies).

**Item 3. Total requests for quarter**

Enter the sum of Items 1 and 2.

**Item 4. Requests completed**

Enter the number of requests for service that were disposed of during the quarter.

**Item 5. Pending at end of quarter**

Enter the difference between the entries in Items 3 and 4.

**26-622.30 PART B. POST-ADOPTION SERVICES****26-622.30**

This part of the report collects data on post-adoptive services provided to: (1) birth parents after the child is freed for adoption; (2) adoptees and adoptive parents after the adoption is final; and (3) individuals who were legally freed but not adopted and have passed the age of majority (are no longer the legal responsibility of the agency).

**26-622.30 PART B. POST-ADOPTION SERVICES (Continued)****26-622.30****Column Instructions**

Report in the appropriate column the primary recipient of post-adoption services which have been completed.

A service is considered completed when one of the following actions transpires:

- a. Completion is agreed upon by the agency and client.
- b. The purpose for which the service was originally established has been accomplished; e.g., Aid for the Adoption of Children (AAC) reevaluation and renewal.
- c. Contact has been lost between the agency and client for three months with no plan for reestablishing contact.

Examples of primary recipient are:

- a. If adoptive parents request counseling on how to relate to a teenage adoptee, the adoptive parents are the recipients of services.
- b. If an adult adoptee, together with the adoptive parents, requests background information, the adult adoptee is the recipient of services.

Column 1. **Total** - Report the total number of cases for which post-adoptive services have been completed (add the figures reported in columns (2)-(5) for each item). Enter the total for each item. This number should be the same as the total of the figures in Items (2)-(6) in column (1).

Column 2. **Birth Parents** - Report birth parents requesting post-adoption services, including mother, presumed father(s), and alleged natural father(s). Any service provided after relinquishment to birth parents is post-adoption services.

Column 3. **Adoptive Parents** - Report adoptive parents requesting post-adoption services, including if services are requested for a minor adoptee.

Column 4. **Adoptees** - Report adoptees requesting post-adoption services. Do not report individuals in this column if other individuals request services on behalf of adoptee. Individuals who have been freed for adoption but not adopted prior to majority should be reported in this category.

Column 5. **Other** - Report any individual not covered by Columns (2), (3) or (4) above, who requests post-adoption services.

**26-622.30 PART B. POST-ADOPTION SERVICES (Continued)** **26-622.30**

**Item Instructions**

Enter in the appropriate column for each item, the number of post-adoption services completed.

- Item 1. **Total** - Add the figures in Items 2-6 in each column. Enter the total in Item 1 of each column.
- Item 2. **Counseling Services** - Enter the number of cases in which the primary services provided were counseling around the adoption; e.g., help with family relations, behavior problems, help with sharing adoption.
- Item 3. **Information Sharing** - (Medical Record Up-Date and Interest in Reunion) - Enter the number of cases in which the primary services provided was information sharing; e.g., background or medical information, update records, interest in reunions.
- Item 4. **Aid for the Adoption of Children (AAC)** - Enter the number of cases in which the primary service provided was related to the AAC program; e.g., review and renewal. Do not record AAC cases processed prior to finalization of the adoption.
- Item 5. **Return or Reclaim Child** - Enter the number of cases in which the primary service was related to exploration around returning or reclaiming the child; e.g., rescission, re-relinquishment, or set aside. Record cases for adoptive parents only after adoption has been finalized. Record cases for birth parents after child has been legally freed. If the adoptive parents actually re-relinquish, count case on AD 56C as a child under study.
- Item 6. **Other** - Enter the number of cases in which the primary service was other than those covered by Items 2 through 5 above; e.g., assisting adoptive parents in utilizing resources.

**26-622.90 FORM AD 56E** **26-622.90**

Fill in the information requested at the top and bottom of the report form. Enter the figures required for each item. If there is nothing to report on an item, enter "0". However, if there is nothing to report on any of the items in Part A or Part B, draw a line across the entire part - zero entries need not be made in this instance.

FORM AD 56E

FORM AD 56E

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

**SERVICES TO OTHER AGENCIES AND POST-ADOPTION SERVICES IN THE RELINQUISHMENT AND INDEPENDENT PROGRAMS QUARTERLY STATISTICAL REPORT**

Send one copy to:  
STATE DEPARTMENT OF SOCIAL SERVICES  
STATISTICAL SERVICES SECTION  
744 P STREET, MAIL STATION 19-81  
SACRAMENTO, CALIFORNIA 95814

COUNTY AGENCY \_\_\_\_\_ 1

DISTRICT OFFICE \_\_\_\_\_ 2

REPORT FOR QUARTER ENDING \_\_\_\_\_ 3

**A. Services to Other Agencies**

ADOPTION SERVICES TO OTHER AGENCIES	REQUESTS RECEIVED FROM						
	TOTAL (1)	TOTAL		Out-Of-STATE		ANOTHER CA AGENCY OR DISTRICT OFFICE	
		Post-Placement (2)	Other (3)	Post-Placement (4)	Other (5)	Post-Placement (6)	Other (7)
1. Pending from last quarter	4	5	8	7	8	9	10
2. Received during quarter	11	12	13	14	15	16	17
3. Total requests for quarter (Item 1 + 2)	15	17	21	21	23	25	27
4. Requests completed	35	26	27	28	29	30	31
5. Pending at end of quarter (Item 3 - 4)	20	33	34	38	38	31	28

**B. Post-Adoption Services**

POST-ADOPTION SERVICES	TOTAL (1)	Birth Parents (2)	Adoptive Parents (3)	Adoptees (4)	Other (5)
1. Total	39	40	41	42	43
2. Counseling Services	44	45	46	47	48
3. Information Sharing (Medical Record Up Date, & Interest in Reunion)	49	50	51	52	53
4. Aid for the Adoption of Children (AAC)	54	55	56	57	58
5. Return or Reclaim Child	59	60	61	62	63
6. Other	64	65	66	67	68

Comments (attach additional sheet if necessary):

PERSON TO CONTACT REGARDING THIS REPORT: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_ DATE REPORT COMPLETED: \_\_\_\_\_

AD 56E 14 879 Ref 26-622

<b>26-626</b>	<b>INTERCOUNTRY ADOPTIONS QUARTERLY STATISTICAL REPORT (FORM AD 202B)</b>	<b>26-626</b>
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<b>26-626.01</b>	<b>CONTENT</b>	<b>26-626.01</b>
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This report provides for the collection of quarterly statistical information on intercountry adoption application processing, approved families, adoptive placements under supervision, and children placed again because the original adoption placement was terminated.

<b>26-626.02</b>	<b>PURPOSE</b>	<b>26-626.02</b>
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The purpose of this report is to provide information on services provided to potential adopting families and foreign-born children for both Intercountry Adoptions in California and Adoptions Abroad.

<b>26-626.03</b>	<b>DISTRIBUTION</b>	<b>26-626.03</b>
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The information collected on this report is compiled into quarterly statewide summaries for use by departmental managers, the State Legislature, and other interested agencies and individuals.

<b>26-626.04</b>	<b>DUE DATE</b>	<b>26-626.04</b>
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Reports are to be submitted quarterly by participating adoption agencies, and are due in Sacramento not later than the 20th calendar day of the month following the report quarter. One copy is to be sent to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

**26-626.10 INSTRUCTIONS** **26-626.10**

**26-626.20 SECTION I: INTERCOUNTRY ADOPTIONS IN CALIFORNIA** **26-626.20**

**26-626.21 ITEM INSTRUCTIONS** **26-626.21**

Enter the number in the right-hand column for the item listed in the left-hand column.

**26-626.22 PART A. APPLICATIONS FOR HOME STUDIES** **26-626.22**

Report in this part information relating to applications requesting a home study to determine the suitability of the applicant's home for placement of an adoptive child.

**1. Brought forward from last quarter**

Enter the number of applications on hand at the end of the last quarter. (Item 5, Part A of last quarter's report.)

**2. Received during quarter**

Enter number of new applications received during the quarter.

**3. Total during the quarter. (Sum of Items 1 and 2, above.)**

This number is arrived at by adding the number of new applications received this quarter to the number of applications brought forward from the end of last quarter.

**4. Disposed of during quarter**

Enter number of applications disposed of during the quarter by acceptance for home study, denial, withdrawal by family, or other reasons. (Sum of Items 4a through 4d, below.)

**a. Accepted for home study**

Enter the number of applications accepted for home study during the quarter. (Same as Part B, Item 2, below.)

**b. Application not accepted**

Enter number of applications not accepted during the quarter.

**26-626.22 PART A. APPLICATIONS FOR HOME STUDIES (Continued) 26-626.22**

**c. Family withdrew**

Enter number of applications for families who withdrew from home studies during the quarter.

**d. Other**

Enter number of applications disposed of during the quarter for other reasons. This includes applicants who moved to another agency's jurisdiction, but did not withdraw.

**5. Pending at end of quarter**

Enter number of applications pending at end of quarter. (Item 3 minus Item 4, above.)

**26-626.23 PART B. HOMES UNDER STUDY 26-626.23**

Report in this part information relating to home studies which have been completed.

**1. Brought forward from last quarter**

Enter the number of Home Studies pending disposition at the end of the previous quarter. (Item 5, Part B of last quarter's report.)

**2. Received during quarter**

Enter the number of new applications received for home studies during the quarter. (Same as Part A, Item 4a.)

**3. Total during the quarter**

Enter the total number of applications for home studies on hand during the quarter. (Sum of Items 1 and 2, above.)



26-626.23 PART B. HOMES UNDER STUDY (Continued) 26-626.23

4. Home studies completed during quarter.

Enter number of home studies completed during the quarter. (Sum of Items 4a through 4d, below.)

a. **Approved**

Enter number of applications approved for placement of a child (Same as Part C, Item 2.)

(1) Child known or related

Enter the number of applications for a known or related child which were accepted for home study and were pending disposition at the end of the quarter.

(2) Child selected by agency

Enter the number of applications for a child to be selected by the agency which were accepted for home study and were pending disposition at the end of the quarter.

b. **Not approved**

Enter number of applications not approved for placement of a child.

c. **Family withdrew**

Enter number of families who withdrew from home studies after applications were accepted.

d. **Other**

Enter number of applications disposed of during the quarter for other reasons.

**26-626.23 PART B. HOMES UNDER STUDY (Continued) 26-626.23**

**5. Pending disposition at end of quarter**

Enter number of applications accepted for home study which were pending disposition at end of the quarter. (Item 3 minus Item 4, above.)

**26-626.24 PART C. APPROVED HOMES 26-626.24**

Report in this part information relating to homes approved as suitable for placement of adoptive child.

**1. Brought forward from last quarter**

Enter number of approved homes available at end of last quarter. (Item 5, Part C of last quarter's report.)

**2. Added during quarter**

Enter number of homes approved for adoptive placement of child during this quarter. (Same as Item 4a, Part B.)

**3. Total during quarter**

Enter total number of approved homes during the quarter (Sum of Items 1 and 2, above.)

**4. Disposed of during quarter**

Enter number of approved homes disposed of during the quarter, due to placement of child in home, transfer of case out of district, or closure of case.

**5. Available at end of quarter**

Enter number of approved homes available at the end of the quarter. (Item 3 minus Item 4, above.) (Also sum of Item 5a and 5b, below.)

**a. Child known or related**

Enter total number of homes approved for adoption of a known or related child.

**26-626.24 PART C. APPROVED HOMES (Continued)** **26-626.24**

**b. Child selected by agency**

Enter number of homes approved for an adoptive child to be selected for the family by the agency.

6. Enter for each country or region listed and other specified countries, the number of approved families willing to adopt a child from that country or region. Under this item, if a family will accept a child from more than one country or region, report the home once under each acceptable country or region listed and other specified countries. This may mean entering several countries or regions for one home. (Home equals family.) If a home study is sent to a country that is not described under Items 6a through 6d, report the case under Item 6e, Other (specify), by indicating the name of the country in the space provided and by entering the count in appropriate cells (34, 35 or 36) as needed.

**26-626.25 PART D. ADOPTIVE PLACEMENTS UNDER SUPERVISION** **26-626.25**

**1. Brought forward from last quarter**

Enter the number of adoptive placements under supervision pending at the end of last quarter's report. (Item 5, Part D of last quarter's report.)

**2. Added during quarter**

Enter the total number of adoptive placements and replacements of foreign children and other adoptive placements (interagency transfers) brought under the supervision of the reporting agency during this quarter.

**a. Number of foreign children placed during the quarter**

Enter the number of initial adoptive placements added this quarter as a result of the child's arrival in California and placement with an approved family.

**3. Total during quarter**

Enter the total number of adoptive placements under supervision during the quarter. (Sum of Items 1 and 2, above.)

**26-626.25 PART D. ADOPTIVE PLACEMENTS UNDER SUPERVISION (Continued) 26-626.25****4. Adoptive placement supervision terminated during quarter**

Enter number of adoptive placements under supervision terminated during quarter. (Sum of Items 4a through 4d, below.)

**a. Adoption granted by court**

Enter number of adoptive placements terminated because adoptions were granted by court during the quarter.

**b. Transferred to another agency or district**

Enter number of adoptive placements under supervision transferred to another agency or district.

**c. Child removed from adoptive home**

Enter number of adoptive placements under supervision terminated because the child was removed from adoptive home. (Same as Part E, Item 2.)

**d. Other**

Enter number of adoptive placements under supervision terminated during the quarter for other reasons. This includes the death of a child. Anything listed under "Other" should be explained.

**5. Adoptive placements under supervision at end of quarter**

Enter number of adoptive placements under supervision at end of quarter. (Item 3 minus Item 4, above.)

**26-626.26 PART E. CHILDREN REPLACED - ORIGINAL ADOPTION  
PLACEMENT TERMINATED****26-626.26**

Report in this section information relating to children who were re-placed because the original adoption placement was terminated.

**1. Brought forward from last quarter**

Enter the number of children re-placed who were pending at the end of the last quarter's report. (Item 5, Part E of last quarter's report.)

**26-626.26 PART E. CHILDREN REPLACED - ORIGINAL ADOPTION PLACEMENT TERMINATED (Continued)** **26-626.26**

**2. Added during the quarter**

Enter the total number of children re-placed during the quarter because the original adoption placement was terminated. (Sum of Items 2a through 2c, below.) (Also same as Part D, Item 4c.)

Re-placed:

**a. New adoption placement**

Enter the number of children who were placed in a new adoptive placement because the original adoptive placement was terminated.

**b. Foster family**

Enter the number of children who were placed in a foster family because the original adoption placement was terminated.

**c. Group care**

Enter the number of children who were placed in group care because the original adoption placement was terminated.

**3. Total during the quarter**

Enter the total number of children who were replaced during the quarter. (Sum of Items 1 and 2, above.)

**4. Disposed of during quarter**

Enter the number of children re-placed for whom disposition was made during the quarter because the adoption was granted, a permanent plan was made, or the child reached the age of majority (age 18). (Sum of Items 4a through 4c, below.)

**a. Adoption granted**

Enter the number of adoptions granted.

**26-626.26 PART E. CHILDREN REPLACED - ORIGINAL ADOPTION  
PLACEMENT TERMINATED (Continued)** **26-626.26**

**b. Permanent plan made**

Enter the number of children for whom permanent plans were made during the quarter.

**c. Child reached age of majority (18)**

Enter the number of children who reached the age of 18 during the quarter.

**5. Pending at end of quarter**

Enter the number of re-placed children for whom adoption was not granted, a permanent plan was not made or who had not reached the age of majority at the end of the quarter. (Item 3 minus Item 4, above.) (Also the sum of Items 5a through 5c, below.)

**a. In adoptive home**

Enter the number of children placed in an adoptive home because the original placement was terminated and whose adoptions were not granted by the end of the quarter.

**b. In foster family**

Enter the number of children placed in foster families because the original placement was terminated and for whom no disposition was made by the end of the quarter.

**c. In group care**

Enter the number of children placed in group care because the original placement was terminated and for whom no disposition was made by the end of the quarter.

<b>26-626.30</b>	<b>SECTION II: INTERCOUNTRY ADOPTIONS ABROAD (PUBLIC LAW 95-417)</b>	<b>26-626.30</b>
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<b>26-626.31</b>	<b>PART A. APPLICATIONS FOR HOME STUDIES</b>	<b>26-626.31</b>
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Report in this part information relating to applications for home studies received from prospective adoptive parent(s) planning to accept a child abroad.

1. **Brought forward from last quarter**

Enter the number of applications pending disposition at the end of last quarter. (Item 5, Part A of last quarter's report.)

2. **Received during the quarter**

Enter the number of applications received during this quarter.

3. **Total during quarter**

Enter the total number of applications on hand during the quarter (Sum of Item 1 plus Item 2, above.)

4. **Disposed of during quarter**

Enter the number of applications for home studies disposed of during quarter. (Sum of Items 4a through 4d, below.)

a. **Application for home study accepted**

Enter the number of applications from prospective adoptive parents accepted for home study. (Same as Part B, Item 2 below.)

b. **Application denied**

Enter the number of applications for which adoption of a child abroad was denied.

c. **Family withdrew**

Enter the number of applications of families who withdrew their requests to adopt a child abroad.

**26-626.31 PART A. APPLICATIONS FOR HOME STUDIES (Continued) 26-626.31**

d. **Other**

Enter the number of applications disposed of during the quarter for reasons other than Item 4a through Item 4c, above.

5. **Pending at end of quarter**

Enter the number of applications pending disposition at the end of the quarter. (Item 3 minus Item 4, above.)

**26-626.32 PART B. HOMES UNDER STUDY 26-626.32**

Report in this part information relating to families who have been accepted for home study.

1. **Brought forward from last quarter**

Enter the number of Home Studies pending disposition at the end of the previous quarter (Item 5, Part B of last quarter's report.)

2. **Received during quarter**

Enter the number of new applications received for home studies during the quarter. (Same as Part A, Item 4a.)

3. **Total, homes under study**

Enter the total number of applications for home studies on hand during the quarter. (Sum of Items 1 and 2, above.)

4. **Home studies completed during quarter**

Enter the number of home studies completed during the quarter (Sum of Items 4a through 4d, below.)

a. **Approved**

Enter the number of approved families during the quarter where a valid home study has been completed, and favorably recommends the applicants for adoption of a child abroad.



**26-626.32 PART B. HOMES UNDER STUDY (Continued)** **26-626.32**

b. **Not approved**

Enter the number of cases during the quarter where a valid home study has been completed, but received an unfavorable recommendation.

c. **Family withdrew**

Enter the number of families who withdrew from home studies during the quarter.

d. **Other**

Enter the number of families in home study disposed of for reasons other than Items 4a through 4c, above.

5. **Pending disposition at end of quarter**

Enter the number of families in home study pending disposition at the end of the quarter. (Item 3 minus Item 4, above.)

**26-626.90 FORM AD 202B** **26-626.90**

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. If there is nothing to report on an item, enter "0" in that item. If there is nothing to report, however, for any of the items in Part A or Part B, for example, draw a line across the entire part - zero entries need not be made in this instance.

FORM AD 202B

FORM AD 202B

STATE OF CALIFORNIA -- HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Send one copy to:  
DEPARTMENT OF SOCIAL SERVICES  
STATISTICAL SERVICES BRANCH  
744 P STREET, MAIL STATION 12-81  
SACRAMENTO, CALIFORNIA 95814

DISTRICT OR AGENCY \_\_\_\_\_ 1

FOR QUARTER ENDING \_\_\_\_\_ 2

\_\_\_\_\_ , 19\_\_

### INTERCOUNTRY ADOPTIONS QUARTERLY STATISTICAL REPORT

SECTION I. INTERCOUNTRY ADOPTIONS IN CALIFORNIA

#### PART A. APPLICATIONS FOR HOME STUDIES

1. Brought forward from last quarter (Items 5, Part A last quarter) .....			3
2. Received during quarter .....			4
3. Total during quarter (Sum of 1 and 2) .....			5
4. Disposed of during quarter (Sum of a through d) .....			6
a. Accepted for home study (Same as Item 2, below) .....		7	
b. Application not accepted .....		8	
c. Family withdrew .....		9	
d. Other .....		10	
5. Pending at end of quarter (Item 3 minus 4) .....			11

#### PART B. HOMES UNDER STUDY

1. Brought forward from last quarter (Item 5, Part B, last quarter) .....			12
2. Received during quarter (Same as Item 4a, above) .....			13
3. Total, homes under study (Sum of 1 and 2) .....			14
4. Home studies completed during quarter (Sum of a through d) .....			15
a. Approved (Same as Part C, Item 2) .....		16	
(1) Child known or related .....	17		
(2) Child selected by agency .....	18		
b. Not approved .....		19	
c. Family withdrew .....		20	
d. Other .....		21	
5. Pending disposition at end of quarter (Item 3 minus 4) .....			22

#### PART C. APPROVED HOMES

1. Brought forward from last quarter (Item 5, Part C last quarter) .....			23
2. Added during quarter (Same as Part B, Item 4a) .....			24
3. Total during quarter (Sum of 1 and 2) .....			25
4. Disposed of during quarter .....			26
5. Available at end of quarter (Item 3 minus 4, also sum of a and b, below)			27
a. Child known or related .....		28	
b. Child selected by agency .....		29	
6. Country or region to which home study sent:			
a. Central or South America .....		30	
b. Korea .....		31	
c. Philippines .....		32	
d. Other Southeast Asia .....		33	
e. Other (specify) .....		34	
_____ .....		35	
_____ .....		36	

HPF 25 020  
Page 1 of 2

REVERSE OF FORM AD 202B

REVERSE OF FORM AD 202B

PART D. ADOPTIVE PLACEMENTS UNDER SUPERVISION		
1. Brought forward from last quarter (Item 5, Part D last quarter) .....		37
2. Added during quarter .....		38
a. Number of foreign children placed during the quarter .....	( ) 38	
3. Total during quarter (Sum of 1 and 2) .....		40
4. Adoptive placement supervision terminated during quarter (Sum of a through d) .....		41
a. Adoption granted by court .....	42	
b. Transferred to another agency or district .....	43	
c. Child removed from adoptive home (Same as Part E2) .....	44	
d. Other .....	45	
5. Adoptive placements under supervision end of quarter (Item 3 minus 4) .....		46
PART E. CHILDREN REPLACED—ORIGINAL ADOPTION PLACEMENT TERMINATED		
1. Brought forward from last quarter (Item 5, Part E last quarter) .....		47
2. Added during quarter (Sum of a through c) (also same as Part D, 4c) .....		48
Replaced to:		
a. New adoption placement .....	49	
b. Foster family .....	50	
c. Group care .....	51	
3. Total during the quarter (Sum of 1 and 2) .....		52
4. Disposed of during quarter (Sum of a through c) .....		53
a. Adoption granted .....	54	
b. Permanent plan made .....	55	
c. Child reached age of majority (18) .....	56	
5. Pending at end of quarter (Items 3 minus 4, also sum of a through c, below) .....		57
a. In adoptive home .....	58	
b. In foster family .....	59	
c. In group care .....	60	
SECTION II. INTERCOUNTRY ADOPTIONS ABROAD (Public Law 95-417)		
PART A. APPLICATIONS FOR HOME STUDIES		
1. Brought forward from last quarter (Item 5, Part A last quarter) .....		61
2. Received during quarter .....		62
3. Total during quarter (Sum of 1 and 2) .....		63
4. Disposed of during quarter (Sum of a through d) .....		64
a. Application for home study accepted (Same as Part B, Item 2, below) .....	65	
b. Application denied .....	66	
c. Family withdrew .....	67	
d. Other .....	68	
5. Pending at end of quarter (Item 3 minus Item 4) .....		69
PART B. HOMES UNDER STUDY		
1. Brought forward from last quarter (Item 5, Part B, last quarter) .....		70
2. Received during quarter (Same as Part A, Item 4a above) .....		71
3. Total, homes under study (Sum of 1 and 2) .....		72
4. Home studies completed during quarter (Sum of a through d) .....		73
a. Approved .....	74	
b. Not approved .....	75	
c. Family withdrew .....	76	
d. Other .....	77	
5. Pending disposition at end of quarter (Item 3 minus 4) .....		78
REPORT PREPARED BY _____	TELEPHONE _____	DATE _____

<b>26-651</b>	<b>INDIVIDUAL RECORD - RELINQUISHMENT ADOPTIONS (FORM AD 42R)</b>	<b>26-651</b>
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<b>26-651.01</b>	<b>CONTENT AND PURPOSE</b>	<b>26-651.01</b>
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The purpose of this form is to collect current information on:

1. Children who have been placed for adoption by adoption agencies;
2. Birth parents of these children;
3. Adopting parent(s) with whom the child is placed; and
4. Selected aspects of agency action.

<b>26-651.04</b>	<b>DUE DATE AND TRANSMITTAL INSTRUCTIONS</b>	<b>26-651.04</b>
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Public and private adoption agencies, licensed to accept relinquishments of children and place them for adoption, shall complete and submit Form AD 42R, Relinquishment Adoption Program Individual Case Report.

Individual Case Reports are due no later than the twentieth calendar day of the month following the report quarter in which the child was placed. Submit the same number of case reports for a given quarter as is shown on Form AD 56C, Item 11, children placed in adoptive homes during quarter.

Make a list of the state case number (as shown on the AD 906, Acknowledgment and Waiver) and child's name, for each of the children placed (Item 11) as an attachment to AD 56C. Submit the AD 42R forms with Form AD 56C.

For cooperative placements, when the AD 42R has not yet been returned from the family's agency, make the notation "co-op" next to the case number on the list. Submit the AD 42R for that case as soon as it is returned, but no later than the end of the following quarter.

Send the original copy of Form AD 42R to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

Retain a copy for your records.

**26-651.05 SUBMITTAL INSTRUCTIONS** **26-651.05**

Public and private adoption agencies, licensed by the State Department of Social Services (SDSS) to accept relinquishments of children and place them for adoption, shall submit reports on Form AD 42R, Individual Record-Relinquishment Adoptions.

Agencies shall submit, routinely, an Individual Record at the following points of agency action on a case:

1. When a child is placed in an adoptive home; or
2. When agency service is terminated (other than completion of adoption). This will include cases closed when service to a natural parent is terminated or when a case is closed because care and/or supervision of a child is terminated.

Do not submit an Individual Record when service is terminated:

- a. **Prior** to acceptance for study and/or supervision; and
- b. Because the adoption is completed.

**26-651.10 GENERAL INSTRUCTIONS** **26-651.10**

A form must be submitted for each child placed in an adoptive home. If more than one child is being adopted by the same petitioner(s), prepare a form AD 42R for each child.

If the child has been previously placed in an adoptive home, and the adoption was finalized, report on the AD 42R for subsequent placements, the characteristics of the previous adoptive parents, rather than the birth parents for all items except Item 19 (race or ethnic origin) which must refer to the birth parents. If the previous adoptive placement was not finalized, report the characteristics of the birth parents.

**26-651.11 PROCEDURE ON PREPARATION OF INDIVIDUAL RECORD IN COOPERATIVE PLACEMENTS** **26-651.11**

The agency having responsibility for the child will complete those sections of the form describing the child, the birth parents and agency action, and enter the name of the person completing the report, agency, date and phone number in the space provided. This agency will then send the form to the agency having responsibility for the adopting parent(s). The family's agency will complete the sections of the form describing the adopting parent(s), and enter the name of the person completing the report, the name of the adopting parent(s)' agency, the date and phone number. The form must be returned to the child's agency which will submit the completed form to SDSS. It is important that the AD 42R Form, as well as the other necessary adoption casework forms, be completed and sent to SDSS promptly.

**26-651.20 CASE IDENTIFICATION SECTION** **26-651.20**

Item A. Child's Name

Give the name of the child as shown on the relinquishment or AD 551A, "Notice of Action in lieu of Relinquishment."

Item B. District Office

Write in the name and number designation of the district office.

Item C. Agency Name and Location

Write in full name and code designation of the agency.

Item D. State Case Number

Enter complete state number with a prefix, e.g., ALA 20150. This is assigned at the time that the relinquishments, or notices of action in lieu of, are filed with the SDSS and is shown on AD 4333, Acknowledgment and Confirmation of Receipt of Relinquishment Documents, which is sent by SDSS to the Agency.

Item E. FCIS Number.

If the child has had an FCIS Case, enter case number shown on Item B1 of the most recent SOC 158.

<b>26-651.30 PART I. GENERAL CASE INFORMATION</b>	<b>26-651.30</b>
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- Item 1. Month/Year child last resided with one or both birth parent(s).
- Enter the date the child last resided with one or both birth parent(s) on a regular basis. If child was separated from the birth parent(s) at birth, "x" never.
- Item 2. Month/Year child first placed in foster care.
- Enter the date the child was first placed in a foster home as defined in MPP Section 30-302(e). This should be the same date as shown in Item D-1, "Removal From Home" on the Form SOC-158.
- Item 3. Month/Year child accepted for adoptive study by adoption agency (as shown on AD 90).
- Enter the date that the child was accepted for adoptive study by the adoption agency at the request of the parent(s), court or foster care unit. The date may be prior to the birth of the child, if services are provided during pregnancy.
- Item 4A. First date child began living with this family.
- Enter the month and year child began living with this family. This includes placement prior to adoptive placement, i.e., foster care or informal care by relatives or others. If placement was interrupted and the interruption was shorter than the placement prior to the interruption, then use first date the child began living with the family. Otherwise, use the date the child was next placed in the home.
- Item 4B. At the time the child began living with this family, did the social worker and the family plan that the family would adopt if the child was freed?
- Enter an x in the appropriate box.
- Item 5. Month/Year child legally free for adoption.
- Enter the month and year.
- Enter the last of the following dates: a) For relinquishment, date shown on Form AD 4223 (Acknowledgment and Confirmation of Receipt of Relinquishment documents), b) For court terminations, the date of the court action unless an appeal occurred in which case the date the appeal was resolved should be entered.

**26-651.30 PART I. GENERAL CASE INFORMATION (Continued) 26-651.30**

- Item 6. Month/Year Adoptive Placement Agreement signed.  
Enter the date on which the Adoptive Placement Agreement is signed.
- Item 7A. Was this a cooperative placement?  
A cooperative placement is one where the adoptive parent's agency is not the same agency as the child's agency. Enter an x in the appropriate box.
- Item 7B. If yes, write in agency name and agency code of the agency for adopting parent(s):  
Use codes in Item C. If the agency is out-of-state, write in the state name only.

**26-651.40 PART II. DATA ON CHILD 26-651.40**

- Item 8. Sex.  
Enter an x in the appropriate box.
- Item 9. Birthdate.  
Enter month, day and year of child's birth.
- Item 10. Primary reason child is available for adoption:  
Enter an x in only one box.
- A. Single parent chose to relinquish child. Birth parent with physical custody chooses to voluntarily relinquish child.
  - B. Parents separated - chose to relinquish child. Birth parents (married) are separated and chose to voluntarily relinquish child.
  - C. Parents living together - chose to relinquish child. Birth parents are living together (married or unmarried) and chose to voluntarily relinquish.
  - D. Presumed, legal father is not birth father. (The birth mother is married, but her husband is not the birth father.)
  - E. Parent(s) deceased. Both birth parents are deceased, or one is deceased and the surviving birth parent is unable to parent.



<b>26-651.40 PART II. DATA ON CHILD</b> (Continued)		<b>26-651.40</b>
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- F. Child abused. Due to physical, sexual, or emotional abuse, the child has been relinquished or freed by court action.
- G. Child neglected. Due to neglect, the child has been relinquished or freed by court action.
- H. Child abandoned. The child is a deserted infant or child of known or unknown parentage.
- I. Parent(s) unable to parent. Both parents (or one parent with physical custody) are mentally or physically unable to care for child.
- J. Other. Check this item if none of the above apply. Explain briefly.

Item 11A. Was this child previously placed for adoption with another family?

Enter an x in the appropriate box.

Item 11B. If yes; provide date(s) of previous adoptive placement(s); and indicate whether adoption was finalized.

Item 12A. At the time of placement did the child have a health condition which had a significant bearing on this placement?

"No" should be checked if appropriate. However, if checked, do not check any others.

Health condition severe. This will be a value judgment of the case worker based on information from the doctor, medical report or worker's observation, and a comparison with other medical conditions. A life threatening medical condition, such as a malfunctioning heart or kidney which is operable, would be severe until the completion of a successful operation.

Item 12B (1) "Emotional problems" refers to a medical diagnosis of psychosis, anxiety, depression, or other psychiatric illness which affects the child's emotional status. In-patient treatment would be considered severe.

**26-651.40 PART II. DATA ON CHILD** (Continued)**26-651.40**

- (2) "Mental Retardation" refers to limited intellectual development that has been medically diagnosed as mental retardation.
- (3) "Behavioral problems" describes the manner in which the child conducts himself, e.g., behavior is abusive, aggressive or disruptive and detrimental to life, comfort and/or property of himself and/or others.
- (4) "Physical disability" is a physical impairment which may limit major life activities, e.g., loss or restricted use of limb, eye, etc.
- (5) "Medical condition" describes any physiological condition not covered in (a) through (d), e.g., dependency upon life support devices (such as respirators, dialysis machines) or conditions such as cancer, diabetes, heart disease, and genetic diseases.
- (6) "Adverse parental background" means that while the child does not display a health condition at time of placement, due to the health or behavioral history of the birth parent(s), development of a health condition is likely.
- (7) "Developmental delay" means that the child, while not developmentally disabled, is functioning below age level in a way that requires special education or special treatment.
- (8) "Born Addicted to Drugs" means that at or soon after birth, the child had symptoms which were caused by maternal use of controlled substances specified in Schedules I to V inclusive of Division 10 (commencing with Section 11000) of the Health and Safety Code, except when these controlled substances are used as part of a medically prescribed plan.
- (9) "Other". Specify briefly any other abnormal mental, physical, emotional or behavioral traits exhibited by the child.

Item 13A. Has child been a recipient of AFDC-FC or SSI/SSP?

Enter an x in the appropriate box.

Item 13B. This item refers to beginning date of payment, however, enter the most recent monthly payment amount. If the child has been a recipient, complete the payment dates and amount. Beginning payment date for AFDC-FC can be obtained from Item J1, and payment amount from the sum of Items J3 and J4 Form SOC 158.

**26-651.40 PART II. DATA ON CHILD (Continued) 26-651.40**

Item 14A. Was the child subject to the Indian Child Welfare Act?  
  
Enter an x in the "yes" box if the child is an "Indian Child" as defined by the Indian Child Welfare Act.

Item 14B. If yes, name of tribe.  
  
Enter the name of the tribe as recognized by the Indian Child Welfare Act.

**26-651.50 PART III. DATA ON BIRTH PARENTS 26-651.50**

Item 15. Birthdates of birth parents.  
  
If dates are unknown, write in unknown next to the appropriate parent. If approximate but no exact birthdate or age is known, write "estimate " next to information shown.

Item 16. Did the birth parent(s):  
  
A. Participate in selecting the adoptive home: (only relinquishments or when specified in will of deceased parents). Enter an x in the appropriate box.  
  
B. Meet the adoptive parent(s) face-to-face? Check appropriate box. If relative placement "x" yes unless they never met.

Item 17. Source of referral of the case to the adoption agency or unit.  
  
This item does not refer to the birthmother's first contact with the adoption agency by telephone or personal contact. The purpose of the item is to identify the channel through which the mother first sought agency service, i.e., through her own initiative or through referrals from some other source.  
  
A case referred to an adoption unit in a county welfare department from another unit in the department, which was providing services should be reported as Item 17C., unless the referral was due to a permanency planning hearing, in which case it should be reported as Item 17A., "Permanency Planning Hearing."

**26-651.50 PART III. DATE ON BIRTH PARENTS (Continued) 26-651.50**

Item 18A. Action(s) to free child for adoption.

Code foundlings under date of 232 actions. An action and date must be entered for the mother and for at least one father, unless there was a prior finalized adoption with a single adopting parent.

B. If there were court actions to terminate parental rights, were any appealed?

C. If yes, date of final appeal decision.

**26-651.60 PART IV. DATA ON NATURAL AND ADOPTING PARENTS 26-651.60**

Items 19 and 20 will be completed by entering an x in the appropriate box in each column. However, for single parent adoptions, draw a vertical line through all the possible responses for the inapplicable parent.

Item 19. Race or Ethnic Origin.

Enter an x in the appropriate box for each person to show the racial or ethnic background of each of the birth parents and adopting parent(s).

Use the following ethnic group definitions:

White (not of Hispanic origin) - all persons having origins in any of the original people of Europe, North Africa, or the Middle East.

Hispanic - all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Black (not of Hispanic origin) - all persons having origins in any of the black racial groups of Africa.

Asian/Pacific Islander - all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea and Samoa. Although persons of Filipino descent would be included under this category, because of a State requirement, report Filipinos separately under the ethnic category, "Filipino".

Filipino - all persons who are descendants of the original peoples of the Philippines.

**26-651.60 PART IV. DATA ON NATURAL AND ADOPTING PARENTS (Continued) 26-651.60**

American/Indian/Alaskan Native - all persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

If the person is of mixed race, indicate the background by checking the primary ethnic group. Use primary ethnic group in the following order: (1) American Indian, (2) Black, (3) Hispanic, (4) Filipino, (5) Asian, (6) White, (7) Unknown, e.g., if a person is a mixture of American Indian/Black, check Indian; if Black/Hispanic, check Black; if Filipino/Asian, check Filipino, etc.

If the person's race is "unknown", make a best guess based on the skin color and facial characteristics of the child. If the "unknown" parent was probably White, Black, Indian, Hispanic or Asian, write "estimate" beside guess.

Item 20. Education

Enter an x to show the highest year of schooling completed by each birth parent and each adopting parent. Consider completion of work in regular schools only (such as public, private or parochial schools, colleges, universities or professional schools). Post Secondary Training in Trade Schools should be included in Section "D".

**26-651.70 PART V. DATA ON ADOPTING PARENT(S) 26.651.70**

Item 21. Month/Year application received.

Enter the date that the agency received the signed application from the adopting parent(s).

Item 22. Month/Year approved for placement.

Enter the date on which the home was approved for placement of a child. The date must be prior to the date the adoptive placement agreement was signed.

**26-651.70 PART V. DATA ON ADOPTING PARENT(S)** (Continued) **26.651.70**

- Item 23. Is the child being placed with a single parent?
- For this item, indicate whether the child is being adopted by a couple (e.g., both a mother and father, Code A) or one parent, either a mother or a father, Code B or C. "Single-parent" has no reference to the marital status of the adopting parent.
- Item 24A. Is either adopting parent related to the child by blood, marriage or through previous adoptions?
- B. If yes, specify the one category.
- Item 25. Marital status of adopting parent(s) at time of placement.
- This item reports the marital status of each adopting parent. For each parent individually indicate marital status at the time of placement. (Item C. refers to a marriage, other than the first one, that is in effect at the time of placement.)
- Item 26. Birthdates of adopting parent(s)
- If exact birthdate or age is unknown, estimate age and write "estimate" next to the information shown
- Item 27. Number of minor children in family of adopting parents.
- Enter number of children where appropriate. Do not enter zeros.
- "Other Children Being Adopted At This Time" refers to children in the home (other than the subject of this report) for whom an adoptive placement agreement has been, or soon will be, signed "Previously adopted" means those children for whom an adoption has been finalized (excluding stepparent adoptions).
- "Natural children" refers to either or both of the prospective adopting parents' biological children and not those being adopted or previously adopted.
- "Foster Children" refers to those children in foster care with none of the above actions pending or in progress.
- "Wards" refers to children for whom the adopting parents are the legal guardians.

<b>26-651.70 PART V. DATA ON ADOPTING PARENT(S) (Continued)</b>	<b>26-651.70</b>
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"Other children" means the number of other minor children in the family of the adopting parents living in the home. This includes relatives, etc.

"Total minor children in family" means the total number of children listed in Items 27A through G. If there are no other children in the home, the total will be one.

Item 28. Employment status of Adoptive (Parent(s) prior to adoptive placement of this child.

Enter an x in the appropriate box.

Item 29. Annual gross income of adopting parent(s).

Enter the annual gross income (earned and unearned from all sources before taxes and other deductions) of the prospective adoptive parent(s) for the year preceding placement of the child. Include public assistance payments. If self-employed, use gross taxable earnings.

Item 30. Adoption fee agreed upon for this child.

If the fee was waived write 0 in Item 30A. Enter the sum which the agency and the adopting parent(s) agreed upon as the full fee for placement services for this child. If an agency fee includes more than one child, divide the total amount among all of the children being placed.

Item 31. Is this or will it be an AAP Case?

If this is or will be an AAP case, complete and submit Form AD 42AAP at the time AAP payment is initiated or, in the case of a deferred agreement, at the time the Adoptions Assistance Agreement (AD 4320) is signed. "Def" is for cases in which AAP is deferred.

Form completed by:

The person completing the form should print his/her name, agency, and telephone number and the date completed in the space provided. For cooperative placements, information on the family may be obtained by telephone or by mailing the partially completed form to the family's agency. The person completing the form (or providing the data by telephone) for the family's agency should print his/her name, agency and telephone number and enter the completion date. If the person completing the form is the same for both, indicate "same" in the appropriate space.

**26-651.90 FORM AD 42(R)** **26-651.90**

**FORM AD 42(R)**

To receive a hard copy of this form, contact the Office of Regulations Development by telephone at (916) 657-2586, or by mail at California Department of Social Services, Office of Regulations Development, 744 "P" Street, Mail Station 7-192, Sacramento, CA 95814-6413, or by electronic mail at [ord@dss.ca.gov](mailto:ord@dss.ca.gov).



**26-651.90 FORM AD 42(R) (Continued)** **26-651.90**

**REVERSE OF FORM AD 42(R)**

To receive a hard copy of this form, contact the Office of Regulations Development by telephone at (916) 657-2586, or by mail at California Department of Social Services, Office of Regulations Development, 744 "P" Street, Mail Station 7-192, Sacramento, CA 95814-6413, or by electronic mail at [ord@dss.ca.gov](mailto:ord@dss.ca.gov).

**26-653 INDIVIDUAL CASE REPORT - INDEPENDENT ADOPTIONS (FORM AD 42-I) 26-653**

**26-653.01 CONTENT AND PURPOSE 26-653.01**

A Form AD 42-I shall be completed for each child involved in an independent adoption petition. The form is used to obtain characteristic data on birth parents, petitioners, adopted children and selected aspects of agency actions.

**26-653.02 DUE DATE AND TRANSMITTAL INSTRUCTIONS 26-653.02**

All public adoption agencies and State Department of Social Services (SDSS) staff responsible for independent adoption investigations shall complete a Form AD 42-I for each subject of an Independent Adoption petition whenever a final report is prepared and submitted to the court, or no later than the twentieth (20th) calendar day of the subsequent month. Retain a copy of the AD 42-I for your records, and send the completed form AD 42-I to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

**26-653.10 GENERAL INSTRUCTIONS 26-653.10**

A Form AD 42-I must be submitted for each child involved in an independent adoption. All applicable items on the form shall be completed as fully and accurately as possible. If more than one child is being adopted by the same petitioner(s), prepare a Form AD 42-I for each child. If the child has been the subject of a previous adoption which was acted upon by the court, a new Form AD 42-I must be prepared reflecting the current adoption action.

**26-653.20 PART I. CASE ACTION 26-653.20**

- A. Child's Name Before Adoption: Enter the full name of the child as it appears on the adoption petition and the original birth certificate (child's name before adoption). If more than one child is being adopted by the petitioner(s), a separate Form AD 42-I shall be completed for each child.
  
- B. Petitioner(s): Enter the first name, middle initial and last name of the petitioner(s).

**26-653.20 PART I. CASE ACTION (Continued) 26-653.20**

- C. Investigated by: Enter an X in the appropriate box to indicate whether the AD 42-I is being submitted by an SDSS district office or a county agency.
  
- D. Agency: Enter the name and code designation of the reporting agency (County Agency or SDSS District Office).
  
- E. State Number: Enter the complete state number with the county prefix; e.g., LA 5000 AD.

**PART 1 - GENERAL CASE INFORMATION**

- 1. Date petition filed - Enter the date on which the petition was filed in court as indicated on the petition or the "Notification of Pendency of Action" (Form AD 3).
  
- 2. Was the 180-day time limit met? (CCS 226.6) - Enter an X in the appropriate box.
  
- 3. A. Was extension granted to 180-day limit? - Enter an X in the appropriate box.  
B. If "YES", enter number of days extended - Enter the number of days of extension.  
C. If "YES", primary reason for extension - Enter an X in one box only.
  
- 4. Date final court report filed - Enter the month, day and year.
  
- 5. Recommendation to court - Enter an X in the appropriate box.
  
- 6. Date of placement - Enter the date on which the child was placed in the petitioner's care. This date can never precede the child's birth date. If the exact day is not known, enter 15 for day.
  
- 7. A. Did petitioner(s) meet face-to-face with: Enter an X in "Yes" or "No" to indicate whether the petitioner(s) met the legal/birth mother and/or the legal/birth father.  
B. If "YES" in Item 7A, did they meet prior to placement? - Enter an X for appropriate answers. A meeting at the time of placement should not be counted as meeting "prior" to placement.
  
- 8. A. Did legal birth parent(s) have help when choosing adoptive parent(s)? - Enter an X in the appropriate box.

## 26-653.20 PART I. CASE ACTION (Continued)

26-653.20

- B. If "YES", principal person assisting - Enter an X in the appropriate box.
9. In your opinion, did an irregular placement occur? - Enter an X in the appropriate box. An irregular or "unauthorized" placement is defined under Civil Code Section 224q: "any person other than a parent or any organization, association, or corporation that, without holding a valid and unrevoked license or permit to place children for adoption issued by the SDSS, places any child for adoption is guilty of a misdemeanor."
10. Primary reason for placement - Enter an X to indicate the primary reason for the child's placement using the following guidelines. If more than one category applies, please use best judgement.
- A. Single parent chose to place child - Birth parent with physical custody chose to place child for adoption, e.g., an unmarried birth mother having little or no relationship with the alleged birth father chose to place her child for adoption.
- B. Birth parents separated - chose to place child - Birth parents (married or unmarried) are separated and chose to place their child for adoption, e.g., married but separated birth parents chose to place their child for adoption, or, an unmarried couple have broken up after a significant relationship and chose to place their child for adoption.
- C. Birth parents living together - chose to place child - Birth parents are living together (married or unmarried) but voluntarily chose to place child for adoption.
- D. Presumed/legal father is not birth father - The birth mother is married but her husband is not the birth father.
- E. Readoption by birth parent(s) - Birth parent(s) are adopting one of their own children who was previously adopted by another couple.
- F. Parent(s) deceased - Either one or both parents are deceased.
- G. Parent(s) unable to parent - Parent(s) are mentally, physically or financially unable to care for child, e.g., birth parent(s) leave their child with relatives for several years and relatives decide to adopt in the best interest of the child.

**26-653.20 PART I. CASE ACTION (Continued) 26-653.20**

- H. Abandoned - The Child is deserted and/or of unknown parentage.
- I. Other - Mark this item if none of the above apply and enter specific reason.
11. Was 45-day time limit met? (CCS226.5) - Indicate whether the time limit was met on each of the six (6) items. All items must be answered with a "Yes", "No" or "N/A" response. Enter an X in "N/A" if there was no such person, the individual was out-of-state, or the individual's name or address were unknown.

**26-653.30 PART II. DATA ON CHILD 26-653.40**

12. Sex - Enter an X in the appropriate box.
13. Birthdate - Enter the month, day and year of child's birth.
14. A. Was child previously placed for adoption with another family? - Enter an X in the appropriate box.
- B. If "YES", indicate whether the adoption was finalized.
15. A. Was child subject to the Indian Child Welfare Act? - Complete this item in all cases. Mark "Yes" only if the child was determined to be eligible for tribal enrollment.
- B. If "YES" above, specify tribal affiliation.

**26-653.40 PART III. DATA ON LEGAL/BIRTH PARENTS 26-653.40**

16. Were birth parents married to each other at the time of birth of child? -Enter an X in the appropriate box. Mark "N/A" if this is a readoption.
17. Action(s) to free child - Enter the appropriate code for each applicable person listed in items 17A thru E. An action must be entered for the mother and at least one father, unless there was a prior finalized adoption with a single adopting parent. Not all categories may apply. Leave space blank if no such person, i.e., if no presumed or legal father, leave 17B and C blank.

**26-653.40 PART III. DATA ON LEGAL/BIRTH PARENTS (Continued) 26-653.40**

- 18. A-C If consent(s) signed, were they signed outside of California? - Enter an X in the appropriate box for each parent. Mark "N/A" if no such person or no consent was signed.
  
- 19. A&B Birthdate(s) of legal/birth parent(s) - Enter the month, day and year of each parent's date of birth. If approximate but not exact birthdate or age is known, write in estimate. If exact day is not known enter 15 for day. If age is unknown, enter an X in Box 3.
  
- 20. A. State/county of legal residence of legal/birth mother - If the legal/birth mother came from her usual place of residence to California for the birth of her child, enter the name of the state or country of her legal residence. If the legal/birth mother is a California resident (that is, she has an established residence), enter California. Enter an X in the "Unknown" box if the legal/birth mother's residence is unknown.  
  
B. State/country of birth of child - Enter the state or country of the child's birth.

**26-653.50 PART IV. DATA ON LEGAL/BIRTH PARENT(S) AND PETITIONER(S) 26-653.50**

**NOTE:** For single parent adoptions, draw a vertical line through all possible responses for the inapplicable adopting parent.

- 21. Race/ethnic origin: - Enter an X in the appropriate box to show the racial or ethnic background of each birth parent and petitioner using the following definitions for each category. If a person is of mixed race, "X" the primary ethnic group. If race is unknown, see the "Unknown" category below for instruction.

Ethnic Categories:

White (not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**26-653.50 PART IV. DATA ON LEGAL/BIRTH PARENT(S) AND PETITIONER(S) 26-653.50**  
(Continued)

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Black - (not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.

Asian/Pacific Islander - All persons having origins in any of the original peoples of the Far East, the Indian Subcontinent, South East China, or the Pacific Islands. This includes, but is not limited to China, Japan, Korea and Samoa. Although persons of Filipino descent would be included under this category due to a state requirement, report Filipinos separately under the ethnic category "Filipino".

Filipino - All persons who are descendants of the original peoples of the Philippines.

American Indian/Alaskan Native - Any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

Unknown - If the person's race is unknown, make the best guess based on the skin color and facial characteristics of the child. If the unknown parent was probably White, Black, Indian, Hispanic or Asian, write "estimate" beside guess.

22. Education: - Enter an X to show the highest year of schooling completed by each parent. Consider completion of work in schools which offer diplomas or certification only (such as public, private or parochial schools, colleges, universities or professional schools). Trade school training which leads to certification, licensure, etc. should also be included.

**26-653.60 PART V. DATA ON PETITIONER(S) 26-653.60**

23. A-C Is the child being adopted by a single petitioner? - Indicate whether the child is being adopted by a couple or single petitioner. "Single Petitioner" does not refer to the marital status of the petitioner.
24. Marital status of adopting parent(s) at time of placement - This item reports the marital status of each adopting parent. For each parent individually indicate marital status at time of placement. Item C refers to a marriage, other than the first one, that is in effect at the time of placement.

## 26-653.60 PART V. DATA ON PETITIONER(S) (Continued)

26-653.60

25. Is adopting parent(s) related to child (by blood, marriage or through previous adoption) - Enter an X in appropriate boxes.
26. Were petitioner(s) ever child's foster parents? - Enter an X in the appropriate box.
27. Birthdate(s) of adopting parent(s) - Enter the month, day and year of each adopting parent's date of birth.
28. Number of minor children in family of petitioner(s) - This child who is the subject of this report is already counted as "This adoptive child".

"Other children being adopted" refers to children in the home (other than the subject of this report) whose adoption by this couple is pending.

"Previously adopted" are those children for whom an adoption action other than a stepparent adoption has been completed.

"Biological children of either parent" refers to the petitioner(s) biological children and not those being adopted or previously adopted.

"Foster children" refers to those children in foster care with none of the above actions pending or in progress.

"Guardianship cases" refers to those cases where a child has been appointed a legal guardian by the court.

"Other children" refers to any other minor children in the home of the adopting parents. This will include relatives, etc.

"Total" should include the total number of children listed in Items 28A thru G. If there are no other children in the home, the total will be one.

29. Employment status of petitioner(s) prior to adoptive placement - Enter an X in the appropriate box for each petitioner.
30. Annual gross income of petitioner(s) - Enter the annual gross income of the petitioner(s) at the time of the court report. Use gross income, both earned and unearned, before taxes and other deductions.



<b>26-653.60 PART V. DATA ON PETITIONER(S) (Continued)</b>	<b>26-653.60</b>
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31. Did petitioner(s) pay any expenses of mother or child? -
- A. Enter an X in "Yes" or "No" to indicate whether petitioner(s) paid any expenses of mother or child either during or after pregnancy.
  - B. If "Yes" in (A), enter the amount in whole dollars of financial assistance, if applicable, that petitioner(s) paid to mother and/or child in each category. If separate expenses were paid for both mother and child, combine them in whole dollars and enter the total.
32. A&B Did petitioner(s) file a guardianship petition: - Enter an X in the appropriate box.
33. Is this or will it be an AAP case? - Enter an X in the appropriate box. If "Yes" or "Deferred", you must complete Form AD 42-AAP.
34. Do petitioner(s) and legal/birth parent(s) plan to have contact in the future? - Enter an X in the appropriate box.
35. Primary reason for conditional approval - Complete only if Item 5B is marked. If "Other", please specify.
36. Primary reason for dismissal/denial - Complete only if Item 5C or 5D is marked. If "Other", please specify.

<b>26-653.90 FORM AD 42-I</b>	<b>26-653.90</b>
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Print your name in the space provided and enter your job title. Indicate the telephone number you can be reached at during normal work hours and enter the date you complete the form.

**26-653.90 FORM AD 42-I (Continued)****26-653.90****FORM AD 42-I**

To receive a hard copy of this form, contact the Office of Regulations Development by telephone at (916) 657-2586, or by mail at California Department of Social Services, Office of Regulations Development, 744 "P" Street, Mail Station 7-192, Sacramento, CA 95814-6413, or by electronic mail at [ord@dss.ca.gov](mailto:ord@dss.ca.gov).

**REVERSE OF FORM AD 42-I**

To receive a hard copy of this form, contact the Office of Regulations Development by telephone at (916) 657-2586, or by mail at California Department of Social Services, Office of Regulations Development, 744 "P" Street, Mail Station 7-192, Sacramento, CA 95814-6413, or by electronic mail at [ord@dss.ca.gov](mailto:ord@dss.ca.gov).

<b>26-700</b>	<b>REPORTS ON LICENSING</b>	<b>26-700</b>
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**Summary Reports:**

- |        |  |  |
|--------|--|--|
| 26-712 | Licensing of Facilities for Children Monthly Statistical Report (Form LIC 181)                           |  |
| 26-714 | Family Homes Certified By Licensed Foster Family Agencies, Semi-Annual Statistical Report (Form LIC 182) |  |

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**26-712 LICENSING OF FACILITIES FOR CHILDREN MONTHLY STATISTICAL REPORT (FORM LIC 181) 26-712****26-712.01 CONTENT 26-712.01**

This report provides for the collection and reporting of monthly statistical information by local agencies (county welfare or social services departments) under contract to the State Department of Social Services (SDSS) to license specified types of community care facilities for children. Information is collected on the following licensing activities: licenses issued, terminated, licenses in force at the end of the current month, renewed, applications received, withdrawn, denied; and licensed capacity of facilities at the end of each report month. These licensing activities apply to community care facilities in the following reporting categories: RESIDENTIAL CARE - Foster Family Home, and DAY CARE - Family Day Care Home.

**26-712.02 PURPOSE 26-712.02**

This report is for the purpose of collecting statistical information needed by SDSS to maintain administrative supervision over the licensing activities of local agencies, and to provide a statistical base for community care program management. In addition, the report provides administrators, legislators, administrative agencies, and other agencies and persons with current information regarding facilities licensed for the care of children.

**26-712.03 DISTRIBUTION 26-712.03**

Statewide monthly information is compiled from these reports. These published reports are distributed to various state agencies, County Welfare Directors, Licensing District Administrators, and other interested agencies and individuals.

**26-712.04 DUE DATE 26-712.04**

Reports are to be received in Sacramento on or before the 14th working day of the calendar month following the end of the report month. Send reports to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

26-712.05	DEFINITIONS	26-712.05
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**RESIDENTIAL CARE**

**"Foster Family Home"** - The family residence of the licensee in which 24-hour care and supervision are provided for not more than six (6) foster children, exclusive of the licensee's own children.

**DAY CARE**

**"Family Day Care Home"** - A facility regularly providing care, protection and supervision to a child or children, in the caregiver's own home, for periods of less than 24 hours per day, while the parents or guardians are away.

26-712.10	INSTRUCTIONS	26-712.10
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1. **Licenses in Force, End of Previous Month** - Enter the total number of licenses in force at the end of the preceding report month for each category.
2. **New Licenses Issued** - Report new applications disposed of as a new license issued when during the report month a new license permitting care of the type requested in the application is signed by the executive (or his delegated agent) of the accredited licensing agency.

Exclude renewal licenses issued. If a licensed facility undergoes a change of ownership or location, then a new license issued would be reported in Item 2, and a license expired would be report in Item 4a. Changes of licensed capacity or limitation (e.g., age, sex, or special client group) do **not** require the reporting of a new license issued and a license expired.

3. **Total** - Enter the sum of 1 and 2 above.
4. **Licenses Terminated** - (Enter the sum of A, B, and C below)
  - A. Enter the number of licenses which were expired during the report month.
  - B. Enter the number of licenses which were revoked during the report month.
  - C. Enter the number of licenses transferred to the State during the report month. This includes only those facilities still in operation but whose licensing responsibilities are terminated by the County and transferred to the State - Exclude licenses replaced by a renewal license.

## 26-712.10 INSTRUCTIONS (Continued)

26-712.10

5. **Licenses in Force, End of Current Month** - Enter the number of licenses in force at the end of the report month. (Item 3 minus 4)

Under normal circumstances, renewal licenses are to be reported under Item 6, Licenses Renewed, therefore not affecting the number of Licenses in Force, End of Current Month. See Item 6 for exceptions to normal renewal procedures.

6. **Licenses Renewed** - Enter the number of renewal licenses issued during report month.

The reporting of a renewal license does **not** involve the reporting of a license expired or a new license issued. If a renewal license has been applied for within the time limit prescribed in Section 1524 of the California Health and Safety Code, but the renewal license has not yet been issued, continue to report the license as in force and report it later as a renewal license during the report month in which it was issued. Licensees who do **not** apply for renewal of their license within the prescribed time limit are to be reported in Item 4A, Licenses Expired. Such an expiration requires a facility to submit a new application which, if approved, would be reported in Item 2, New Licenses Issued.

7. New applications pending, ending of previous month (enter Item 13 from last report month).

8. **New Applications Received** - Enter the number of all new applications received during the report month.

Those applications received but kept on file pending denial or issuance of a license are to be reported once for the month in which they were received. In subsequent months, these pending applications may be reported in Item 13, New Applications Pending, End of Current Month.

9. Total (Enter sum of 7 and 8 above.)

10. **New Applications Withdrawn** - Report a new application as withdrawn during the month the withdrawal was requested or confirmed in writing.

Include applications voluntarily withdrawn because plans for care have been abandoned or the applicant has filed a new application for a license to provide a different type of care, and applications considered withdrawn by the agency (e.g., persons to be responsible for operation have moved or plan to provide a type of care not within the licensing jurisdiction of the reporting agency).



**26-712.10 INSTRUCTIONS (Continued)** **26-712.10**

11. **New Applications Denied** - Report a new application as denied when during the report month the required notification or recommendation of denial was sent to the SDSS.
12. **New Application Approved** (Same as Item 2 above)
13. **New Applications Pending, End of Current Month** - (Item 9 minus Items 10, 11 and 12).
14. **Capacity of Facilities, End of Report Month** - Enter the aggregate licensed capacity of all facilities whose licenses were in force at the end the report month.

**CAPACITY DEFINITION**

"Capacity" means the maximum number of persons for whom the licensee is authorized to provide care at any one time.

For Foster Family Homes the maximum number of foster children authorized to reside in a foster family home as specified by the license (that is, not more than six foster children).

For Day Care facilities capacity is as follows:

1. Six (6) children, no more than three (3) of whom may be infants or;
2. Four (4) infants only or;
3. Twelve (12) children, no more than four (4) of whom may be infants, if an assistant caregiver is present in the home.

The maximum capacity may be denied when the applicant/licensee is unable to meet requirements for maximum capacity and at that time an approved capacity limit will be established. This licensing policy should be observed in the completion of Form LIC 181.

15. **Number of Complaints Received During the Month** - Report the total number of complaints received during the month about a facility licensed by the County.
16. **Number of Visits Made During the Report Month** - Report the total number of on-site visits to facilities made during the month for any reason in connection with the licensing activity of the County. This would include but not be limited to application visits, complaint visits, plan of correction visits, caseload management visits and visits for any other purposes.

**26-712.90 FORM LIC 181****26-712.90**

Fill in the information required at the top and bottom of the report form and show figures required for each item not shaded. If there is nothing to report on an item, enter "0"; do not leave any items blank.

FORM LIC 181

FORM LIC 181

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

*Send One Copy To:*  
DEPARTMENT OF SOCIAL SERVICES  
STATISTICAL SERVICES SECTION  
744 P Street, Mail Station 12-81  
Sacramento, California 95814

**LICENSING OF FACILITIES FOR CHILDREN  
MONTHLY STATISTICAL REPORT**

COUNTY 1.

REPORT MONTH 2.

LICENSING ACTIVITY	FOSTER FAMILY HOME	FAMILY DAY CARE HOME
	711	810
<b>I. LICENSES</b>	3	4
1. Licenses in force, end of previous month (Same as item 5 last month)		
2. New licenses issued (Same as item 12)	5	6
3. Total (Sum of 1 + 2)	7	8
4. Licenses terminated, (Sum of A, B and C)	9	10
A. Licenses expired	11	12
B. Licenses revoked	13	14
C. Licenses transferred to State	15	16
5. Licenses in force, end of current month (3 minus 4)	17	18
6. Licenses renewed	19	20
<b>II. APPLICATIONS</b>	21	22
7. New applications pending, end of previous month (Same as item 13 last month)		
8. New applications received.	23	24
9. Total (Sum of 7 + 8)	25	26
10. New applications withdrawn	27	28
11. New applications denied	29	30
12. New applications approved (Same as item 2)	31	32
13. New applications pending, end of current month (Item 9 minus 10, 11, and 12)	33	34
<b>III. LICENSED CAPACITIES</b>	35	36
14. Capacity of facilities, end of report month		
<b>IV. COMPLAINTS AND VISITS</b>	37	38
15. Number of complaints received during the month		
16. Number of visits made during the month	39	40
PERSON TO CONTACT REGARDING THIS REPORT	TELEPHONE NUMBER	DATE

UC 181 (2/88) REF. 26-712

<b>26-714</b>	<b>FAMILY HOMES CERTIFIED BY LICENSED FOSTER FAMILY AGENCIES SEMI-ANNUAL STATISTICAL REPORT (FORM LIC 182)</b>	<b>26-714</b>
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<b>26-714.01</b>	<b>CONTENT</b>	<b>26-714.01</b>
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This report provides information on the number of family homes certified by licensed Foster Family Agencies (FFAs) and the number of licensed Foster Family homes used by FFAs.

<b>26-714.02</b>	<b>PURPOSE</b>	<b>26-714.02</b>
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The information on the number of homes certified is collected to assist the Community Care Licensing Division of the State Department of Social Services (SDSS) in the administrative supervision of the activities of licensed FFAs authorized by SDSS to certify homes.

<b>26-714.03</b>	<b>DISTRIBUTION</b>	<b>26-714.03</b>
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Data compiled from these reports is published in a semi-annual Statistical Series Report, LIC 2, and distributed to various state agencies, County Welfare Directors, Licensing District Administrators, and other interested agencies and individuals.

<b>26-714.04</b>	<b>DUE DATE</b>	<b>26-714.04</b>
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Reports are to be submitted on or before the 30th day of the month following the report month. Send one copy to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

<b>26-714.05 DEFINITIONS</b>	<b>26-714.05</b>
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**Treatment** - Treatment refers to FFAs that provide treatment services to children with treatment needs. The AFDC-FC treatment rate has been set by SDSS.

**Non-Treatment** - Non-Treatment refers to FFAs that do not provide treatment services and receive the basic AFDC-FC rate set by SDSS.

**Certified Family Home** -

**Licensed Foster Family Home** -

<b>26-714.10 INSTRUCTIONS</b>	<b>26-714.10</b>
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All FFAs are required to submit this report even if they had no Certified Family Homes in certified status during the reporting periods ending on either June 30 or December 31. Agencies with no certified homes on June 30 or December 31 should enter zero (0) on the report, and complete the identifying items.

1. Type of program operated by your agency - Enter a check mark (✓) in the treatment or non-treatment box.
  
2. Information specific to the Certified Family Homes.
  - a. Enter your agency's total number of certified family homes as of June 30 or December 31 - Enter the total number of homes certified by your agency as of the reporting periods during June 30 and December 31. If the application for your license was still pending on June 30 or December 31, enter a zero (0) for Line Item 2a.  
  
Note: If your agency reports one or more certified family homes in Line Item 2a., you must complete Items 2b-2d below.
  
  - b. Total number of resident children in the certified family homes as of the last day of the report period - Enter the total number of children residing in the certified family homes as of the last day of the reporting period. If your FFA certified homes for temporary care during emergency situations, enter the average monthly number of children residing in the certified family homes during the reporting period.
  
  - c. Total capacity of the certified family homes - Enter the maximum number of children that could be placed in the family homes certified by your FFA during the reporting period.

**26-714.05 INSTRUCTIONS (Continued)** **26-714.10**

- d. Total number of certified family homes not in use as of the last day of the report period - Enter the total number of family homes certified by your FFA but not used during the reporting period. Include homes where a placement was pending but the child was not actually residing in the home.
  
- 3. Total number of licensed foster homes used by your agency during the reporting period - Enter the total number of licensed foster homes used by your agency during the reporting period.
  
- 4. Total number of children in licensed foster homes who were placed by your agency - Enter the total number of children placed by your FFA who were residing in the foster family Home(s) as of the last day of the reporting period.

NOTE: If your license was granted during the reporting period, please indicate on the form, below the question for Item 1., the date your license became effective.

**26-714.90 FORM LIC 182** **26-714.90**

Fill in the information requested at the top and bottom of the report form, and show the figures required for each item. If there is nothing to report on an item, enter "0"; do not leave any items blank.

FORM LIC 182

FORM LIC 182

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

**FAMILY HOMES CERTIFIED  
BY LICENSED FOSTER FAMILY AGENCIES  
SEMI-ANNUAL STATISTICAL REPORT**

*Return completed form to:  
Department of Social Services  
Statistical Services  
744 P Street, M.S. 19-81  
Sacramento, CA 95814  
Attention: LIC 182 Unit*

DISTRICT OFFICE \_\_\_\_\_  
COUNTY \_\_\_\_\_

COUNTY CODE   1  
Report for: June  2  
(Check One) December  3  
Year 19   4

NOTE: All Foster Family Agencies are required to submit this report even when the number of certified homes is zero during the reporting period. Please complete all applicable information.

1. Type of program operated by your agency: ..... Treatment  5  
..... Non-Treatment  6

2. Information specific to the certified family homes:

a. Enter your agency's total number of certified family homes as of either June 30 or December 31 ..... 7

b. Total number of resident children in the certified family homes as of the last day of the report period ..... 8

c. Total capacity of the certified family homes ..... 9

d. Total number of certified family homes not in use as of the last day of the report period ..... 10

3. Total number of licensed foster homes used by your agency during the reporting period ..... 11

4. Total number of children in licensed foster homes who were placed by your agency ..... 12

REPORT PREPARED BY	TITLE	TELEPHONE NUMBER	DATE
		( )	

LIC 182 (8/88) REP: 26-714

<b>26-800</b>	<b>MISCELLANEOUS REPORTS</b>	<b>26-800</b>
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**Summary Reports:**

**Case Reports:**



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<b>26-851</b>	<b>EDUCATION CONSOLIDATION AND IMPROVEMENT ACT OF 1981 - SUMMARY AND SUPPORTING CASE LISTINGS</b>	<b>26-851</b>
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<b>26-851.01</b>	<b>CONTENT</b>	<b>26-851.01</b>
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The report provides data on the number of families with at least one child aged 5 through 17 years and the number of such children in these families by grant classification as defined each year by the Department of Health and Human Services (DHHS).

<b>26-851.02</b>	<b>PURPOSE</b>	<b>26-851.02</b>
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This report collects annual AFDC data used by DHHS for determining the budget allocations to the State of California under Chapter 1 or the Education Consolidation and Improvement Act of 1981 (ECIA).

<b>26-851.03</b>	<b>DISTRIBUTION</b>	<b>26-851.03</b>
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Data from this report is distributed by the California State Department of Social Services to DHHS and the California State Department of Education.

<b>26-851.04</b>	<b>DUE DATE</b>	<b>26-851.04</b>
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This report is due in Sacramento during the month following the report month as defined by All County Letter. Send reports to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814

<b>26-851.10</b>	<b>INSTRUCTIONS</b>	<b>26-851.10</b>
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Submit reports on the form designated for each segment of the program: Form CA 802 for AFDC FG/U Recipients age 5-17; Form CA 803 for children in Foster Care. Also to be submitted is Form CA 1015, Survey Check List for Forms CA 802 and CA 803.

Specific reporting instructions for each of these statistical reports will be transmitted by All-County Letter at the appropriate time. General instructions are also shown on each report form.

<b>26-851.90</b>	<b>FORMS CA 802, CA 803, AND CA 1015</b>	<b>26-851.90</b>
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Fill in the information requested at the top and bottom of the report forms and show the figures required for each item. If there is nothing to report on an item enter "0"; do not leave any item blank.

26-851.90 FORMS CA 802, CA 803, AND CA 1015 (Continued)

26-851.90

FORM CA 802 (AFDC FG/U)

FORM CA 802 (AFDC FG/U)

State of California  
Health and Welfare Agency  
Department of Social Services

Send one copy to:  
Department of Social Services  
Statistical Services  
744 P Street, A.S. 16-81  
Sacramento, CA 95814

**Statistical Report on**  
**AFDC FG/U RECIPIENTS AGED 5 — 17**  
**Needed to implement the**  
**EDUCATION CONSOLIDATION AND IMPROVEMENT ACT OF 1981**

Date: \_\_\_\_\_  
County: \_\_\_\_\_  
Report Month: October 1989

1. AFDC FG/U families with federally eligible children, aged 5 — 17  
and federally eligible children, aged 5 — 17

a. Amount of grant classification

b. Number of:

	Families	Children
TOTAL.....		
Grants \$1,008.32 or less *		
Grants \$1,008.33 or more.....		

\* Do not include zero-grant cases.

2. All AFDC FG/U families regardless of federal eligibility, ages of children or amounts of grant.

a. Number of families: \_\_\_\_\_

3. Attach a supporting list for the families and children receiving a grant of \$1,008.33 or more per month.

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Person to contact regarding this report: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
(     )

REP: 26-851

CA 802 (988)

REVERSE OF FORM CA 802

REVERSE OF FORM CA 802

STATISTICAL REPORT ON AFDC FG/U RECIPIENTS  
AGED 5-17 NEEDED TO IMPLEMENT THE EDUCATION  
CONSOLIDATION IMPROVEMENT ACT OF 1981 — OCTOBER 1989

INSTRUCTIONS FOR FORM CA 802

REPORT ITEM 1. ALL AFDC FG/U FAMILIES WITH CHILDREN AGED 5-17:

Enter in Item 1b, Column 1, by amount of AFDC FG/U grant classification (Item 1a), the total number of families with at least one federally eligible child, aged 5-17. Exclude from the count of families all cases with no children aged 5-17, nonfederally eligible children aged 5-17, and all zero grant cases. Report only those cases receiving a money payment for the month of October 1989, even if the check was issued in the prior month.

Enter in Item 1b, Column 2, the total number of federally eligible children aged 5-17 in those families. Exclude all children less than 5 or more than 17 years of age (even if they are members of an included family).

REPORT ITEM 2. ALL AFDC FG/U FAMILIES REGARDLESS OF FEDERAL ELIGIBILITY, AGES OF CHILDREN OR AMOUNTS OF GRANT:

Enter in Item 2a (provided from the October 1989 integrated payroll) the total number of AFDC FG/U families regardless of federal eligibility, ages of children or amounts of grant.

REPORT ITEM 3. SUPPORTING LIST ATTACHED:

For the families and children reported receiving a cash grant of \$1,008.33 or more, prepare a supporting list with the following information listed in case number sequence under the following headings:

State Case Number (Including FBU and Person Numbers)	Amount of October AFDC Grant Exceeding \$1,008.33	Federally Eligible AFDC Children (5-17) Name                      Birthdate
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The October 1989 AFDC FG/U grant is defined as the cash payment shown on the October integrated payroll.

To minimize errors and resulting correspondence, please apply the attached Survey Check List to the supporting list to ensure that the correct number of cases and children aged 5-17, receiving a grant in October 1989, are being reported. Submit list with completed reports.

This report is due in Statistical Services by November 15, 1989.

26-851.90 FORMS CA 802, CA 803, AND CA 1015 (Continued)

26-851.90

FORM CA 803

FORM CA 803

State of California  
Health and Welfare Agency  
Department of Social Services

Send one copy to:  
Department of Social Services  
Statistical Services  
744 P Street, M.S. 19-81  
Sacramento, CA 95814

Statistical Report on  
**CHILDREN IN FOSTER CARE**  
Needed to implement the  
**EDUCATION CONSOLIDATION AND IMPROVEMENT ACT OF 1981**

Date: \_\_\_\_\_  
County: \_\_\_\_\_  
Report month:  
October 1989

Report separately the In-County total number of children (Item 1.a.) and the Out-of-County total number of children (Item 1.b.) aged 5 through 17 years (born November 1, 1971, through October 31, 1984) in noninstitutional foster care supported by public funds. Out-of-County foster children are those children aided by your county, but living in another state or county. Do not report children aided by another state or county. Include all children living in noninstitutional foster care under all public-funded programs, e.e., public agency foster homes; foster homes where care is purchased by public agencies; Title IV, Part A (the AFDC Foster Care Program [AFDC-FG in California]); Title IV, Part B (the CWS Program [only Specialized Child Protective Services in California]); and placements ordered by courts if care is paid by public funds. Do not include children residing in institutions. (For the purpose of this report, a children's institution is a group facility for children under 18 years of age, operated by a person, association, or corporation which accepts for 24-hour care more than 15 children under 18 years of age or a smaller number if the facility is institutional in character, i.e., has a defined staffing structure.) They are not funded under Public Law 95-480. Enter the total number of reportable children in Items 1, 1.a., and 1.b., as appropriate, below.

This report should be as of October 31, 1989. If another date in October is more convenient for compiling the data, it may be used and specified below; however, the child may not have been reported in the AFDC FG/U totals on Form CA 802.

This report is due in the Statistical Services Branch by November 15, 1989.

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1. Total number of children aged 5 — 17 in noninstitutional Foster Care (a + b, below)..... \_\_\_\_\_

a. In-County total number of children aged 5 — 17 in noninstitutional Foster Care ..... \_\_\_\_\_ *Reports as of October 31, 1989*

b. Out-of-County total of children aged 5 — 17 in noninstitutional Foster Care ..... \_\_\_\_\_

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Person to contact regarding this report: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
( )

CA 803 (8/89) REF: 26-851

CA 1015

CA 1015

State of California - Health and Welfare Agency Department of Social Services

**EDUCATION CONSOLIDATION AND IMPROVEMENT ACT OF 1981** DATE: \_\_\_\_\_  
**SURVEY CHECK LIST FOR FORMS CA 802 and CA 803** COUNTY: \_\_\_\_\_  
 October 1989

The following edits have been made of the data needed for Allocation of Fiscal Year 1990-91, Education Consolidation and Improvement Act of 1981, Chapter I funds:

<p>A. All four summaries have been completed and are attached:</p> <p>1. The total number of AFDC FG/U Family Budget Units and Federally Eligible Children aged 5 through 17 receiving grants of \$1,008.33 or more and those receiving grants of \$1,008.32 or less. (Form CA 802, Report Item 1) .....</p> <p>2. Totals from the entire October 1989 integrated payroll for total AFDC FG/U families regardless of federal eligibility, ages of children or amounts of grants. (Form CA 802, Report Item 2) .....</p> <p>3. A supporting list of federally eligible children aged 5 through 17 in AFDC families receiving grants of \$1,008.33 or more detailing information about each included case .....</p> <p>4. The total number of all children aged 5 through 17 in Foster Homes. (Form CA 803, Report Item 1) .....</p> <p>B. Total Report Item 1b (Form CA 802), for grants of \$1,008.33 or more and support list total match .....</p> <p>C. Only program codes 30, 32, 33 and 35 are represented (Form CA 802) .....</p> <p>D. The data contain no birth date of a federally eligible child before November 1, 1971 or after October 31, 1984. ....</p> <p>E. Each included case has at least one federally eligible child with a birth date falling on November 1, 1971 through October 31, 1984 inclusive.....</p> <p>F. Each case and grant appear on the October 1989 integrated payroll .....</p> <p>G. Each case has been counted in the appropriate grant group of (\$1,008.33 or more and \$1,008.32 or less) .....</p> <p>H. No child is reported on both the CA 802 and CA 803 Reports .....</p>	<p><b>CHECK BOX</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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All of the data submitted in Statistical Reports CA 802 and CA 803 and supporting listings are correct and accurate as determined by the edit items listed and checked above. All statements made pertaining to the accuracy of the data submitted are true and accurate.

Signed: \_\_\_\_\_  
(Person completing edit checks)

Phone: ( ) \_\_\_\_\_

\_\_\_\_\_  
(Person to contact regarding report)

CA 1015 (1989)

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<b>STATISTICAL REPORTS</b>		
<b>Handbook</b>	<b>APPENDIX</b>	<b>26-910</b>
<b>26-900</b>	<b>APPENDIX</b>	<b>26-900</b>
<b>26-910</b>	<b>INTRODUCTION</b>	<b>26-910</b>

The Appendix provides a convenient place for presenting information on special instructions, guides and worksheets applicable to the State Department of Social Services (SDSS) reporting program and the statistical operations of local agencies.

Suggestions for material that local agencies would like to have included in the Appendix are welcome. They may be referred to:

State Department of Social Services  
Statistical Services  
744 P Street, Mail Station 19-81  
Sacramento, CA 95814



**26-920      RULES FOR ROUNDING AND FORCING PERCENTAGES 26-920**

The Statistical Services, SDSS, observes the following rules in rounding and forcing percentages:

**Rule 1.**      Carry out calculations two places beyond final answer desired and not further.

For examples, if final answer is to be expressed to the nearest tenth, compute to the nearest thousandth.  $711 \div 1111 = 64.0$  expressed to the nearest tenth of a percent. The result of the computation would show 63.996.

**Rule 2.**      When the two digits to be dropped are less than 50, leave the last digit to be retained unchanged. Conversely, when the two digits to be dropped are more than 50, raise the last digit to be retained.

**Examples**

<b><u>Calculate Number</u></b>	<b><u>Rounded Number</u></b>
63.561	63.6
63.449	63.4
63.551	63.6

**Rule 3.**      When the two digits to be dropped are exactly 50, use the odd-even rule, i.e., round to the nearest even number.

**Examples**

<b><u>Calculate Number</u></b>	<b><u>Rounded Number</u></b>
63.650	63.6
63.750	63.8

**Rule 4.**      When forcing percentages, if this is necessary, raise or lower the largest number or numbers in the series. (This procedure usually results in the smallest percent of error in addition to being much less work.) An exception to this rule occurs when there are two "largest" numbers. In this case one would use the next largest.

**26-920      RULES FOR ROUNDING AND FORCING PERCENTAGES (Continued)      26-920**

EXAMPLES:

A.	<b><u>Calculated Percents</u></b>	<b><u>Results Rounded</u></b>	<b><u>Percent Forced</u></b>	<b><u>Percent of Error</u></b>
Total	100.100	(100.1)	100.0	.08*
	59.950	60.0	59.9	
	22.631	22.6	22.6	
	<u>17.519</u>	<u>17.5</u>	<u>17.5</u>	

\*.950 - .900 = .050 + 59.950 = .08 percent

B.	<b><u>Calculated Percents</u></b>	<b><u>Results Rounded</u></b>	<b><u>Percent Forced</u></b>	<b><u>Percent of Error</u></b>
Subtotal	37.561	37.6	37.6	0.34*
	25.812	25.8	25.9	
	<u>11.749</u>	<u>11.7</u>	<u>11.7</u>	

\*25.900 - 25.812 = .088 + 25.812 = 0.34 percent

NOTE: If the 11.7 had been raised to 11.8, the percent of error would be  $11.800 - 11.749 = .051 + 11.749 = 0.43$ . This is somewhat greater than is the result when the recommended procedure is followed. However, this will not always be the case. The largest possible percent of error resulting from raising or lowering a percent ranging between 60 to 99 percent would be approximately two-tenths of a percent. Similarly, it would be approximately three-tenths of a percent for the range 43 through 59 percent. As the percent of error keeps increasing, the lower the percentages is raised or lowered.

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