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Director

**County of Los Angeles**  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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January 30, 2008

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Dear Foster Family Agency and/or Group Home Providers  
and Interested Parties:

**ADDENDUM NUMBER FIVE TO REQUEST FOR STATEMENT OF QUALIFICATIONS  
(RFSQ) CMS# 07-021/023 FOR FOSTER FAMILY AGENCY/GROUP HOME FOSTER CARE  
SERVICES**

Addendum Number Five is issued by the County of Los Angeles Department of Children and Family Services (DCFS) to all holders of the Foster Family Agency/Group Home Foster Care Services RFSQ CMS# 07-021/023 released August 31, 2007. Addendum Number Five amends sections of the RFSQ as provided below.

A prospective contractor's failure to incorporate the requirements of this Addendum Number Five may result in the statement of qualifications not being considered, as determined at the sole discretion of the County.

The following changes/additions are being made to the RFSQ:

- I. RFSQ, Section 2.0 – General Information, Sub-section 2.4 – Prospective Contractor's Minimum Qualifications, Sub-paragraph 2.4.1.6 is amended to read as follows:
  - 2.4.1.6 Prospective contractor must provide a **certified** copy of their non-profit organization's Statement of Information ~~by Domestic Non-Profit~~ from the California Secretary of State.
- II. RFSQ, Section 2.0 – General Information, Sub-section 2.4 – Prospective Contractor's Minimum Qualifications, Sub-paragraph 2.4.1.14 is deleted in its entirety:

2.4.1.14 ~~— Serve exclusively DCFS or Probation children at a services delivery site.~~
- III. RFSQ, Section 3.0 – Instructions to Prospective Contractors, Sub-section 3.7 – Preparation and Format of the SOQ, Sub-paragraph 3.7.5 – Required Documents, Sub-paragraph 3.7.5.1: numbers C4 and C11 are amended to read as follows:
  - C4. **Certified** copy of the current California Secretary of State Statement of Information ~~by Domestic nonprofit form~~ for their non-profit organization.

*"To Enrich Lives Through Effective and Caring Service"*

C11. In separate binders, prospective Contractor shall submit State their current CCLD approved Program Statement for each program. All requests for modifications to the CCLD approved Program Statements are required with the SOQ submission on 2/29/08. The exception is the FFA Program Statement that must reflect the inclusion of the Adoptions component 11 months after the FFA contract execution.

No contract will be executed until CCLD and the County has approved the Program Statement modifications. No contract will be executed when there is a Program Statement modification pending CCLD approval. Because current contracts expire on 10/31/08, not withstanding other SOQ requirements, current GH and FFA contractors must provide verification of CCLD approval of Program Statement modifications prior to 10/31/08 to ensure provision of placement services to the County without lapse. (DCFS Programs will work with CCLD to ensure timely review and verification of Program Statement modification approvals.)

IV. RFSQ, Section 3.0 – Instructions to Prospective Contractors, Sub-section 3.8 SOQ and Program Statement Submission, Sub-paragraph 3.8.1 is amended to read as follows:

3.8.1 The complete original SOQ and two (2) copies labeled as Copy #1 and Copy #2, of the complete SOQ shall be submitted. The original SOQ shall be typewritten or word-processed with a one (1) inch margin on all sides on 8 1/2" x 11" white bond paper. Each SOQ (including copies) shall be placed in separate three-ring binders for a total of three, three-ring binders. Each binder shall have tabs for each section letter of the SOQ. SOQs and all documents submitted in connection with this RFSQ shall be securely bound in a three-ring binder which can be easily opened and closed, for the removal of material by COUNTY, identified by prospective Contractor as "Trade Secrets", "Confidential", or "Proprietary". No paper clipped, stapled, or rubber banded documents shall be accepted. All SOQ pages shall be clearly and consecutively numbered. The original SOQ binder and the two copies shall be clearly labeled with the name and address of the prospective Contractor.

Two complete copies of the organization's currently CCLD approved Program Statement for each FFA program and three complete copies of the organization's currently CCLD approved Program Statement for each GH program, shall also be submitted with the SOQ submission on 2/29/08.

All requests for modifications to the CCLD approved Program Statements are required with the SOQ submission on 2/29/08. The exception is the FFA Program Statement that must reflect the inclusion of the Adoptions component 11 months after the FFA contract execution.

No contract will be executed until CCLD and the County has approved the Program Statement modifications. No contract will be executed when there is a

Program Statement modification pending CCLD approval. Because current contracts expire on 10/31/08, notwithstanding other SOQ requirements, current GHs and FFA contractors must provide verification of CCLD approval of Program Statement modifications prior to 10/31/08 to ensure provision of placement services to the County without lapse. (DCFS Programs will work with CCLD to ensure timely review and verification of Program Statement modification approvals.)

Each Program Statement shall be in separate three-ring binders for a total of two, three-ring Program Statement binders for each FFA program, and a total of three three-ring binders for each GH program. Each binder shall be clearly labeled with the name and address of the prospective Contractor, and entitled "Program Statement".

- V. RFSQ, Appendix A – Required Forms, Form 1 – Contractor’s Organization Questionnaire/Affidavit and Form 21 – Service Delivery Sites are amended and attached as Attachment I.
- VI. RFSQ, Appendix A – Required Forms, Form 1 – Contractor’s Organization Questionnaire/Affidavit, Form 18 – Certified Foster Parent Acknowledgment and Confidentiality Agreement, Form 21 – Service Delivery Sites, and Form 22 – Contractor’s Administration, are attached as Attachment II. (Attachment II includes versions of the forms, previously amended in the Addenda to the RFSQ, with the strikeout font removed.)
- VII. RFSQ, Appendix F – Sample FFA Contract, Part I: Unique Terms and Conditions, Table of Contents, List of Exhibits is amended to read as follows:

**LIST OF EXHIBITS**

- Exhibit A Statement of Work (DCFS)
- Exhibit A-I Foster Youth Bill of Rights
- Exhibit A-II Legal Rights of Teens in Out of Home Care
- Exhibit A-III ~~Intentionally Left Blank~~ Line Item Budget
- Exhibit A-IV Foster Youth Rights
- Exhibit A-IVa Personal Rights – Children’s Residential Facilities (LIC. 613B)
- Exhibit A-V Foster Child’s Needs and Case Plan Summary
- Exhibit A-Va Needs and Services Plan/Quarterly Report Template
- Exhibit A-VI Clothing Standard
- Exhibit A-VII Agency Placement Agreement
- Exhibit A-VIII Special Incident Reporting Guide for Foster Family Agencies
- Exhibit A-IX Requirements for Medical/Dental Exams for Placed Children
- Exhibit A-X Administration of Psychotropic Medicines to DCFS Supervised Children
- Exhibit A-XI Emancipation Preparation Goal Contract
- Exhibit A-XII Foster Family Agency Monthly Report
- Exhibit B Foster Family Agency’s Program Statement

Exhibit C	Office of Management and Budget (OMB) Circular No. A-122
Exhibit C-I	Auditor-Controller Foster Family Agency Contract Accounting and Administration Handbook
Exhibit C-II	Auditor-Controller/Department of Children and Family Services Fiscal/Audit Phases, Fiscal/Audits of Foster Family Agency Foster Care Services Contractors
Exhibit D	Contractor Employee Acknowledgment and Confidentiality Agreement Form
Exhibit D-I	Contractor Non-Employee (Certified Foster Parent) Acknowledgment and Confidentiality Agreement
Exhibit E	Semi-Annual Revenue and Expenditure Report
Exhibit F	Health and Safety Code 1522
Exhibit G	DCFS 4389 (4/94) Declaration in Support of Access to Juvenile Record (WIC 827) Including Additional Confidentiality Issues and CWS Handbook Procedural Guide 0500-501.20
Exhibit H	Welfare and Institutions Code Section 16001.9
Exhibit I	Welfare and Institutions Code Section 16010 and CWS Handbook Procedural Guide 0600-510.15
Exhibit J	Statement of Dangerous Behaviors (DCFS)
Exhibit K	Intentionally Left Blank
Exhibit L	Notice to Employees Regarding Federal Earned Income Credit (FEIC)
Exhibit M	Payment Resolution Notification
Exhibit N	DCFS Foster Family Agency Contract Investigation/Monitoring/Audit Remedies and Procedures
Exhibit O	Jury Service Program Certification and Los Angeles County Code 2.203 (Jury Service Program)
Exhibit P	Contractor's Certification of Compliance with Child, Spousal and Family Support Orders
Exhibit P-I	Contractor's Certification of Compliance with all Federal and State Employment Reporting Requirements
Exhibit Q	Contractor's Equal Employment Opportunity (EEO) Certification
Exhibit R	FYI 02-08 Quality of Life
Exhibit S	Safely Surrendered Baby Law Fact Sheet
Exhibit T	Overpayments
Exhibit U	Charitable Contributions Certification
Exhibit V	County's Administration
Exhibit W	Service Delivery Sites
Exhibit X	Family Visitation Guidelines
Exhibit Y	Contractor's Obligation Under the Health Insurance Portability and Accountability Act (HIPAA)
Exhibit Z	Discharge Summary for DCFS: Foster Family Agency
Exhibit AA	Intentionally Left Blank
Exhibit BB	Intentionally Left Blank
Exhibit CC	Contractor's Administration

VIII. RFSQ, Appendix F – Sample FFA Contract, Part I: Unique Terms and Conditions, Section 1.0 Applicable Documents, Sub-section 1.4 is amended to read as follows:

- 1.4 In the event of any conflict or inconsistency in the definition or interpretation of any word, responsibility, schedule, contents or description of any task, deliverable, product, service, or other work between this Contract, Statement of Work, and Exhibits, or among Exhibits, said conflict or inconsistency shall be resolved by giving precedence first to the Contract, Statement of Work, and Attachments according to the following priority:

- Exhibit A Statement of Work (DCFS)
- Exhibit A-I Foster Youth Bill of Rights
- Exhibit A-II Legal Rights of Teens in Out of Home Care
- Exhibit A-III ~~Intentionally Left Blank~~ Line Item Budget
- Exhibit A-IV Foster Youth Rights
- Exhibit A-IVa Personal Rights – Children’s Residential Facilities (LIC. 613B)
- Exhibit A-V Foster Child’s Needs and Case Plan Summary
- Exhibit A-Va Needs and Services Plan/Quarterly Report Template
- Exhibit A-VI Clothing Standard
- Exhibit A-VII Agency Placement Agreement
- Exhibit A-VIII Special Incident Reporting Guide for Foster Family Agencies
- Exhibit A-IX Requirements for Medical/Dental Exams for Placed Children
- Exhibit A-X Administration of Psychotropic Medicines to DCFS Supervised Children
- Exhibit A-XI Emancipation Preparation Goal Contract
- Exhibit A-XII Foster Family Agency Monthly Report
- Exhibit B Foster Family Agency’s Program Statement
- Exhibit C Office of Management and Budget (OMB) Circular No. A-122
- Exhibit C-I Auditor-Controller Foster Family Agency Contract Accounting and Administration Handbook
- Exhibit C-II Auditor-Controller/Department of Children and Family Services Department Fiscal/Audit Phases, Fiscal/Audits of Foster Family Agency Foster Care Services Contractors
- Exhibit D Contractor’s Employee Acknowledgment and Confidentiality Agreement Form
- Exhibit D-I Contractor Non-Employee (Certified Foster Parent) Acknowledgment and Confidentiality Agreement
- Exhibit E Semi-Annual Revenue and Expenditure Report
- Exhibit F Health and Safety Code 1522
- Exhibit G DCFS 4389 (4/94) Declaration in Support of Access to Juvenile Record (WIC 827) Including Additional Confidentiality Issues and CWS Handbook Procedural Guide 0500-501.20
- Exhibit H Welfare and Institutions Code Section 16001.9
- Exhibit I Welfare and Institutions Code Section 16010 and CWS Handbook Procedural Guide 0600-510.15
- Exhibit J Statement of Dangerous Behaviors
- Exhibit K Intentionally Left Blank
- Exhibit L Notice to Employees Regarding Federal Earned Income Credit (FEIC)
- Exhibit M Payment Resolution Notification

Exhibit N	DCFS Foster Family Agency Contract Investigation/Monitoring/Audit Remedies and Procedures
Exhibit O	Jury Service Program Certification and Los Angeles County Code 2.203 (Jury Service Program)
Exhibit P	Contractor's Certification of Compliance with Child, Spousal, and Family Support Orders
Exhibit P-I	Contractor's Certification of Compliance with all Federal and State Employment Reporting Requirements
Exhibit Q	Contractor's Equal Employment Opportunity (EEO) Certification
Exhibit R	FYI 02-08 Quality of Life
Exhibit S	Safely Surrendered Baby Law Fact Sheet
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Exhibit V	County's Administration
Exhibit W	Service Delivery Sites
Exhibit X	Family Visitation Guidelines
Exhibit Y	Contractor's Obligation Under the Health Insurance Portability and Accountability Act (HIPAA)
Exhibit Z	Discharge Summary for DCFS: Foster Family Agency
Exhibit AA	Intentionally Left Blank
Exhibit BB	Intentionally Left Blank
Exhibit CC	Contractor's Administration

- IX. RFSQ, Appendix F – Sample FFA Contract, Part I: Unique Terms and Conditions, Section 4.0 Payment Rate, Sub-section 4.2 is amended to read as follows:

4.2 CONTRACTOR shall submit to COUNTY ~~as part of their Program Statement~~ a current budget for the work to be performed under this Contract. The line items shall provide sufficient detail to determine the Services to be delivered. The line items may be the same as the line items on the State of California Department of Social Services, Total Program Cost Display, Form FCR-12FFA. Projected expenses in CONTRACTOR's budget shall be periodically adjusted based on actual population and associated revenues. CONTRACTOR represents and warrants that the budget is true and correct in all respects, based upon information and belief available to CONTRACTOR at the time, and Services shall be delivered hereunder in accordance with the budget. If there is a shift in any line item budget category which exceeds fifteen percent (15%) of the amount budgeted for that category, CONTRACTOR shall notify COUNTY of such change. COUNTY reserves the right to reject any budget changes submitted by CONTRACTOR.

- X. RFSQ, Appendix F – Sample FFA Contract, Part I: Unique Terms and Conditions, Section 6.0 Insurance Coverage Requirements, Sub-section 6.5 – For FFAs on County owned property, Sub-paragraph 6.5.1 is amended to read as follows:

6.5 For FFAs on COUNTY owned property:

6.5.1 Property Coverage: Such an insurance shall be endorsed naming the

COUNTY of Los Angeles as loss payee, provide deductibles of no greater than 5% of the property value, ~~and shall include:~~

- XI. RFSQ, Appendix F – Sample FFA Contract, Part I: Unique Terms and Conditions, Section 13.0 State License, Sub-section 13.3 is added to read as follows:

13.3 The CONTRACTOR shall provide Services pursuant to the approved Program Statement. If planning to add additional offices during the term of the Contract, the CONTRACTOR shall notify the COUNTY Program Manager and must obtain written approval prior to the placement of and/or serving Placed Children from the additional office(s). Contractor's decision to pursue licensing of additional offices from CCLD does not ensure placements from Los Angeles County.

- XII. RFSQ, Appendix F – Sample FFA Contract, Part I: Unique Terms and Conditions, Section 16.0 – Hold Status, Do Not Refer Status, Do Not Use Status, Corrective Action Plan, Sub-section 16.5 – Notice Requirements is amended to read as follows:

16.5 Notice Requirements

COUNTY will notify CONTRACTOR in writing within 72 hours of DCFS' decision to place CONTRACTOR on Child Safety/Endangerment/Insurance Provisions Holds. Verbal notification of such actions will be provided prior to or at the time of CONTRACTOR's placement on Hold/DNR/DNU Status to the extent possible. To the extent possible and reasonable, and without interfering with any law enforcement investigation, and consistent with statutes and regulations related to confidentiality laws, notification will include the reason(s) for placing CONTRACTOR on Hold Status. , or implementing Do Not Refer or Do Not Use Status.

~~COUNTY will notify CONTRACTOR in writing within 15 days of DCFS' decision~~  
15 days prior DCFS' intention to place CONTRACTOR on Administrative (except Insurance Provisions) Hold for Administrative reasons (except insurance provisions). ~~COUNTY will notify CONTRACTOR in writing 72 hours prior to DCFS' intention to implement Do Not Refer, or Do Not Use Status related to Administrative reasons (except insurance provisions).~~ Verbal notification of such actions will be provided prior to or at the time of CONTRACTOR's placement on Hold/DNR/DNU Status to the extent possible. To the extent possible and reasonable, and without interfering with any law enforcement investigation, and consistent with statutes and regulations related to confidentiality laws, notification will include the reason(s) for placing CONTRACTOR on Hold Status.

When DNR or DNU Status is recommended, the written notification letter will also invite CONTRACTOR to participate in a Review Conference (as described in Exhibit N, DCFS Foster Family Agency Contract Investigation/Monitoring/Audit Remedies and Procedures) to discuss the COUNTY's decision and include a deadline by which the CONTRACTOR must indicate its intent to participate in the Review Conference (please refer to Exhibit N, DCFS Foster Family Agency Contract Investigation/Monitoring/Audit Remedies and Procedures).

- XIII. RFSQ, Appendix F – Sample FFA Contract, Part I: Unique Terms and Conditions, Section 21.0 Interpretation of Contract, Sub-section 21.4 Construction of Contract is deleted in its entirety and Sub-section 21.5 Caption Headings is renumbered as follows:

~~21.4 Construction of Contract~~

~~COUNTY and CONTRACTOR expressly agree that this Contract was jointly drafted, and that both parties have had the opportunity to fully negotiate its terms and to obtain the assistance of counsel in reviewing its terms prior to execution. This Contract shall therefore be construed neither against nor in favor of either party, but shall be construed in a neutral manner.~~

~~21.5~~ 21.4 Caption Headings

Captions and section headings used in this Contract are for convenience only and are not a part of this Contract and shall not be used in construing this Contract.

- XIV. RFSQ, Appendix G – Exhibits (FFA), Exhibit A – Statement of Work, Part C, Section 1.0 Safety, Sub-section 1.2 – Monitoring Requirements, Sub-paragraph 1.2.4 - Second-Hand Smoke, Tobacco Products, Narcotics and/or Other Illegal Substances, and Alcoholic Beverages is amended to read as follows:

1.2.4 Second-Hand Smoke, Tobacco Products, Narcotics and/or Other Illegal Substances, and Alcoholic Beverages

The CONTRACTOR shall Monitor for Compliance that: (1) Placed Children are not exposed to second-hand smoke; (2) Placed Children under eighteen (18) years of age are not permitted to use any tobacco products under any circumstances; and (3) Placed Children are not permitted to drink any alcoholic beverages or use any narcotics or illegal substances under any circumstances. CONTRACTOR shall document ~~failure~~ of the Certified Foster Parent's compliance with this section and take necessary corrective action to ensure compliance.

- XV. RFSQ, Appendix G – Exhibits (FFA), Exhibit A – Statement of Work, Part C, Section 1.0 Safety, Sub-section 1.4 – Runaway Procedures is deleted in its entirety and replaced to read as follows:

**1.4 Runaway Procedures:**

~~The CONTRACTOR shall try to locate a runaway child by (1) contacting the GSW for assistance; (2) contacting the child's family, friends, school officials, and neighbors; (3) documenting the information; and (4) continuing ongoing communication of any relevant information to the GSW immediately.~~ The CONTRACTOR shall try to locate a runaway child by:

1.4.1 Immediately calling DCFS.

As soon as you have discovered that a child has run away, please call the CSW or their supervisor. If it is after hours or on the weekend, or, you are unable to reach the CSW or their supervisor, call the **DCFS Child Protection Hotline at 1-800-540-4000**. Any assistance you can provide to the case-carrying social worker about neighbors, friends of the child, school officials and family members would be helpful in gathering more information.

DCFS staff or the Hotline will need as much detailed information as you can give them. For instance: Who did the child leave the home with? Did someone pick up the child or did they leave on foot? Which direction did the child go in? Was there a parent or relative involved? What was the child's state of mind – angry, depressed?

1.4.2 Immediately call law enforcement and file a Missing Persons' Report. Have the phone number of your nearest law enforcement agency on hand. Law enforcement will need a physical description of the minor and any distinguishing physical characteristics. Be sure to get a report number and the name of the person taking the report and follow up by getting a report in writing. Document all of your efforts.

1.4.3 Within 72 hours, send the Missing Person's Report and reporting number to the CSW. If you are reporting a runaway, fill out an iTrack Special Incident Report. Forward the report to Community Care Licensing, the DCFS Out-of-Home Care Management Division and to the CSW. Be sure to include the time and date the child was last seen and any significant details leading up to the incident.

1.4.4 Keep all of your copies of reports and documentation for at least 6 months.

**Important numbers to have on hand:**

CSW

CSWs' supervisor

Child Protection Hotline: 1-800-540-4000

Closest law enforcement agency

XVI. RFSQ, Appendix G – Exhibits (FFA), Exhibit A – Statement of Work, Part C, Section 2.0 Permanency, Sub-section 2.5 - Maintaining and Developing the Community Network for DCFS Children is amended to read as follows:

**2.5 Maintaining and Developing the Community Network for DCFS Children:**

Permanency planning starts with maintaining a child's Community network that he or she had prior to placement to the greatest possible extent consistent with the best

interests of the child. This is powerfully stated in: (1) Sections 2.1.1; (2) the new Family Visitation Plan requirements in Section 3.2 and Exhibit Y; (3) the new requirements for Identifying, Developing, and Maintaining Important Relationships in Section 2.1.7; (4) Sibling-Group Placements in Section 2.1.6; (5) Family Reunification in Section 2.2; (6) Community-Based placement in Section 3.3.9; (7) the right of a Placed Child to remain in his or her school of origin in Section 3.10.2; and (8) the right of immediate enrollment in school in Section 3.10.3.

Developing a Community network for children is also stated in some of these same sections as well as in: (1) arranging for tutoring for a child whose basic skills are below grade level in Section 3.10.6; (2) using Resource Families in Section 2.1.3; (3) providing adoption-related Services in Section 2.3; (4) providing legal guardianship-related Services in Section 2.4; (5) promoting participation in extracurricular, enrichment, and social activities in Section 3.4; and (6) facilitating participation of youths 14 years and older in the DCFS Emancipation Program, including plans for attending vocational training programs, work experience, and education opportunities in Sections 3.11.3 and 3.11.4.

In addition to the above requirements, the CONTRACTOR shall, work in coordination with the ~~CSW~~ County Worker, and shall jointly arrange with the receiving family for each child going to a lower level of placement (a foster family, adoptive, or legal guardian home, or a relative/parent home), prior to or at the time of termination, the appropriate services in the Community into which the child will be going. These services could include: (1) counseling, tutoring, and medical resources; (2) special school programs and non-public schools information; (3) transportation information; and (4) the locations of faith communities consistent with the child's preferences. The goal is to achieve the greatest continuity and the least disruption of services as possible.

XVII. RFSQ, Appendix G – Exhibits (FFA), Exhibit A – Statement of Work, Part C, Section 3.0 Well-Being, Sub-sections 3.1.3 and 3.1.4 are amended to read as follows:

3.1.3 The CONTRACTOR shall not place both DCFS and Probation children in the same Certified Family Home unless the Contractor has written approval from both the CSW and DPO for a dual jurisdiction child (WIC 300/602 status).

3.1.4 Requirement for Emergency Intakes 24/7

The All CONTRACTORs shall provide Intake Services 24 hours per Day, seven Days per week from 8 a.m. to 8 p.m. on weekdays, and an emergency number with staff available 24 hours, 7 days per week.

XVIII. RFSQ, Appendix G – Exhibits (FFA), Exhibit A – Statement of Work, Part C, Section 3.0 Well-Being, Sub-section 3.3 Needs and Services Plan and Related Social Services, Sub-paragraph 3.3.4 - Attendance at Team Decision-Making and Permanency Planning Conferences is amended to read as follows:

3.3.4 Attendance at Team Decision-Making and Permanency Planning Conferences

The CONTRACTOR shall attend all DCFS Team Decision-making and Permanency Planning conferences, to which the CONTRACTOR receives advance notice of. The County Worker will provide as much advance notice of the conferences as possible.

- XIX. RFSQ, Appendix G – Exhibits (FFA), Exhibit A – Statement of Work, Part C, Section 3.0 Well-Being, Sub-section 3.6 is amended to read as follows:

**3.6 Training Requirements for Certified Foster Parents:**

The CONTRACTOR shall train Certified Foster Parents to meet the Placed Children's needs and understand the Case Plan goals of: (1) family reunification; (2) adoption; (3) legal guardianship; (4) permanent placement; (5) placement of sibling groups in the same home; (6) neighborhood/ school-based placements; or (7) placement of children with special health care needs. The CONTRACTOR shall recruit Certified Foster Parents with these objectives in mind.

The CONTRACTOR shall provide a minimum of 18 hours of initial Model Approach to Partnership in Parenting (MAPP) or equivalent training ~~pre-approved by the FFA Performance Manager~~ for each Certified Foster Parent prior to the placement of children and an additional 12 hours of training during the first year of certification. Training topics shall include the following: (1) cultural diversity; (2) discipline techniques; (3) child development; and (4) parenting skills. If possible, the CONTRACTOR shall include former foster youth in the training presentations. The CONTRACTOR shall provide an additional 15 hours of ongoing training for each Certified Foster Parent each year thereafter. Three of these hours may be provided in face-to-face training in the home.

- XX. RFSQ, Appendix G – Exhibits (FFA), Exhibit A – Statement of Work, Part C, Section 3.0 Well-Being, Sub-section 3.11 - Workforce Readiness Requirements, Sub-paragraph 3.11.1 is amended to read as follows:

**3.11 Workforce Readiness Requirements:**

**3.11.1 The TILP**

The CONTRACTOR shall participate with the CSW County Worker in the development of a Transitional Independent Living Plan (TILP) for each Placed Child 14 years or older and should receive an updated, signed TILP for any Placed Child within every 6 months following his/her 16<sup>th</sup> birthday after the initial TILP is received. The CONTRACTOR shall have a copy of the TILP from the CSW on file. The CONTRACTOR and Certified Foster Parents co-operate with the CSW to implement the Placed Child's TILP as appropriate.

XXI. RFSQ, Appendix G – Exhibits (FFA), Exhibit A – Statement of Work, Part D, Performance Requirements Summary is amended to read as follows:

<b>DCFS ACTIONS FOR CONTRACTOR’S UNMET PERFORMANCE TARGETS</b>	
<b>CONTRACTOR’S PERFORMANCE TARGETS</b>	<b>DCFS ACTIONS FOR UNMET PERFORMANCE TARGETS</b>
<p><del>93.67</del> <u>99.68</u> % of children are free from abuse &amp; neglect while under the care &amp; supervision of a FFA.</p> <p>100% of the CAPs successfully implemented.</p> <p>100% of CAPs submitted on time.</p> <p>81.5% of discharges from an FFA to reunification, adoption, legal guardianship, and Emancipation.</p> <p>At least 90% of children will maintain placement stability, with no moves between foster homes within the past year.</p> <p>At least 80% of school-aged children will be enrolled in school within three school days.</p> <p>At least 90% of age appropriate Placed Children emancipated with high school diploma or equivalent.</p>	<p>Failure to meet performance target could result in a Program review and implementation of an administrative remedy(ies) as outlined in Exhibit N.</p> <p>Failure to comply with a CAP(s) could result in further action, such as <i>Hold, Do Not Refer (DNR), or Do Not Use (DNU)</i> status as outlined in Exhibit N.</p> <p>Failure to meet this and the following performance targets <u>as indicated by a Contractor’s agency score on an annual Performance Based Contracting Scorecard</u> could result in a Program review and implementation of an administrative remedy(ies) as outlined in Exhibit N.</p>

XXII. RFSQ, Appendix G – Exhibits (FFA), Exhibit A-VIII – Special Incident Reporting Guide for Foster Family Agencies is amended and attached as Attachment III.

XXIII. RFSQ, Appendix G – Exhibits (FFA), Exhibit E – Semi-annual Expenditure Report, Instructions for Completing Semi-annual Expenditure Report, Section A: Expenditures and Section B: Total Un-Expended AFDC-FC Funds from Current Agreement are amended to read as follows:

**A. B. Expenditures**

For each line item cost, enter total program expenditures that were incurred during the reporting 6-month period and cumulative year-to-date related to the care and services of placed Los Angeles County children, allocated in accordance with requirements contained in Sections 24.2 and 24.3 of the Contract. If a cost item is shared among two or more programs, enter only the amount charged to the Los Angeles County FFA program.

**B. C. Total Un-Expended AFDC-FC Funds from Current Contract:**

The difference between Total Los Angeles County AFDC-FC Revenues (Section A) and Total Allowable Contract Expenditures (Section B, Line 35)

XXIV. RFSQ, Appendix G, Exhibits (FFA), Exhibit N – DCFS Foster Family Agency Contract Investigation/Monitoring/Audit Remedies and Procedures, Section C. Hold/DNR/DNU Procedures, Sub-paragraph 2 is amended to read as follows:

2. ~~For Administrative (except Insurance Provisions) Holds, a Vendor Notification Letter is sent, via fax and certified mail, within 15 days of DCFS' decision to place CONTRACTOR on Hold, DNR or DNU Status, and verbal notification will be provided prior to or at the time of CONTRACTOR placement on Hold/DNR/DNU Status to the extent possible. County will notify Contractor in writing 15 days prior to DCFS'/Probation's intention to place Contractor on Hold for Administrative reasons (except Insurance Provisions). County will notify Contractor in writing 72 hours prior to DCFS'/Probation's intention to implement Do Not Refer, or Do Not Use Status related to Administrative reasons (except Insurance Provisions).~~ To the extent possible and reasonable, and without interfering with any law enforcement investigation, and consistent with statutes and regulations related to confidentiality, notification will include the reason(s) for the Hold/DNR/DNU Status. The Vendor Notification Letter will also invite the CONTRACTOR to participate in a Review Conference and include a deadline for the CONTRACTOR's response (desire to participate) within 5 business days. Failure by the CONTRACTOR to respond by the deadline will result in default or waiver by the CONTRACTOR to proceed with the Review Conference.

XXV. RFSQ, Appendix H, Sample GH Master Contract, Part I: Unique Terms and Conditions, Section 1.0 Applicable Documents, Sub-section 1.4 is amended to read as follows:

- 1.4 In the event of any conflict in the definition or interpretation of any word, responsibility, Service, schedule, or contents of a deliverable product between this ~~Agreement~~ Contract and Exhibits, or among Exhibits, said conflict or inconsistency shall be resolved by giving precedence first to this ~~Agreement~~ Contract, and then to the Exhibits according to the following priority:

Exhibit A	Statement of Work
Exhibit A-I	Foster Youth Bill of Rights
Exhibit A-II	Legal Rights of Teens in Out-of-Home Care
Exhibit A-III	Intentionally Left Blank

Exhibit A-IV	Personal Rights – Children’s Residential Facilities
Exhibit A-V	Probation Case Plan Form (PROB 1385) and Foster Child's Needs and Case Plan Summary (DCFS 709)
Exhibit A-Va	Needs and Services Plan/Quarterly Report Template
Exhibit A-VI	Clothing Standard
Exhibit A-VII	Agency Placement Agreement
Exhibit A-VIII	Special Incident Reporting Guide for Group Homes
Exhibit A-IX	Requirements for Medical/Dental Exams for Placed Children
Exhibit A-X	Administration of Psychotropic Medicines to DCFS Supervised Children
Exhibit A-XI	Emancipation Preparation Goal Contract
Exhibit A-XII	Format for Brief Program Description
Exhibit A-XIIIa	Medical Examination Form DCFS 561(a)
Exhibit A-XIIIb	Dental Examination Form DCFS 561(b)
Exhibit A-XIIIc	Psychological/Other Examination Form DCFS 561(c)
Exhibit B	Group Home Foster Care Program Statement as approved by the California Department of Social Services
Exhibit C	Office of Management and Budget (OMB) Circular No. A-122
Exhibit C-I	Auditor-Controller Group Home Contract Accounting and Administration Handbook
Exhibit C-II	Auditor-Controller/Department of Children and Family Services/Probation Department Fiscal Audit Phases, Fiscal Audits of Group Home Foster Care Services Contractors
Exhibit C-III	Line Item Budget
Exhibit D	Contractor Employee Acknowledgment and Confidentiality Agreement
Exhibit E	Semi-Annual Expenditure Report
Exhibit F	Health and Safety Code Section 1522
Exhibit G	DCFS 4389 (4/94) Declaration in Support of Access to Juvenile Record (WIC 827) Including Additional Confidentiality Issues and CWS Handbook Procedural Guide 0500-501.20
Exhibit H	Welfare and Institutions Code Section 16001.9 and Health and Safety Code, Section 1522.41(a-c)
Exhibit I	Welfare and Institutions Code Section 16010 and CWS Handbook Procedural Guide 0080-505.20
Exhibit J	Statement of Dangerous Behaviors
Exhibit K	Intentionally Left Blank
Exhibit L	Notice to Employees Regarding Federal Earned Income Credit (FEIC)
Exhibit M	Payment Resolution Notification
Exhibit N	Group Home Contract Investigation/Monitoring/Audit Remedies and Procedures
Exhibit O	Los Angeles County Code 2.203 (Jury Service Program Certification)
Exhibit P	Contractor’s Certification of Compliance with Child, Spousal and Family Support Orders

Exhibit P-I	Contractor's Certification of Compliance with all Federal and State Employment Reporting Requirements
Exhibit Q	Contractor's Equal Employment Opportunity (EEO) Certification
Exhibit R	FYI 02-08 Quality of Life
Exhibit S	Safely Surrendered Baby Law Fact Sheet
Exhibit T	Overpayments
Exhibit U	Group Home Program Cost Report, SR 3
Exhibit V	Health and Safety Code, Sections 1180-1180.6
Exhibit W	Probation Quarterly Report Format
Exhibit X	Discharge Outcome and Placement Stability Report
Exhibit Y	Target Populations with Corresponding Rate Classification Levels
Exhibit Z	Charitable Contributions Certification
Exhibit AA	County's Administration
Exhibit BB	Service Delivery Sites
Exhibit CC	Family Visitation Plan Guidelines
Exhibit DD	Intentionally Left Blank
Exhibit EE	CONTRACTOR's Obligations Under Health Insurance Portability & Accountability Act (HIPAA)
Exhibit FF	Discharge Summary: Group Home
Exhibit GG	Contractor's Administration

XXVI. RFSQ, Appendix H – Sample GH Contract, Part I: Unique Terms and Conditions, Section 15.0 Hold Status, Do Not Refer Status, Do Not Use Status, Corrective Action Plan, Sub-section 15.5 – Notice Requirements is amended to read as follows:

#### 15.5 Notice Requirements

COUNTY will notify CONTRACTOR in writing within 72 hours of DCFS'/Probation's decision to place CONTRACTOR on Child Safety/Endangerment/Insurance Provisions Holds. Verbal notification of such actions will be provided prior to or at the time of CONTRACTOR's placement on Hold/DNR/DNU Status to the extent possible. To the extent possible and reasonable, and without interfering with any law enforcement investigation, and consistent with statutes and regulations related to confidentiality laws, notification will include the reason(s) for placing CONTRACTOR on Hold Status, or implementing Do Not Refer or Do Not Use Status.

COUNTY will notify CONTRACTOR in writing ~~within 15 days of DCFS' decision~~ 15 days prior DCFS' intention to place CONTRACTOR on Administrative (except Insurance Provisions) Hold Status for Administrative reasons (except insurance provisions). COUNTY will notify CONTRACTOR in writing 72 hours prior to DCFS' intention to implement Do Not Refer, or Do Not Use Status related to Administrative reasons (except insurance provisions). Verbal notification of such actions will be provided prior to or at the time of CONTRACTOR's placement on Hold/DNR/DNU Status to the extent possible. To the extent possible and reasonable, and without interfering with any law enforcement investigation, and

consistent with statutes and regulations related to confidentiality laws, notification will include the reason(s) for placing CONTRACTOR on Hold Status.

When DNR or DNU Status is recommended, the written notification letter will also invite CONTRACTOR to participate in a Review Conference (as described in Exhibit N) to discuss the COUNTY's decision and include a deadline by which the CONTRACTOR must indicate its intent to participate in the Review Conference (please refer to Exhibit N, DCFS/Probation Group Home Foster Care Agreement Investigation/Monitoring/Audit Remedies and Procedures).

XXVII. RFSQ, Appendix H – Sample GH Contract, Part I: Unique Terms and Conditions, Section 17.0 Program Reporting Requirements, Sub-section 17.4 is amended to read as follows:

17.4 CONTRACTOR shall prepare and submit a ~~Termination Report~~ Discharge Summary: Group Home (Exhibit FF) to a Placed Child's COUNTY Worker within 30 Days from the date the child's placement was terminated. The ~~Termination Report~~ Discharge Summary: Group Home shall include, but not be limited to, a closing summary of CONTRACTOR's records relating to the Placed Child, including the type of placement to which the child was discharged (such as reunification with parent(s), relative, adoptive home, legal guardianship, licensed foster home, FFA certified home, small family home, another group home, specified or specialized placement or hospital).

XXVIII. RFSQ, Appendix H – Sample GH Contract, Part II: Standard Terms and Conditions, Section 33.0 Subcontracting, Sub-paragraph 33.4.2 is amended to read as follows:

33.4.2 Certificates of Insurance which establish that the Subcontractor maintains all the programs of insurance required by Part I: Unique Terms and Conditions, Section ~~19.0~~ 6.0, Insurance Coverage Requirements, of this Contract.

XXIX. RFSQ, Appendix I - Exhibits (GH), Exhibit A – Statement of Work, Part A, Section 5.0 – Staff Qualifications, Requirements, and Duties, Sub-section 5.4 Social Worker/Mental Health Staff Duties, Sub-paragraph (a) is amended to read as follows:

5.4 Social Worker/Mental Health Staff Duties:

The CONTRACTOR shall ensure that:

(a) The GH social worker or mental health professional is present at the GH facility when the treatment team staff and Placed Children are normally present and awake during weekdays (e.g. not on weekends or late at night);

XXX. RFSQ, Appendix I – Exhibits (GH), Exhibit A – Statement of Work, Part B: Target Demographics, Sub-paragraphs 2.1, 2.2, and 2.3 are amended to read as follows:

- 2.1 For RCLs 4, 5, and 6 [for Probation children only]: (1) provide a structured program and closer supervision than is usually provided in a relative or foster family home setting; and (2) provide social work and/or ensure mental health treatment services.
- 2.2 For RCLs 7, 8, and 9: (1) provide a structured program and closer supervision than is usually provided in a relative or foster family home setting; (2) provide social work and ensure mental health treatment Services; and (3) provide behavioral intervention.
- 2.3 For RCLs 10, 11, and 12: (1) provide intense supervision (2) provide extensive social work and ensure mental health treatment services; and (3) provide behavioral intervention.

XXXI. RFSQ, Appendix I - Exhibits (GH), Exhibit A – Statement of Work, Part C: Services Tasks to Achieve Performance Outcome Goals is amended to read as follows:

**PART C: SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS**

The CONTRACTOR shall ensure a safe environment, which provides for the well-being of each Placed Child and leads to permanence for each Placed Child. Specifically, the CONTRACTOR shall provide all deliverables and tasks described in this Contract and Statement of Work, including but not limited to the Service tasks described in Part C, Sections 1, 2, and 3. In addition, the CONTRACTOR shall meet or exceed the performance targets described on each “Performance Measure Summary” which follows (i.e., Performance Measure Summary, 1.0 Safety; Performance Measure Summary, 2.0 Permanency; and Performance Measure Summary, 3.0 Well-Being/Education.) Throughout the term of this Contract, DCFS and Probation will monitor the CONTRACTOR’S performance. Any failure by the CONTRACTOR to comply with the terms of this Contract, including any failure to meet or exceed the performance targets described on each “Performance Measure Summary” which follows, may result in COUNTY’S termination of the whole or any part of the Contract, and/or placement of the CONTRACTOR on “Hold”, “Do Not Refer” (DNR), or “Do Not Use” (DNU) Status or any other remedy specified in the Contract.

~~The COUNTY reserves the right to amend the Performance Measures Outcomes with 45 Days notice to the CONTRACTORS. Any revisions would be made public.~~

XXXII. RFSQ, Appendix I - Exhibits (GH), Exhibit A – Statement of Work, Part C: Performance Outcome Summary, 1.0 Safety is amended to read as follows:

<b>PERFORMANCE OUTCOME SUMMARY</b> <b>1.0 SAFETY</b>

PROGRAM: GROUP HOME FOSTER CARE SERVICES		
PROGRAM TARGET GROUP: Placed Children in Group Home Care		
PROGRAM GOAL AND OUTCOME: Safety – Children shall be free of abuse and neglect as specified in California Health and Safety Code Section 1522(b), other children and family members.		
OUTCOME INDICATORS	PERFORMANCE TARGETS	METHOD OF DATA COLLECTION
Abuse & neglect referrals and their disposition.	99.678% of children are free from a report of substantiated maltreatment as specified in California Health and Safety Code Section 1522(b). <sup>1</sup>	CWS/CMS Child's Case File Quarterly Reports Facility review reports
CCLD citations, Out of Home Care Management Division, and Auditor Controller reports on safety and physical plant deficiencies.	100% of Corrective Action Plans (CAPs) submitted on time <sup>2</sup> and successfully implemented, including physical plant and safety deficiencies.	CAPs Auditor Controller Reports
Child-to-child injuries resulting from lack of supervision that necessitate the submission of a SIR and require treatment by a health professional.	Child-to-child injuries while under the supervision of group home not to exceed <u>0.2% the previous calendar year's system average.</u>	CCLD Citations Special Incident Reports I-Track web-based system.

XXXIII. RFSQ, Appendix I - Exhibits (GH), Exhibit A – Statement of Work, Part C, Section 2.0 Reunification/Permanency, Sub-section 2.1 Needs and Services Plan, Sub-paragraph 2.1.1 (e) is amended to read as follows:

(e) The CONTRACTOR shall attend all COUNTY Team Decision-making and Permanency Planning conferences. The County Worker will provide the CONTRACTOR with as much advance notice of the conferences whenever as possible.

<sup>1</sup> The County maintains a zero tolerance policy for substantiated abuse and neglect of Placed Children while under the supervision of the Contractor. Each incident of substantiated abuse or neglect that occurs under CONTRACTOR'S supervision must be evaluated on a case-by-case basis to determine appropriate corrective action.

<sup>2</sup> This indicator measures the timeliness of a CONTRACTOR'S CAP. Contractor shall comply with the timelines provided in Exhibit N.

XXXIV. RFSQ, Appendix I - Exhibits (GH), Exhibit A – Statement of Work, Part C, Section 2.0 – Reunification/Permanency, Sub-section 2.2 Visitation Plan, Sub-paragraph 2.2.2: The TEAM (DCFS) is amended to read as follows:

**2.2.2 The TEAM (DCFS):**

The TEAM may refer to (1) Team Decision-Making [TDM]; (2) Family Group Decision-Making [FGDM]; (3) Permanency Planning Conferences; (4) Family Conferencing; (5) Meetings convened to specifically plan visitation; (6) Point of Engagement [POE]; and (7) Multidisciplinary Assessment Teams [MAT].

Each TEAM, with the exception of FGDM, shall should include the following members: (1) TEAM Facilitator; (2) DCFS CSW, Emergency Response Worker and/or Supervising CSW; (3) parents/legal guardians; (4) care-givers [including residential facility representatives and FFA GH personnel]; (5) Children 10 years of age and older, unless inappropriate; and (6) other individuals to the extent possible and appropriate ~~as listed in Exhibit DD, p. 7,~~ including siblings.

XXXV. RFSQ, Appendix I - Exhibits (GH), Exhibit A – Statement of Work, Part C, Section 2.0 – Reunification/Permanency, Sub-section 2.4 - Maintaining and Developing the Community Network for DCFS and Probation Children is amended to read as follows:

**2.4 Maintaining and Developing the Community Network for DCFS and Probation Children**

Permanency planning starts with maintaining a child's Community network that he or she had prior to placement to the greatest possible extent consistent with the best interests of the child. This is powerfully stated in: (1) Section 2.1.1; (2) the new Family Visitation Plan for DCFS in Section 2.2 and Exhibit DD; (3) the new requirements for Identifying, Developing, and Maintaining Important Relationships in Section 2.3; (4) the right of a Placed Child to remain in his or her school of origin in Section 3.2.2; and (5) the right of immediate enrollment in school in Section 3.2.3.

Developing a Community network for children is also stated in some of these same sections as well as in: (1) arranging for tutoring for a child whose basic skills are below grade level in Section 3.2.5, bullet #3; (2) assisting an emancipating youth to establish connections in the Community into which he/she will be going after placement including counseling, educational, medical, spiritual, and transportation needs in Section 3.3.4, bullet #5; and (3) the use of community resources for both group interaction and physical activities in Section 3.9.1, bullet #1.

The CONTRACTOR shall, work in coordination with the County Worker, and shall jointly arrange with the receiving family for each child going to a lower level of placement (FFA, a foster family, adoptive, or legal guardian home, a relative/parent home or lower RCL level GH), prior to or at the time of termination, the appropriate services in the Community into which the child will be going. These services could include: (1) counseling, tutoring, and medical resources; (2) special school programs and non-public

schools information; (3) transportation information; and (4) the locations of faith communities consistent with the child’s preferences. The goal is to achieve the greatest continuity and the least disruption of services as possible.

XXXVI. RFSQ, Appendix I - Exhibits (GH), Exhibit A – Statement of Work, Part C, Section 3.0 Well-Being, Sub-section 3.1 Intake Requirements, Sub-paragraph 3.1.2(e) is amended to read as follows:

- (e) All CONTRACTORS shall provide intake Services until 8 pm on weekdays, and an emergency number with staff available 24 hours, per Day, seven Days per week to receive children who have run away from the Contractor’s placement and who need to be returned to the Contractor’s placement.

XXXVII. RFSQ, Appendix I - Exhibits (GH), Exhibit A – Statement of Work, Part C, Section 3.0 Well-Being, Sub-section 3.3 - Workforce Readiness Requirements, Sub-paragraph 3.3.1 – The TILP is amended to read as follows:

**3.3 Workforce Readiness Requirements:**

3.3.1 The TILP:

The CONTRACTOR shall participate with County Worker in the development of a TILP for each Placed Child 14 years or older and should receive an updated, signed TILP for any Placed Child within every 6 months following his/her 16<sup>th</sup> birthday after the initial TILP is received. The CONTRACTOR shall have a copy of the TILP received from the County Worker on file. The CONTRACTOR shall work in conjunction with the County Worker to implement the Placed Child’s TILP as appropriate.

XXXVIII. RFSQ, Appendix I - Exhibits (GH), Exhibit A – Statement of Work, Part D – Performance Requirement Summary is amended to read as follows:

<b>1.0 COUNTY ACTIONS FOR CONTRACTOR’S UNMET PERFORMANCE TARGETS</b>	
<b>CONTRACTOR’S PERFORMANCE TARGETS</b>	<b>COUNTY ACTIONS FOR UNMET PERFORMANCE TARGETS</b>
99.68% of children are free from a report of substantiated maltreatment by the GH staff, volunteers of affiliates. (See page 14, Footnote #3, for the COUNTY’S zero tolerance policy.)	Failure to meet performance target could result in a program review and implementation of an administrative remedy(ies) as outlined in Exhibit N.
100% of CAPs submitted on time <sup>3</sup> and successfully implemented, including physical plant and safety	Failure to comply with a CAP(s) could result in further action, such as <i>Hold, DNR, or DNU</i> status.

<b>1.0 COUNTY ACTIONS FOR CONTRACTOR'S UNMET PERFORMANCE TARGETS</b>	
<b>CONTRACTOR'S PERFORMANCE TARGETS</b>	<b>COUNTY ACTIONS FOR UNMET PERFORMANCE TARGETS</b>
<p>deficiencies.</p> <p>98% of children are free from child-to-child injuries while under the supervision of group home.</p> <p>At least 62% of the Placed Children successfully meet the Needs and Services Plan goals and are discharged in accordance with permanency plan.</p> <p>At least 62% of the Placed Children discharged from the GH over a 12-month period are discharged to a less restrictive setting than current placement.</p> <p>80% or more of the total DCFS or probation children served per year are not replaced at the GH provider's request.</p> <p>87% of Placed Children discharged in accordance with the Permanency Plan to reunification or relative placement have not re-entered the DCFS or Probation system 6 months after discharge.</p> <p>87% of Placed Children discharged in accordance with Permanency plan to a foster care placement have not changed foster families six months after discharge from the group home.</p> <p>100% of the individualized Needs and Services Plans completed in 30 Days and every 90 Days thereafter.</p> <p>At least 62% of the Placed</p>	<p>Failure to meet this and the following performance targets <u>as indicated by a Contractor's agency score on an annual Performance Based Contracting Scorecard</u> could result in a program review and implementation of an administrative remedy(ies) as outlined in Exhibit N.</p>

<b>1.0 COUNTY ACTIONS FOR CONTRACTOR'S UNMET PERFORMANCE TARGETS</b>	
<b>CONTRACTOR'S PERFORMANCE TARGETS</b>	<b>COUNTY ACTIONS FOR UNMET PERFORMANCE TARGETS</b>
<p>Children successfully meet the Needs and Services Plan goals prior to discharge.</p> <p>At least 83% of the Placed Children with increased educational scores and/or attendance.</p> <p>100% of the Placed Children receive the COUNTY'S Emancipation Program or equivalent emancipation Services.</p> <p>100% of the Placed Children have completed and current health/education binders, as requested by Welfare and Institutions Code Section 16010, during the placement period.</p>	

XXXIX. RFSQ, Appendix I – Exhibits (GH), Exhibit A-VIII – Special Incident Reporting Guide for Group Homes is amended and attached as Attachment IV.

XL. RFSQ, Appendix I – Exhibits (GH), Exhibit A-XII – Format for Brief Program Description, amended in Addendum Number Three released December 21, 2007 is attached (with the strikeout font removed) as Attachment V.

XLI. RFSQ, Appendix I – Exhibits (GH), Exhibit N - DCFS Group Home Contract Investigation/Monitoring/Audit Remedies and Procedures, Section C. Hold/DNR/DNU Procedures, Sub-paragraph 2 is amended to read as follows:

2. ~~For Administrative (except Insurance Provisions) Holds, a Vendor Notification Letter is sent, via fax and certified mail, within 15 days of DCFS' decision to place CONTRACTOR on Hold, DNR or DNU Status, and verbal notification will be provided prior to or at the time of CONTRACTOR placement on Hold/DNR/DNU Status to the extent possible. County will notify Contractor in writing 15 days prior to DCFS'/Probation's intention to place Contractor on Hold for Administrative reasons (except Insurance Provisions). County will notify Contractor in writing 72 hours prior to DCFS'/Probation's intention to implement Do Not Refer, or Do Not Use Status related to Administrative reasons (except Insurance Provisions). To the extent possible and~~

reasonable, and without interfering with any law enforcement investigation, and consistent with statutes and regulations related to confidentiality, notification will include the reason(s) for the Hold/DNR/DNU Status. The Vendor Notification Letter will also invite the CONTRACTOR to participate in a Review Conference and include a deadline for the CONTRACTOR's response (desire to participate) within 5 business days. Failure by the CONTRACTOR to respond by the deadline will result in default or waiver by the CONTRACTOR to proceed with the Review Conference.

Except as provided by addendum, all other terms and conditions of the RFSQ remain unchanged.

Sincerely,

A handwritten signature in black ink, appearing to read "Walter Chan". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

WALTER CHAN, Manager  
Contracts Administration

Attachments (5)

WC:RML:fc

**ATTACHMENT I  
REQUIRED FORMS – FORM 1**

Please complete, date and sign this form and include it in Section A of the Statement of Qualifications. The person signing the form must be authorized to sign on behalf of the Contractor and to bind the applicant in a Master Contract.

Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Organization Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_  
E-Mail Address of Organization Contact Person: \_\_\_\_\_

**THIS STATEMENT OF QUALIFICATIONS IS BEING SUBMITTED FOR THE FOLLOWING PROGRAMS:**

- Foster Family Agency Master Contract for Foster Care**
- Master Contract for Group Home Foster Care Services (DCFS)**
- Master Contract for Group Home Foster Care Services (PROB)**

**Applicant certifies, by signature of this Form 1, that the Program Statement(s) submitted in response to this Request for Statement of Qualifications has been approved by Community Care Licensing Division (CCLD), or is pending CCLD approval.**

1. If your organization is a corporation, state its legal name (as found in your Articles of Incorporation) and State of incorporation:

_____	_____	_____
Name	State	Year Inc.

2. If your organization is a partnership or a sole proprietorship, state the name of the proprietor or managing partner:

\_\_\_\_\_

3. If your organization is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Is your organization wholly or majority owned by, or a subsidiary of, another agency? \_\_\_\_\_

If yes, Name of parent organization: \_\_\_\_\_.

State of incorporation or registration of parent organization: \_\_\_\_\_

5. Please list any other names your organization has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

6. Indicate if your organization is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

\_\_\_\_\_

\_\_\_\_\_

Prospective Contractor acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Section 2.0 General Information, Sub-section 2.4 – Prospective Contractor’s Minimum Qualifications, of this Request for Statement of Qualifications (RFSQ), as listed below.

**Check the appropriate boxes:**

Yes  No **Sub-paragraph 2.4.1.1** Prospective Contractor shall have been in good standing for the prior twelve months with the DCFS FFA and GH Performance Management Section, Probation Central Placement, and/or California Department of Social Services (CDSS) Community Care Licensing Division (CCLD).

Yes  No **Sub-paragraph 2.4.1.2** Prospective Contractor must indicate which programs he/she is attempting to qualify.

Yes  No **Sub-paragraph 2.4.1.3** Prospective Contractor must have licensure through the State of California Department of Social Services (CDSS) for each program he/she is attempting to qualify, and must provide a copy for each program and each site.

Yes  No **Sub-paragraph 2.4.1.4** Prospective Contractor must provide a copy of their organization’s 501(c)(3) Non-Profit Corporation Status letter from the Internal Revenue Service.

Yes  No **Sub-paragraph 2.4.1.5** Prospective Contractor must provide a copy of their organization’s Non-Profit Determination letter from the State of California Franchise Tax Board.

- Yes  No **Sub-paragraph 2.4.1.6**      Prospective Contractor must provide a **certified** copy of their organization’s Statement of Information by Domestic Non-Profit from the California Secretary of State.
- Yes  No **Sub-paragraph 2.4.1.7**      Prospective Contractor must certify adherence to the requirements of the GH Master Contract for Foster Care Services and/or the Foster Family Agency Master Contract for Foster Care.
- Yes  No **Sub-paragraph 2.4.1.8**      Prospective Contractor must not have current and/or prior “Do Not Use” status.
- Yes  No **Sub-paragraph 2.4.1.9**      Prospective Contractor must prove fiscal viability as evidenced through a review and evaluation of financial documents.
- Yes  No **Sub-paragraph 2.4.1.10**      Prospective Contractor must meet insurance requirements for the programs he/she is attempting to qualify as specified in Appendix F, Sample FFA Master Contract, and/or Appendix H, Sample GH Master Contract, Part I, Section 5.0, General Insurance Requirements.
- Yes  No **Sub-paragraph 2.4.1.11**      Prospective Contractor must respond positively to a willingness to consider hiring GAIN/GROW participants. (Reference Sub-section 2.26 in this Section)
- Yes  No **Sub-paragraph 2.4.1.12**      Prospective Contractor must comply with the County’s Child Support Compliance Program. (Reference Sub-section 2.22 in this Section)
- Yes  No **Sub-paragraph 2.4.1.13**      Prospective Contractor must certify intent to comply with the County’s Jury Service Program. (Reference Sub-section 2.31 in this Section)

Prospective Contractors attempting to qualify a **FFA program** must meet these additional requirements:

- Yes  No **Sub-paragraph 2.4.2.1**      Provide a copy of their organization’s Foster Family Agency Treatment Notification letter from CDSS Foster Care Funding and Rates Bureau.
- Yes  No **Sub-paragraph 2.4.2.2**      Be dually licensed for foster family agency and adoption services- within eleven (11) months from the execution of the Contract.
- Yes  No **Sub-paragraph 2.4.2.3**      Prospective Contractor of an FFA program must certify adherence to requirements as specified in Appendix G, FFA

Exhibits, Exhibit A, Statement of Work - Part C Service Tasks to Achieve Performance Outcome Goals, Section 1.0 Safety, Sub-section 1.1, Staff Qualifications, Requirements and Duties.

~~Yes  No Sub-paragraph 2.4.2.4~~ ~~Serve exclusively DCFS or Probation children at a service delivery site.~~

Prospective Contractors attempting to qualify a GH program must meet these additional requirements:

Yes  No Sub-paragraph 2.4.3.1 Provide a current AFDC-FC rate letter from CDSS Foster Care Funding and Rates Bureau for each GH service delivery site to be covered under this Contract.

Yes  No Sub-paragraph 2.4.3.2 Provide a copy of the certification letter issued by the Department of Mental Health, 550 S. Vermont Avenue, Los Angeles, California 90020, (213-738-2906), for the mental health treatment component of RCL 14 programs.

Yes  No Sub-paragraph 2.4.3.3 Meet the following additional requirements if the GH program is for emergency care: (1) have a rate of RCL 11 or above; (2) provide emergency care for Placed Children 12-17 years old for 30 days or less; (3) provide intake services 24 hours per day, seven days per week; (4) provide a diagnostic assessment that includes specific recommendations for the long-term or permanent placement; and ~~(5) serve exclusively DCFS or Probation children at an individual emergency care site.~~

Yes  No Sub-paragraph 2.4.3.4 Prospective Contractor of a GH program must certify adherence to the staffing requirements as specified in Appendix I, GH Exhibits, Exhibit A, Statement of Work, Part A, Section 5.0, Staff Qualifications, Requirements, and Duties.

Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

On behalf of \_\_\_\_\_ (Contractor's name), I \_\_\_\_\_  
(Name of Contractor's authorized representative), certify that the information contained in this Contractor's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Internal Revenue Service  
Employer Identification Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
California Business License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
County WebVen Number

## SERVICE DELIVERY SITES

Type of program:  Foster Family Agency

(Check one)  Group Home

### Administrative Office/Headquarters

AGENCY NAME	AGENCY ADDRESS	AGENCY CONTACT PERSON	TELEPHONE AND FAX NUMBERS

### Licensed Facilities Included in this Contract

FACILITY NAME	YOUTH SERVED- DCFS, OR PROB, OR DUALY SUPV.	FACILITY ADDRESS	FACILITY CONTACT PERSON	TELEPHONE AND FAX NUMBERS

(Submit a separate Form 21 for each type of program, eg FFA or GH)  
Use additional sheets if necessary.

## SERVICE DELIVERY SITES

Yes  No Are any of the facilities listed above on County owned or County Leased property? If yes, please provide an explanation:

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Yes  No Do any or your agency's Board members or employees, or members of their immediate families own any property leased or rented by your agency? If yes, please provide an explanation.

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On behalf of \_\_\_\_\_ (Contractor's name), I \_\_\_\_\_  
(Name of Contractor's authorized representative), certify that the information contained in this Service Delivery Sites – Form #23 1  
is true and correct to the best of my information and belief.

\_\_\_\_\_  
Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Signature of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Date

**ATTACHMENT II TO ADDENDUM NUMBER FIVE**

Please complete, date and sign this form and include it in Section A of the Statement of Qualifications. The person signing the form must be authorized to sign on behalf of the Contractor and to bind the applicant in a Master Contract.

Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Organization Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_  
E-Mail Address of Organization Contact Person: \_\_\_\_\_

**THIS STATEMENT OF QUALIFICATIONS IS BEING SUBMITTED FOR THE FOLLOWING PROGRAMS:**

- Foster Family Agency Master Contract for Foster Care**

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- Master Contract for Group Home Foster Care Services (DCFS)**

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- Master Contract for Group Home Foster Care Services (PROB)**

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**Applicant certifies, by signature of this Form 1, that the Program Statement(s) submitted in response to this Request for Statement of Qualifications has been approved by Community Care Licensing Division (CCLD), or is pending CCLD approval.**

1. If your organization is a corporation, state its legal name (as found in your Articles of Incorporation) and State of incorporation:

Name	State	Year Inc.
_____	_____	_____

2. If your organization is a partnership or a sole proprietorship, state the name of the proprietor or managing partner:

\_\_\_\_\_

3. If your organization is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Is your organization wholly or majority owned by, or a subsidiary of, another agency? \_\_\_\_\_

If yes, Name of parent organization: \_\_\_\_\_.

State of incorporation or registration of parent organization: \_\_\_\_\_

5. Please list any other names your organization has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

6. Indicate if your organization is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

\_\_\_\_\_

\_\_\_\_\_

Prospective Contractor acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Section 2.0 General Information, Sub-section 2.4 – Prospective Contractor’s Minimum Qualifications, of this Request for Statement of Qualifications (RFSQ), as listed below.

**Check the appropriate boxes:**

- Yes  No **Sub-paragraph 2.4.1.1** Prospective Contractor shall have been in good standing for the prior twelve months with the DCFS FFA and GH Performance Management Section, Probation Central Placement, and/or California Department of Social Services (CDSS) Community Care Licensing Division (CCLD).
- Yes  No **Sub-paragraph 2.4.1.2** Prospective Contractor must indicate which programs he/she is attempting to qualify.
- Yes  No **Sub-paragraph 2.4.1.3** Prospective Contractor must have licensure through the State of California Department of Social Services (CDSS) for each program he/she is attempting to qualify, and must provide a copy for each program and each site.
- Yes  No **Sub-paragraph 2.4.1.4** Prospective Contractor must provide a copy of their organization’s 501(c)(3) Non-Profit Corporation Status letter from the Internal Revenue Service.
- Yes  No **Sub-paragraph 2.4.1.5** Prospective Contractor must provide a copy of their organization’s Non-Profit Determination letter from the State of California Franchise Tax Board.

- Yes  No **Sub-paragraph 2.4.1.6**      Prospective Contractor must provide a **certified** copy of their organization’s Statement of Information by Domestic Non-Profit from the California Secretary of State.
- Yes  No **Sub-paragraph 2.4.1.7**      Prospective Contractor must certify adherence to the requirements of the GH Master Contract for Foster Care Services and/or the Foster Family Agency Master Contract for Foster Care.
- Yes  No **Sub-paragraph 2.4.1.8**      Prospective Contractor must not have current and/or prior “Do Not Use” status.
- Yes  No **Sub-paragraph 2.4.1.9**      Prospective Contractor must prove fiscal viability as evidenced through a review and evaluation of financial documents.
- Yes  No **Sub-paragraph 2.4.1.10**      Prospective Contractor must meet insurance requirements for the programs he/she is attempting to qualify as specified in Appendix F, Sample FFA Master Contract, and/or Appendix H, Sample GH Master Contract, Part I, Section 5.0, General Insurance Requirements.
- Yes  No **Sub-paragraph 2.4.1.11**      Prospective Contractor must respond positively to a willingness to consider hiring GAIN/GROW participants. (Reference Sub-section 2.26 in this Section)
- Yes  No **Sub-paragraph 2.4.1.12**      Prospective Contractor must comply with the County’s Child Support Compliance Program. (Reference Sub-section 2.22 in this Section)
- Yes  No **Sub-paragraph 2.4.1.13**      Prospective Contractor must certify intent to comply with the County’s Jury Service Program. (Reference Sub-section 2.31 in this Section)

Prospective Contractors attempting to qualify a **FFA program** must meet these additional requirements:

- Yes  No **Sub-paragraph 2.4.2.1**      Provide a copy of their organization’s Foster Family Agency Treatment Notification letter from CDSS Foster Care Funding and Rates Bureau.
- Yes  No **Sub-paragraph 2.4.2.2**      Be dually licensed for foster family agency and adoption services- within eleven (11) months from the execution of the Contract.
- Yes  No **Sub-paragraph 2.4.2.3**      Prospective Contractor of an FFA program must certify adherence to requirements as specified in Appendix G, FFA

Exhibits, Exhibit A, Statement of Work - Part C Service Tasks to Achieve Performance Outcome Goals, Section 1.0 Safety, Sub-section 1.1, Staff Qualifications, Requirements and Duties.

Prospective Contractors attempting to qualify a GH program must meet these additional requirements:

- Yes  No **Sub-paragraph 2.4.3.1** Provide a current AFDC-FC rate letter from CDSS Foster Care Funding and Rates Bureau for each GH service delivery site to be covered under this Contract.
  
- Yes  No **Sub-paragraph 2.4.3.2** Provide a copy of the certification letter issued by the Department of Mental Health, 550 S. Vermont Avenue, Los Angeles, California 90020, (213-738-2906), for the mental health treatment component of RCL 14 programs.
  
- Yes  No **Sub-paragraph 2.4.3.3** Meet the following additional requirements if the GH program is for emergency care: (1) have a rate of RCL 11 or above; (2) provide emergency care for Placed Children 12-17 years old for 30 days or less; (3) provide intake services 24 hours per day, seven days per week; (4) provide a diagnostic assessment that includes specific recommendations for the long-term or permanent placement.
  
- Yes  No **Sub-paragraph 2.4.3.4** Prospective Contractor of a GH program must certify adherence to the staffing requirements as specified in Appendix I, GH Exhibits, Exhibit A, Statement of Work, Part A, Section 5.0, Staff Qualifications, Requirements, and Duties.

Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

On behalf of \_\_\_\_\_ (Contractor's name), I \_\_\_\_\_  
(Name of Contractor's authorized representative), certify that the information contained in this Contractor's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Internal Revenue Service  
Employer Identification Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
California Business License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
County WebVen Number

**CERTIFIED FOSTER PARENT ACKNOWLEDGEMENT AND  
CONFIDENTIALITY AGREEMENT FORM**

**(Note: This certification is to be executed and kept on file and available for review with Contractor's records)**

Foster Family Agency Name \_\_\_\_\_

Certified Foster Parent Name \_\_\_\_\_

GENERAL INFORMATION:

The foster family agency referenced above certifies your home, and has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Certified Foster Parent Acknowledgement and Confidentiality Agreement as a condition of your certification.

CERTIFIED FOSTER PARENT ACKNOWLEDGEMENT:

I understand and agree that the foster family agency referenced above is my certifying foster family agency. I rely exclusively upon the foster family agency certifying my home for reimbursement of expenses for basic services I provide for children placed in my home and any and all other benefits I receive on my behalf during the period of this relationship.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation shall result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

As a certified foster parent, I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data, information, and records pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles.

The County has a legal obligation to protect all data, information, and records made confidential by any federal, state and/or local laws or regulations (hereinafter referred to collectively as "CONFIDENTIAL DATA, INFORMATION, AND RECORDS") in its possession, especially juvenile, health, mental health, education, criminal, and welfare recipient records. (See e.g. 42 USC 5106a; 42 USC 290dd-2; 42 CFR 2.1 et seq.; Welfare & Institutions Code sections 827, 4514, 5238, and 10850; Penal Code sections 1203.05 and 11167 et seq.; Health & Safety Code sections 120975, 123110 et seq. and 123125; Civil Code section 56 et seq.; Education Code sections 49062 and 49073 et seq.; California Rules of Court, rule 1423; and California Department of Social Services Manual of Policies and Procedures, Division 19)

I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such CONFIDENTIAL DATA, INFORMATION, AND RECORDS. Consequently, I understand that I must sign this agreement as a condition of my work with the foster family agency certifying my home. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree to protect all CONFIDENTIAL DATA, INFORMATION, AND RECORDS learned or obtained by me, in any manner or form, while performing work pursuant to the above-referenced contract between the foster family agency certifying my home and the County of Los Angeles. Further, I hereby agree that I will not discuss, disclose, or disseminate, in any manner or form, such CONFIDENTIAL DATA, INFORMATION, AND RECORDS which I learned or obtained while performing work pursuant to the above-referenced contract between the foster family agency certifying my home and the County of Los Angeles to any person not specifically authorized by law or by order of the appropriate court. I agree to forward all requests for the release of any CONFIDENTIAL DATA, INFORMATION, AND RECORDS received by me to the foster family agency certifying my home.

**REQUIRED FORMS - FORM 18**

Cont.

I understand that I may not discuss, disclose, or disseminate anything to anyone not specifically authorized by law or by order of the appropriate court, which could potentially identify an individual who is the subject of or referenced to in any way in any CONFIDENTIAL DATA, INFORMATION, AND RECORDS.

I further agree to keep confidential all CONFIDENTIAL DATA, INFORMATION, AND RECORDS pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I shall keep such information confidential.

I further agree to report to the foster family agency certifying my home any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all CONFIDENTIAL DATA, INFORMATION, AND RECORDS to the foster family agency certifying my home upon completion of this contract or termination of my relationship with the foster family agency certifying my home, whichever occurs first.

I understand and acknowledge that the unauthorized discussion, disclosure, or dissemination, in any manner or form, of CONFIDENTIAL DATA, INFORMATION, AND RECORDS may subject me to civil and/or criminal penalties.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINTED NAME: \_\_\_\_\_

## SERVICE DELIVERY SITES

Type of program:  Foster Family Agency  
 (Check one)  Group Home

### Administrative Office/Headquarters

AGENCY NAME	AGENCY ADDRESS	AGENCY CONTACT PERSON	TELEPHONE AND FAX NUMBERS

### Licensed Facilities Included in this Contract

FACILITY NAME	YOUTH SERVED- DCFS, PROB, OR DUALY SUPV.	FACILITY ADDRESS	FACILITY CONTACT PERSON	TELEPHONE AND FAX NUMBERS

**(Submit a separate Form 21 for each type of program, eg FFA or GH)**

Use additional sheets if necessary.

### SERVICE DELIVERY SITES

Yes  No

Are any of the facilities listed above on County owned or County Leased property? If yes, please provide an explanation:

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Yes  No

Do any or your agency's Board members or employees, or members of their immediate families own any property leased or rented by your agency? If yes, please provide an explanation.

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On behalf of \_\_\_\_\_ (Contractor's name), I \_\_\_\_\_  
(Name of Contractor's authorized representative), certify that the information contained in this Service Delivery Sites – Form #23 1  
is true and correct to the best of my information and belief.

\_\_\_\_\_  
Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Signature of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Date

ADMINISTRATION OF CONTRACT  
CONTRACTOR'S ADMINISTRATION

CONTRACTOR'S  
NAME:

CONTRACT NO.

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**CONTRACTOR'S PROGRAM DIRECTOR:**

Name:

Title:

Address:

Telephone:

Facsimile:

E-Mail Address:

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**CONTRACTOR'S AUTHORIZED OFFICIAL(S)**

**(Individuals authorized by the Board to bind Contractor in a Contract with the County)**

Name:

Title:

Address:

Telephone:

Facsimile:

E-Mail Address:

Name:

Title:

Address:

Telephone:

Facsimile:

E-Mail Address:

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Notices to Contractor shall be sent to the following address:

Address:

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**EXHIBIT A-VIII**

**SPECIAL INCIDENT REPORTING GUIDE FOR  
FOSTER FAMILY AGENCIES**

## SPECIAL INCIDENT REPORTING GUIDE FOR FOSTER FAMILY AGENCIES (FFA)

The Los Angeles County Departments of Children and Family Services (DCFS) has developed this reporting guide. It does not supersede the requirements outlined in California Code of Regulations, Title 22, Sections 80061, 83061, and 88061; and the Los Angeles County Foster Family Agency Agreement; **Section 10.0**.

The FFA shall maintain copies of all reports as required in Sections 1 through 10 of this guide in the Placed Child's file. The FFA shall also summarize the information in the quarterly reports to the DCFS ~~placement worker~~Children's Social Worker.

Children's files shall be retained for at least five years following the term of this Agreement or three years from the date of the submission of the final expenditure report in accordance with the Agreement, **Section 11.4**.

Many of these special incident-reporting decisions require good judgment and sound discretion. If in doubt whether to report, call the appropriate agency for clarification. Whoever is reporting should be prepared for follow-up questions and have some expertise in the reporting procedure.

The Contractor shall report special incidents to DCFS' Out of Home Care Management Division and the CSW, Probation, and Community Care Licensing immediately or the next work day via the **I-Track web-based system** at <<https://ltrack.co.la.ca.us>>. The Contractor shall still report by telephone and/or by sending a written report per the Tables below to: (1) parents/guardians; (2) law enforcement; (3) the DCFS Child Abuse Hotline; (4) the local fire department; and (5) the local health officer. If the I-Track web-based system is off-line, use fax as a substitute per the Tables below. Resubmit the report on I-Track as soon as it comes back on-line.

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10. SIGNIFICANT INCIDENTS WHICH INVOLVE THE COMMUNITY OR PHYSICAL PLANT AND MAY HAVE SERIOUS IMPACT ON THE RESIDENTS, E.G EPIDEMICS, POISONING, CATASTROPHES, FLOODS, EXPLOSIONS, EARTHQUAKE DAMAGE, ANY FIRES, OR ANY OTHER POTENTIALLY DANGEROUS ENVIRONMENT .....	5

## 1. BEHAVIOR INCIDENTS

(Any incidents that threaten the physical health, emotional health, or continued safety of any child. e.g. substance abuse, physical violence, manual restraints, suicide attempts, sexually related incidents, school incidents, police contacts, and disruptive behavior by parents or other visitor)

NOTE: “**OHCMDM**” in the table below means the L A Co. DCFS Out-of-Home Management Division Monitor.

HOW	TO WHOM	WHEN
<del>Fax only if I-Track is down</del>	<del>DCFS Placement Worker/Children's Social Worker (DCFS)</del>	<del>Immediately or the next workday</del>
<del>Fax only if I-Track is down</del>	<del>OHCMDM/Probation Monitors</del>	<del>Immediately or the next workday</del>
	<del>Community Care Licensing (CCL)OHCMDM</del>	<del>Immediately or the next workday</del>
	<del>Community Care Licensing</del>	<del>Immediately or the next workday</del>
Telephone	Probation Department	Immediately or the next workday

## 2. OTHER SIGNIFICANT INCIDENTS (Child not enrolled in school; child not regularly attending school)

HOW	TO WHOM	WHEN
Fax only if I-Track is down ..	Children's Social Worker	Within 3 school days
	OHCMDM/Probation Monitors	Within 3 school days
TelephoneFax only if I-Track is down	Children's Social Worker/DCFS Placement Worker	Within 3 school days/Within 3 school days

## 3. ILLNESS (E.g. common cold or flu that may or may not require medical treatment by physician)

HOW	TO WHOM	WHEN
WrittenWritten	Parent/GuardianParent/Guardian	Within 7 calendar daysWithin 7 calendar days

## 4. INJURY OR ACCIDENT (Includes, but is not limited to, incidents requiring medical treatment by a physician. If in doubt, report or call the required agency for clarification.)

HOW	TO WHOM	WHEN
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<u>Fax only if I-Track is down</u>	<u>Community Care Licensing</u>	<u>Immediately or the next workday</u>
<u>Written</u>	<u>Parent/Guardian (mail copy)</u>	<u>Within 7 calendar days</u>
<u>Fax only if I-Track is down.</u>	<u>OHCMDM/Probation Monitors</u>	<u>Immediately or the next workday</u>
	<u>Community Care Licensing</u>	<u>Immediately or the next workday</u>
	<u>Children's Social Worker</u>	<u>Immediately or the next workday</u>
<u>Written</u>	<u>Send copy to parent/guardian</u>	<u>Within 7 calendar days</u>
<u>Telephone</u>	<u>Parent/guardian</u>	<u>Immediately or the next workday</u>
	<u>Children's Social Worker</u>	<u>Immediately or the next workday</u>
	<u>Probation Department</u>	<u>Immediately or the next workday</u>

**5. SERIOUS INJURY, ILLNESS OR ACCIDENT** (Incident requiring extended medical treatment of two or more doctor visits)

HOW	TO WHOM	WHEN
	<u>Phone parent/guardian</u>	<u>Immediately or the next day</u>
<u>Fax only if I-Track is down except parent/guardian.</u>	<u>Community Care Licensing</u>	<u>Immediately or the next workday</u>
<u>Fax only if I-Track is down</u>	<u>Community Care Licensing DCFS Placement Worker</u>	<u>Immediately or the next workday</u> <u>Immediately or the next workday</u>
	<u>Children's Social Worker</u>	<u>Immediately or the next workday</u>
	<u>OHCMDM/Probation Monitors</u>	<u>Immediately or the next workday</u>
<u>Telephone</u>	<u>Parent/guardian</u>	<u>Immediately or the next workday</u>
	<u>Children's Social Worker</u>	<u>Immediately or the next workday</u>
	<u>Probation Department</u>	<u>Immediately or the next workday</u>
	<u>OHCMDM</u>	<u>Immediately or the next workday</u>

**6. DEATH**

HOW	TO WHOM	WHEN
<u>Fax only if I-Track is down.</u> <u>Fax only if I-Track is down</u>	<u>Children's Social Worker DCFS Placement Worker</u>	<u>Immediately</u> <u>Immediately</u>
	<u>OHCMDM/Probation Monitors (Probation Director will contact parent)</u> <u>OH</u>	<u>Immediately</u> <u>Immediately</u>
	<u>Community Care Licensing Community Care Licensing</u>	<u>Immediately or the next workday</u> <u>Immediately or the next workday</u>
<u>Telephone</u>	<u>Parent/guardian</u>	<u>Immediately</u>
	<u>Children's Social Worker</u>	<u>Immediately</u>
	<u>Probation Department</u>	<u>Immediately</u>

**7. UNAUTHORIZED ABSENCE (AWOL/RUNAWAY)**

Examples of reportable absences include absence from the certified family home without permission when: (1) The child's physical health, emotional health, or safety is threatened. (2) Failure to return at the appointed time after an approved absence.

HOW	TO WHOM	WHEN
<u>Fax only if I-Track is down and, if after hours, the Hotline</u>	<u>Children's Social Worker (For DCFS, use Child Abuse Hotline after hours)</u> <u>Phone parent/guardian</u>	<u>Immediately</u> <u>Immediately</u>
	<u>OHCMDM</u>	<u>Immediately</u>
	<u>Community Care Licensing</u>	<u>Immediately or the next workday</u>
	<u>Phone law enforcement</u>	<u>Immediately</u>

	Probation Department County Placement Worker (For DCFS, use Child Abuse Hotline after hours.)	<u>Immediately</u> (This is in addition to the <u>mandatory stop requirements</u> ) <u>Immediately</u>
Fax only if I-Track is down except parent/guardian and law enforcement.	OHCMDM	<u>Immediately or the next workday</u>
<u>Telephone</u>	<u>Parent/guardian</u>	<u>Immediately or the next workday</u>
	<u>Children's Social Worker</u>	<u>Immediately</u>
	<u>Probation Department</u>	<u>Immediately</u>
	<u>Law Enforcement Community Care Licensing</u>	<u>Immediately</u> <u>Immediately or the next workday</u>

## 8. CHILD ABUSE

(All personnel are required by law to report known, suspected, or alleged incidents of child abuse. Reference: Child Abuse Reporting Law, Penal Code Section 11165-11174.4.)

Incidents include:

- A. Sexual abuse or assault of a child.
- B. Sexual exploitation including child pornography or prostitution.
- C. Sexual activity involving minors who have not reached the age of consent.
- D. A physical injury inflicted upon a child by another person by other than accidental means. This includes unlawful corporal punishment and willful cruelty or infliction of unjustifiable physical pain or punishment on a child by any person.
- E. Neglect, including medical neglect.
- F. Infliction of mental/emotional suffering.

HOW	TO WHOM	WHEN
Telephone	Law Enforcement	Immediately
	DCFS Placement Worker (Use Child Abuse Hotline after hours.)	Immediately
	Parent/Guardian	Immediately, if deemed appropriate by County Placement Worker, Child Abuse Hotline, or Law Enforcement
Fax only if I-Track is down	Community Care Licensing	Immediately or the next workday
	OHCMDM	Immediately or the next workday
Written	Law Enforcement (Fax or mail copy)	Within 36 hours

HOW	TO WHOM	WHEN
Fax only if I-Track is down, if after hours, the Hotline.	Children's Social Worker (For DCFS, use Child Abuse Hotline after hours)	Immediately
	Community Care Licensing	Immediately or the next workday
	OHCMDM/Probation Monitors	Immediately or the next workday
Written	Send copy to law enforcement	Within 36 hours

Telephone	Parent/guardian	Immediately or the next workday
	Children's Social Worker	Immediately
	Probation Department	Immediately
	Law Enforcement	Immediately

NOTE: Use of State Form SS8572, "Suspected Child Abuse," is mandatory. Please indicate in the SIR (Itrack) that the SS8572, "Suspected Child Abuse" report is forwarded to required parties. ~~NOTE: Use of State Form SS8572, "Suspected Child Abuse," is mandatory. Additional information may be provided on the "Special Incident Report (SIR)" form with a copy of SS8572 attached.~~

|

## 9. SIGNIFICANT CHANGES IN FOSTER FAMILY AGENCIES

- A. Any change in licensee's mailing address.
- B. Any change in the plan of operation which affects service to children.
- C. Any change of the Chief Executive Officer of a corporation or association.
- D. A change in administration.

<b>HOW</b>	<b>TO WHOM</b>	<b>WHEN</b>
Written report by mail/fax	DCFS Placement Worker	Immediately upon anticipation of change; immediately upon occurrence or the next workday
	OHCMDM	Immediately upon anticipation of change; immediately upon occurrence or the next workday.

<b>HOW</b>	<b>TO WHOM</b>	<b>WHEN</b>
Written report by mail/fax.	Children's Social Worker	Within 7 calendar days
	OHCMDM/Probation Monitors	Within 7 calendar days
	Community Care Licensing	Within 10 calendar days
Telephone	Children's Social Worker	Immediately upon anticipation of change; immediately upon occurrence or the next workday
	Probation Department	Immediately upon anticipation of change; immediately upon occurrence or the next workday

- E. Staffing disruption, e.g. strikes or staff shortages

<b>HOW</b>	<b>TO WHOM</b>	<b>WHEN</b>
Written report by mail/fax	Community Care Licensing	Immediately or the next workday
	OHCMDM	Immediately or the next workday

<b>HOW</b>	<b>TO WHOM</b>	<b>WHEN</b>
Written report by mail/fax except for DMH Worker.	Community Care Licensing	Within 7 calendar days
	OHCMDM/Probation Monitors	Within 7 calendar days
Telephone	Community Care Licensing	Immediately or the next workday
	County Placement Worker (DMH children only)	Immediately or the next workday
	OHCMD/Probation Monitors	Immediately or the next workday

**10. SIGNIFICANT INCIDENTS WHICH INVOLVE THE COMMUNITY OR PHYSICAL PLANT AND MAY HAVE SERIOUS IMPACT ON THE RESIDENTS, e.g. EPIDEMICS, POISONING, CATASTROPHES, FLOODS, EXPLOSIONS, EARTHQUAKE DAMAGE, ANY FIRES, OR ANY OTHER POTENTIALLY DANGEROUS ENVIRONMENT**

<b>HOW</b>	<b>TO WHOM</b>	<b>WHEN</b>
Report by I-Track if appropriate incident category exists; otherwise send written report by mail/fax except local fire authority and health officer.	Phone local fire authority for all fires and explosions (Section 80061(b)(1)(I) of CCR)	Immediately
	Phone local health officer for all epidemic outbreaks (Section 80061(b)(1)(F) of CCR)	Immediately
	DCFS Placement Worker	Immediately or the next workday
	OHCMDM	Immediately or the next workday
	Community Care Licensing	Immediately or the next workday
	Fax or mail copy to local health officer)	Immediately

<b>HOW</b>	<b>TO WHOM</b>	<b>WHEN</b>
Fax only if I-Track is down.	Children's Social Worker	Immediately or the next workday
	OHCMDM/Probation Monitors	Immediately or the next workday
	Community Care Licensing	Immediately or the next workday
Written	Send copy to local health officer	Immediately
Telephone	Phone local fire authority for all fires and explosions (Section 80061(b)(1) of CCR)	Immediately
	Phone local health officer for all epidemic outbreaks (Section 80061(b)(1) of CCR)	Immediately
	Children's Social Worker	Immediately or the next workday
	OHCMDM/Probation Monitors	Immediately or the next workday
	Community Care Licensing	Immediately or the next workday

WH:wh

FFA Reporting Guide, 1-2517-087

**SPECIAL INCIDENT REPORTING GUIDE  
FOR GROUP HOMES**

## SPECIAL INCIDENT REPORTING GUIDE FOR GROUP HOMES (GH)

The Los Angeles County Departments of Children and Family Services and Probation have developed this reporting guide. It does not supercede the requirements outlined in California Code of Regulations Title 22, Sections 80061, 84061, and 84361(a); the Los Angeles County Foster Care Agreement; and the Los Angeles County Mental Health Placement Policies.

The provider shall maintain a copy of all reports as required in Sections 1 through 10 of this guide in the child's file in the facility. The provider shall also summarize the information in the child's quarterly reports to the ~~county placement worker~~Children's Social Worker.

Children's files shall be retained at the facility for at least five years following the term of this Agreement.

Many of these special incident-reporting decisions require good judgement and sound discretion. If in doubt whether to report, call the appropriate agency for clarification. Whoever is reporting should be prepared for follow-up questions and have some expertise in the reporting procedure.

The Contractor shall report special incidents to DCFS' Out of Home Care Management Division and the CSW, Probation, and Community Care Licensing immediately or the next work day via the **I-Track web-based system** at <<https://ltrack.co.la.ca.us>>. The Contractor shall still report by telephone and/or by sending a written report per the Tables below to: (1) parents, guardians, or conservators; (2) law enforcement; (3) the DCFS Child Abuse Hotline; (4) the local fire department; and (5) the local health officer. If the I-Track web-based system is off-line, use fax as a substitute per the Tables below. Resubmit the report on I-Track as soon as it comes back on-line.

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**1. BEHAVIOR INCIDENTS**

(Any incidents that threaten the physical health, emotional health, or continued safety of any child, e.g. substance abuse, physical violence, physical restraints, seclusion, suicide attempts, sexually related incidents, school incidents, police contacts, and disruptive behavior by parents or other visitor)

- **“OHCMDM”** in the tables below means the Los Angeles County DCFS Out-of-Home Management Division Monitor.
- **“DMH”** in the tables below means the Los Angeles County DCFS Department of Mental Health.

HOW	TO WHOM	WHEN
<del>Fax only if I-Track is down</del>	<del>Phone admitting parent(s)/conservator (DMH children only)</del>	<del>Immediately or the next workday</del>
<del>Fax only if I-Track is down except for DMH children. except for DMH children.</del>	<del>County Placement Worker/Children’s Social Worker (DCFS)</del>	Immediately or the next workday
	OHCMDM/Probation Monitors	Immediately or the next workday
	Community Care Licensing (CCL)	Immediately or the next workday
Written	File copy in clinical file (DMH children only)	Immediately or the next workday
Telephone	Phone admitting parent(s)/conservator (DMH children only)	Immediately or the next workday
	Probation Department	Immediately or the next workday

**2. OTHER SIGNIFICANT INCIDENTS** (Child not enrolled in school; child not regularly attending school)

HOW	TO WHOM	WHEN
Telephone	<del>County Placement Worker/Children’s Social Worker</del>	Within 3 school days
	Probation Department	Within 3 school days
<del>Fax only if I-Track is down ..</del>	Children’s Social Worker	Within 3 school days
	OHCMDM/Probation Monitors	Within 3 school days

**3. ILLNESS** (E.g. common cold or flu that may or may not require medical treatment by physician)

HOW	TO WHOM	WHEN
Telephone	Admitting Parent(s)/Conservator (DMH children only)	Immediately or the next workday
Written	Parent/Guardian	Within 7 calendar days
	Copy in clinical file (DMH children only)	Within 7 calendar days

**4. INJURY OR ACCIDENT** (Includes, but is not limited to, incidents requiring treatment by a medical physician. If in doubt, report to or call the required agency for clarification.)

**ATTACHMENT IV  
EXHIBIT A-VIII**

HOW	TO WHOM	WHEN
Fax only if I-Track is down <u>except for DMH children.</u> <del>except for DMH children.</del>	<del>OHCMDM/Probation Monitors</del> Phone admitting parent(s)/conservator (DMH children only)	Immediately or the next workday
	Community Care Licensing <del>OHCMDM/Probation Monitors</del>	Immediately or the next workday
	Children's Social Worker <del>Community Care Licensing</del>	<u>Immediately or the next workday</u> <del>Immediately or the next workday</del>
Written	Copy in clinical file (DMH children only)	Within 7 calendar days
	Send copy to parent/guardian	Within 7 calendar days

Telephone	Parent/guardian	Immediately or the next workday
Telephone	Parent/guardian	Immediately or the next workday
	Phone admitting parent(s)/conservator (DMH children only)	<u>Immediately or the next workday</u>
	Children's Social Worker <del>Probation Department</del>	Immediately or the next workday
	<del>Probation Department</del>	<u>Immediately or the next workday</u>

**5. SERIOUS INJURY, ILLNESS OR ACCIDENT** (Incidents requiring extended medical treatment of two or more doctor visits)

HOW	TO WHOM	WHEN
Fax only if I-Track is down, <u>except for DMH children.</u> <del>except parent/guardian.</del>	<del>Community Care Licensing</del> Phone parent/guardian	<u>Immediately or the next workday</u> <del>Immediately or the next day</del>
	Children's Social Worker <del>Community Care Licensing</del>	<u>Immediately or the next workday</u> <del>Immediately or the next workday</del>
	<del>OHCMDM/Probation Monitors</del> County Placement Worker	<u>Immediately or the next workday</u> <del>Immediately or the next workday</del>
	<del>OHCMDM/Probation Monitors</del>	<del>Immediately or the next workday</del>
Written	Copy in clinical file (DMH children only)	Immediately
Telephone	Parent/guardian	<u>Immediately or the next workday</u>
	Phone admitting parent(s)/conservator (DMH children only)	<u>Immediately or the next workday</u>
	Probation Department	<u>Immediately or the next workday</u>
	Children's Social Worker	<u>Immediately or the next workday</u>

**6. DEATH**

HOW	TO WHOM	WHEN
Fax only if I-Track is down, <u>except for DMH children.</u>	<del>County Placement Worker</del> Children's Social Worker	Immediately
	OHCMDM/Probation Monitors (Probation Director will contact parent)	Immediately
	Community Care Licensing	Immediately or the next workday
Written	Copy in clinical file (DMH children only)	Within 48 hours

Telephone	Parent/guardian <del>County Worker</del> <del>Phone admitting parent(s)/conservator</del>	<del>Immediately (DMH children only)</del> <del>Immediately or the next workday</del>
	County Worker	Immediately
	Phone admitting parent(s)/conservator (DMH children only)	Immediately
	Probation Department	Immediately

**7. UNAUTHORIZED ABSENCE (~~AWOL~~ RUNAWAY)**

Examples of reportable absences include absence from the facility without permission when: (1) The child's physical health, emotional health, or safety is threatened; (2) Failure to return to the facility at the appointed time after an approved absence.

HOW	TO WHOM	WHEN
<del>Fax only if I-Track is down except the parent/guardian, law enforcement and, if after hours, the Hotline</del>	<del>Phone parent/guardian</del>	<del>Immediately</del>
	<del>Phone law enforcement</del>	<del>Immediately</del>
<del>Fax only if I-Track is down and, if after hours, the Hotline</del>	<del>County Placement Worker</del> Children's Social Worker (For DCFS, use Child Abuse Hotline after hours)	Immediately
	OHCMDM	<del>Immediately or the next workday</del>
	Probation <del>Consultant</del>	Immediately (This is in addition to the mandatory stop requirements)
	Community Care Licensing	Immediately or the next workday
Written	Copy in clinical file (DMH children only)	Within 36 hours
Telephone	Parent/guardian <del>Phone admitting parent(s)/conservator (DMH children only)</del>	Immediately or the next workday
	<del>Phone admitting parent(s)/conservator (DMH children only)</del>	
	Children's Social Worker <del>Probation Department</del> <del>Law Enforcement</del>	Immediately or the next workday
	<del>Probation Department</del>	<del>Immediately or the next workday</del>
	<del>Law Enforcement</del>	<del>Immediately</del>

**8. CHILD ABUSE**

(All personnel are required by law to report known, suspected or alleged incidents of child abuse. Reference: Child Abuse Reporting Law, Penal Code Section 11165-11174.4). Incidents include:

- A. Sexual abuse or assault of a child.
- B. Sexual exploitation including child pornography or prostitution.

- C. Sexual activity involving minors who have not reached the age of consent.
- D. A physical injury inflicted upon a child by another person by other than accidental means. This includes unlawful corporal punishment and willful cruelty or infliction of unjustifiable physical pain or punishment on a child by any person.
- E. Neglect, including medical neglect.
- F. Infliction of mental/emotional suffering.

HOW	TO WHOM	WHEN
	<del>Phone law enforcement</del>	<del>Immediately</del>
<del>Fax only if I-Track is down, if after hours, the Hotline.</del>	<del>County Placement Worker/Children's Social Worker (For DCFS, use Child Abuse Hotline after hours)</del>	<del>Immediately</del>
<del>Fax only if I-Track is down except law enforcement, parent/guardian, and, if after hours, the Hotline.</del>		
	<del>Phone parent/guardian</del>	<del>Immediately, if deemed appropriate by County Placement Worker, Child Abuse Hotline, or Law Enforcement</del>
	Community Care Licensing	Immediately or the next workday
	OHCMDM/Probation Monitors	Immediately or the next workday
<del>Written</del>	<del>Copy in clinical file (DMH children only)</del>	<del>Immediately</del>
<del>Written</del>	<del>Copy in clinical file (DMH children only)</del>	<del>Immediately</del>
	Send copy to law enforcement	Within 36 hours

Telephone	Parent/guardian	Immediately or the next workday
	<del>Phone admitting parent(s)/conservator (DMH children only)</del>	
	<del>Phone admitting parent(s)/conservator (DMH children only)</del>	<del>Immediately or the next workday</del>
	Children's Social Worker	Immediately <del>or the next workday</del>
	<del>Probation Department</del>	<del>Law Enforcement</del>
	Probation Department	Immediately
	Law Enforcement	Immediately

NOTE: Use of State Form SS8572, "Suspected Child Abuse," is mandatory. Please indicate in the SIR (Itrack) that the SS8572, "Suspected Child Abuse" report is forwarded to required parties. Additional information may be provided on the "Special Incident Report (SIR)" form with a copy of SS8572 attached.

**9. SIGNIFICANT CHANGES IN GROUP HOMES**

- A. Any change in licensee's mailing address.

- B. Any change in the plan of operation which affects service to children.
- C. Any change of the Chief Executive Officer of a corporation or association.
- D. A change in administration.

<b>HOW</b>	<b>TO WHOM</b>	<b>WHEN</b>
Written report by mail/fax.	<del>County Placement Worker</del> <u>Children's Social Worker</u>	<del>Immediately upon anticipation of change; immediately upon occurrence or the next workday</del> <u>Within 7 calendar days</u>
	OHCMDM/Probation Monitors	<u>Within 7 calendar days</u> <del>Immediately upon anticipation of change; immediately upon occurrence or the next workday</del>
	<u>Community Care Licensing</u>	<u>Within 10 calendar days</u>
<u>Telephone</u>	<u>Children's Social Worker</u>	<u>Immediately upon anticipation of change; immediately upon occurrence or the next workday</u>
	<u>Probation Department</u>	<u>Immediately upon anticipation of change; immediately upon occurrence or the next workday</u>

- E. Staffing disruption, e.g. strikes or staff shortages.

<b>HOW</b>	<b>TO WHOM</b>	<b>WHEN</b>
<u>Written report by mail/fax except for DMH Worker.</u> <del>Written report by mail/fax except for DMH Worker.</del>	Community Care Licensing	<u>Within 7 calendar days</u> <del>Immediately or the next workday</del>
	<u>OHCMDM/Probation Monitors</u>	<u>Within 7 calendar days</u>
<u>Telephone</u>	<del>Call County Placement Worker (DMH children only)</del>	<del>Immediately or the next workday</del>
	<u>OHCMDM/Probation Monitors</u>	<u>Immediately or the next workday</u>
	<u>Community Care Licensing</u>	<u>Immediately or the next workday</u>
<u>Telephone</u>	<u>County Placement Worker (DMH children only)</u>	<u>Immediately or the next workday</u>
	<u>OHCMD/Probation Monitors</u>	<u>Immediately or the next workday</u>

**10. SIGNIFICANT INCIDENTS WHICH INVOLVE THE COMMUNITY OR PHYSICAL PLANTS AND MAY HAVE SERIOUS IMPACT ON THE RESIDENTS, e.g. EPIDEMICS, POISONING, CATATROPHES, FLOODS, EXPLOSIONS, EARTHQUAKE DAMAGE, ANY FIRES, OR ANY OTHER POTENTIALLY DANGEROUS ENVIRONMENT.**

HOW	TO WHOM	WHEN
	<del>Phone local fire authority for all fires and explosions (Section 80061(b)(1) of CCR)</del>	<del>Immediately</del>
<del>Report by I-Track if appropriate incident category exists; otherwise send written report by mail/fax except local fire authority and health officer.</del>	<del>Phone local health officer for all epidemic outbreaks (Section 80061(b)(1) of CCR)</del>	<del>Immediately</del>
<del>Fax only if I-Track is down.</del>	<del>County Placement Worker</del> <del>Children's Social Worker</del>	<del>Immediately or the next workday</del>
	<del>OHCMDM/Probation Monitors</del>	<del>Immediately or the next workday</del>
	<del>Community Care Licensing</del>	<del>Immediately or the next workday</del>
<del>Written</del>	<del>Send copy to local health officer</del>	<del>Immediately</del>
<del>Telephone</del>	<del>Phone local fire authority for all fires and explosions (Section 80061(b)(1) of CCR)</del>	<del>Immediately</del>
	<del>Phone local health officer for all epidemic outbreaks (Section 80061(b)(1) of CCR)</del>	<del>Immediately</del>
	<del>Children's Social Worker</del>	<del>Immediately or the next workday</del>
	<del>OHCMDM/Probation Monitors</del>	<del>Immediately or the next workday</del>
	<del>Phone admitting parent(s)/conservator (DMH children only)</del>	<del>Immediately</del>
	<del>Community Care Licensing</del>	<del>Immediately or the next workday</del>

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**ATTACHMENT V TO ADDENDUM NUMBER FIVE**

**EXHIBIT A-XII: FORMAT FOR BRIEF PROGRAM DESCRIPTION  
PER THE AGREEMENT, SECTION 11.4**

**Group Home Organization:**

_____		_____
Name		Office Address
_____	_____	_____
Telephone Number	Fax Number	E-Mail Address
_____	_____	_____
RCL Level and Rate	OR Regional Cntr Service Level & Rate	L A County Vendor Number

**Site Information (each site):**

_____	_____	_____
City & Zip Code (no street address)	License Number	Lic. Capacity, Sex, Age Range
_____	_____	_____
City & Zip Code (no street address)	License Number	Lic. Capacity, Sex, Age Range
_____	_____	_____
City & Zip Code (no street address)	License Number	Lic. Capacity, Sex, Age Range

**Target Population(s):** [Include languages served, type(s) of children served (Severely or Seriously Emotionally Disturbed, severe behavioral problems, and/or Developmentally Disabled), and any special target populations as specified in the Agreement, Section 11.4.1(3).]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Accept Children Receiving Psychotropic Medications:**     Yes     No

**Emergency Care** (as described in the SOW, Part C, Section 3.5):     Yes     No

**On-Grounds School Available:**     Yes     No

**Off-Grounds Non-Public School(s) Available:**     Yes     No

**Ratio of Awake Supervision Staff to Placed Children for Each Shift:** (Include all three shifts including weekdays and weekends.)

_____	_____	_____
Weekday A.M. Shift	Weekday P.M. Shift	Weekday Graveyard Shift
_____	_____	_____
Weekend A.M. Shift	Weekend P.M. Shift	Weekend Graveyard Shift

**Number of Therapy Sessions for Placed Children per Week:**

_____	_____
Number of Individual Sessions per Week per Child	Number of Group Sessions per Week

**Number of Therapy Sessions for Natural Parents per Month:** \_\_\_\_\_

**Community Resources Used:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Outstanding Program Feature(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_