COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER

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September 30, 2008

TO: Supervisor Yvonne B. Burke, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Wendy L. Watanabe
Acting Auditor-Controller

SUBJECT: **FOSTER FAMILY NETWORK CONTRACT REVIEW - A DEPARTMENT OF CHILDREN AND FAMILY SERVICES FOSTER FAMILY AGENCY SERVICE PROVIDER**

We have completed a contract compliance review of Foster Family Network (FFN or Agency), a Department of Children and Family Services (DCFS) Foster Family Agency service provider.

Background

DCFS contracts with FFN, a private non-profit community-based organization to recruit, train and certify foster care parents for the supervision of children placed in foster care by DCFS. Once the Agency places a child, it is required to monitor the placement until the child is discharged from the program.

FFN is required to hire qualified social workers to provide case management and act as a liaison between DCFS and foster parents. The Agency oversees a total of 107 certified foster homes in which 345 DCFS children were placed at the time of our review. FFN's headquarters is located in the Fourth District and they operate an additional office in Orange County.

DCFS pays FFN a negotiated monthly rate, per child placement, established by the California Department of Social Services (CDSS) Foster Care Rates Bureau. Based on the child's age, FFN receives between $1,589 and $1,865 per month, per child. Out of

these funds, the Agency pays the foster parents between $624 and $790 per month, per child. DCFS paid FFN approximately $7 million during Fiscal Year 2006-07.

Purpose/Methodology

The purpose of the review was to determine whether FFN was providing the services outlined in their Program Statement and the County contract. We reviewed certified foster parent files, children's case files, personnel files and interviewed FFN's staff. We also visited a number of certified foster homes and interviewed several children and foster parents.

Results of Review

The foster parents stated that the services they received from FFN generally met their expectations and the children stated that they enjoyed living with their foster parents. In addition, FFN staff working on the County contract possessed the education and work experience required.

FFN needs to ensure that the Needs and Services Plans (NSPs), Termination Reports and case files are in compliance with the County contract and CDSS Title 22 regulations. Specifically:

- Three (20%) of the 15 homes visited had one of the following conditions: the carpet in the children's bedroom was dirty; the bathroom ceiling was moldy and the paint was peeling; or the home was very cluttered and messy.

- Two of the 15 certification files reviewed did not contain criminal and child abuse clearances for three adults living in the two homes.

- Four of the 15 homes were not assessed by FFN to determine the foster parents' ability to effectively care for more than two children prior to placing more than two children in the homes.

- Fifteen of the 30 NSPs reviewed were not approved by the children's DCFS social worker as required.

- None of the 30 NSPs reviewed were individualized to the children, contained goals that were time limited, or contained all the information required by the County contract.

- None of the 30 Quarterly Reports reviewed contained all the required information such as the children's progress in achieving short-term and long-term goals.

- Seven of the 23 children whose placement ended did not have a Termination Report completed as required. For seven of the remaining 16 children, the Termination Reports did not indicate the day or the month the children left the Agency or the reason the children's placement ended.

The details of our review along with recommendations for corrective action are attached.

Review of Report

On July 2, 2008, we discussed our report with FFN who was in general agreement with the findings. In their attached response, FFN's management indicates the actions the Agency has taken to implement the recommendations. We also notified DCFS of the results of our review.

We thank FFN for their cooperation and assistance during this review. Please call me if you have any questions or your staff may contact Don Chadwick at (626) 293-1102.

WLW:MMO:DC

Attachment

c: William T Fujioka, Chief Executive Officer
Patricia S. Ploehn, Director, Department of Children and Family Services
Susan Kerr, Senior Deputy Director, Department of Children and Family Services
Jim Emslie, Chair, Board of Directors, Foster Family Network FFA
Cherrie Gibbs, Regional Director, Foster Family Network FFA
Jean Chen, Community Care Licensing
Public Information Office
Audit Committee

FOSTER FAMILY AGENCY PROGRAM
FOSTER FAMILY NETWORK FOSTER FAMILY AGENCY
FISCAL YEAR 2006-2007

BILLED SERVICES

Objective

Determine whether Foster Family Network Foster Family Agency (FFN or Agency) provided program services in accordance with their County contract and California Department of Social Services (CDSS) Title 22 regulations.

Verification

We visited 15 Los Angeles County certified foster homes that FFN billed the Department of Children and Family Services (DCFS) and interviewed 16 of the 21 foster parents and 23 of the 34 children placed in the 15 homes. We also reviewed the case files for 21 foster parents and 30 children. In addition, we reviewed the Agency's monitoring activity.

Results

The foster children indicated that they enjoyed living with their foster parents and the foster parents interviewed stated that they were generally happy with the services they received from the Agency.

FFN needs to ensure foster homes are in compliance with the County contract and CDSS Title 22 regulations. FFN also needs to ensure that criminal and child abuse clearances are conducted for all adults residing in foster homes and that foster parents complete the required hours of annual continuing education. In addition, FFN needs to ensure that Needs and Services Plans (NSPs) and Termination Reports are prepared within the required timeframes and that NSPs, Quarterly Reports, Termination Reports, and children's case files contain all the information required by the County contract. We specifically noted the following:

Foster Home Visitation

- Three (20%) of the 15 homes visited were not maintained in accordance with their County contract and CDSS Title 22 regulations. In one of the homes, the children's bedroom carpet was dirty and needs to be cleaned or replaced. The second home had a bathroom ceiling that was moldy and the paint was peeling. The third home was very cluttered and messy. For example, children's toys and stacks of clean laundry were scattered all over the home. The children living in this home were an infant and a toddler and all the clutter posed a potential safety hazard.

Foster Parent Certification and Children's Records

- Two (14%) of the 15 certification files reviewed did not contain criminal and child abuse clearances for three adults living in the two homes. Prior to the conclusion of our review, FFN provided documentation that the three adults had been cleared.

- Three (14%) of the 21 foster parents did not complete the required 15 hours of annual continuing education. The three foster parents completed an average of three hours of training during their last certification year.

- Four (27%) of the 15 homes were not assessed by FFN to determine the foster parents' ability to effectively care for more than two children prior to placing more than two children in the homes. At the time of our review, three of the homes had three children placed and one of the homes had five children placed.

Needs and Services Plans, Quarterly Reports, and Termination Reports

- Three (10%) of the 30 initial NSPs reviewed were not prepared within 30 days from the date of the children's placement. The three initial NSPs were completed an average of 13 days late.

- Two (7%) of the 30 NSPs reviewed were not updated within the required timeframes. Both NSPs were updated 20 days late.

- Fifteen (50%) of the 30 NSPs reviewed were not approved by the children's DCFS social worker as required.

- None of the 30 NSPs reviewed were individualized to the children or contained goals that were time limited.

- None of the 30 NSPs reviewed contained all the information required by the County contract. The 30 NSPs did not address the children's need for continuing or modification of services, or the Agency's recommendation regarding the child's return home, placement in another facility, or move to independent living.

- None of the 30 Quarterly Reports reviewed addressed the children's progress in achieving short-term and long-term goals, a reassessment of unmet needs and efforts made to meet those needs, modifications to the treatment plan, and the likelihood of family reunification.

- Seven (30%) of the 23 children whose placement ended did not have a Termination Report completed as required. For the remaining 16 Termination Reports available for review, one (13%) was not completed within the required timeframes. The report was completed 20 days late.

- Seven (44%) of the 16 Termination Reports available for review did not indicate the day or the month the children left the Agency or the reason the children's placement ended.

Children's Case Files and Medical Records

- Seven (13%) of the 30 case files reviewed did not always contain documentation that the DCFS social workers were updated monthly on the children's progress.

- Two (7%) of the 30 children's initial dental and medical examinations were not conducted within the required timeframes. The examinations were conducted 20 and 15 days late, respectively.

Recommendations

FFN management ensure:

1. **Staff adequately monitor foster homes to ensure they comply with the County contract and CDSS Title 22 regulations.**

2. **Foster homes are clean and maintained in accordance with the County contract and CDSS Title 22 regulations.**

3. **Criminal and child abuse clearances are conducted for all adults living in foster homes.**

4. **Foster parents complete the required amount of continuing education training.**

5. **Foster home assessments are completed for homes where more than two children are placed.**

6. **NSPs are prepared and updated within the timeframes specified in the County contract and CDSS Title 22 regulations.**

7. **NSPs are approved by the children's DCFS social worker, are individualized to the children, and contain all the information required by the County contract and CDSS Title 22 regulations.**

8. **Quarterly Reports contain all the information required by the County contract.**

9. **Termination reports are completed when required, prepared within the required timeframes, and contain all the required information.**

10. **DCFS social workers are updated monthly regarding the children's progress.**

11. **Initial dental and medical examinations are conducted within the timeframes specified in the County contract.**

CLIENT VERIFICATION

Objective

To determine whether the program participants received the services that FFN billed to DCFS.

Verification

We interviewed 23 children placed in 15 FFN certified foster homes and 16 foster parents to confirm the services FFN billed to DCFS.

Results

The foster children interviewed stated that they enjoyed living with their foster parents and the foster parents interviewed stated that they were generally happy with the services they received from the Agency.

Recommendation

There are no recommendations for this section.

STAFFING/CASELOAD LEVELS

Objective

Determine whether FFN social workers' caseloads do not exceed fifteen placements and whether the supervising social worker does not supervise more than six social workers as required by the County contract and CDSS Title 22 regulations.

Verification

We interviewed FFN's administrator and reviewed caseload statistics and payroll records for the Agency's social workers and supervising social workers.

Results

Overall, FFN's 25 social workers carried an average caseload of 14 cases and the Agency's five supervising social workers supervised an average of five social workers.

Recommendation

There are no recommendations for this section.

STAFFING QUALIFICATIONS

Objective

Determine whether FFN staff possess the education and work experience qualifications required by their County contract and CDSS Title 22 regulations. In addition, determine whether the Agency conducted hiring clearances prior to hiring their staff and provided ongoing training and performance evaluations to staff.

Verification

We interviewed FFN's administrator and reviewed each staff's personnel file for documentation to confirm their education and work experience qualifications, hiring clearances, ongoing training and performance evaluations.

Results

FFN's administrator, supervising social worker and social workers possessed the education and work experience required. In addition, FFN conducted hiring clearances and provided ongoing training and performance evaluations for staff working on the County contract.

Recommendation

There are no recommendations for this section.

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7/2/08

County of Los Angeles
Department of Auditor-Controller
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 525
Los Angeles, CA 90012-2766

Attn: Supervisor Yvonne B. Burke, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslovsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

Re: Response to Contract Review Draft Letter Dated **5/30/08**

Our agency is in receipt of the draft report created following the contract compliance review which was conducted by the Auditor-Controller's Countywide Contract Monitoring Division. The audit exit conference was held on June 7, 2007.

The following is our agency's response to the recommendations contained in the draft audit report mentioned above.

Recommendation 1
It is recommended that FFN management ensures that staff members adequately monitor foster homes to ensure they comply with the County contract and DCSS Title 22 regulations.
Response 1
The agency agrees to monitor foster homes for compliance with the County contract and with CDSS Title 22 regulations. Please see the attached instruments used by the agency to monitor ongoing compliance.

Recommendation 2
It is recommended that FFN management ensures that foster homes are clean and maintained in accordance with the County contract and CDSS Title 22 regulations.
Response 2
The agency agrees to monitor foster homes for compliance with the County contract and with CDSS Title 22 regulations. Please see the attached instruments used by the agency to monitor ongoing compliance.

Recommendation 3
It is recommended that FFN management ensures that criminal and child abuse clearances are conducted for all adults living in foster homes.
Response 3
The agency requests that it be noted in the final audit report that the fingerprints not completed for the adults mentioned in this draft report were for adult children of the foster parents, already living in the home as minors when the foster homes were certified. These foster parents were certified for a number of years, and the children reached the age of 18 without the agency realizing it. The agency acknowledges this oversight and further agrees to monitor foster homes for

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compliance with fingerprinting requirements. Attached is a copy of the Agency's Service Visit Log, used to monitor these requirements for all members of foster families. Please refer to Section A, page 1.

Recommendation 4
It is recommended that FFN management ensures that foster parents complete the required amount of continuing education training.

Response 4
The agency agrees to monitor that foster parents complete the required annual training. Attached is a copy of the coversheet attached to the recertification reminder packet used monthly by agency staff, which includes foster parent training.

Recommendation 5
It is recommended that FFN management ensures that foster home assessments are completed for homes where more than two children are placed.

Response 5
There was a misinterpretation of the intent of this contract requirement, and clarification was provided to the agency during the audit process. The agency has redesigned its monitoring system for this requirement. Attached is a copy of the revised form contained in the packet of information completed for each child upon initial placement.

Recommendation 6
It is recommended that FFN management ensures that Needs and Services Plans are prepared and updated within the timeframes specified in the County contract and CDSS Title 22 regulations.

Response 6
Once the final version is distributed to FFAs by DCFS, the agency will implement the standardized Needs and Services Plan/Quarterly report approved by L.A. County DCFS, which contains all elements required by DCFS and CDSS.

Recommendation 7
It is recommended that FFN management ensures that Needs and Services Plans are approved by the children's DCFS social worker, are individualized to the children, and contain all the information required by the County contract and CDSS Title 22 regulations.

Response 7
Once the final version is distributed to FFAs by DCFS, the agency will implement the standardized Needs and Services Plan/Quarterly report approved by L.A. County DCFS, which contains all elements required by DCFS and CDSS. Each report will be individualized to the child. The agency agrees to offer the CSW an opportunity to participate in the development of the treatment plan. The agency agrees to make three attempts to obtain a signature from the CSW authorizing the treatment plan, and to document these attempts in the case file.

Recommendation 8
It is recommended that FFN management ensure that Quarterly Reports contain all the information required by the County contract.

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Response 8
Once the final version is distributed to FFAs by DCFS, the agency will implement the standardized Needs and Services Plan/Quarterly report approved by L.A. County DCFS, which contains all elements required by DCFS and CDSS. The agency has attended both training sessions provided by DCFS regarding proper use of the Standardized NSP/Quarterly.

Recommendation 9
It is recommended that FFN management ensures that termination reports are completed when required, prepared within the required timeframes and contain all the required information.

Response 9
The agency agrees to implement a system to monitor for compliance that Termination Reports are completed timely and contain all required information. The agency's termination report has been revised to clarify the date of termination and the reason for termination (copy attached). Also attached is a copy of the document used to monitor timely submission of Termination Reports

Recommendation 10
It is recommended that FFN management ensures that DCFS social workers are updated monthly regarding the children's progress.

Response 10
The agency agrees to monitor for compliance that CSWs for all children in the agency's care are contacted monthly about the child's overall adjustment and any significant difficulties. Attached are copies of documents used by the agency to document and monitor CSW contacts.

Recommendation 11
It is recommended that FFN management ensures that initial dental and medical examinations are conducted within the timeframes specified in the County contract

Response 11
The agency agrees to monitor that foster parents attempt to schedule timely initial medical and dental examinations. Documentation of late examinations due to non-availability of HUB appointments will be maintained in the case file. Attached is a copy of the coversheet for the foster parent reminder packet given monthly to foster parents, which includes medical and dental exam due date information.

Please let me know if you need further information

Respectfully,

Cherrie Gibbs
Regional Director

MID-YEAR FOSTER HOME INSPECTION

RESPONSE #1 & 2

Date of inspection: _____

Name of Foster Home: _____

Social Worker Name: _____ Signature _____

(Check One)

KITCHEN / LAUNDRY AREAS	Yes	No	N/A	If No, Date Corrected
1. Fresh & perishable food for at least 3 meals for the family				
2. Medication in Refrigerator ***Locked***				
3. Outlet covers in place (under age 3)				
4. Hazardous Substances ***Locked***				
5. Cooking Knives ***Locked***				

BATHROOMS	Yes	No	N/A	If No, Date Corrected
1. Hazardous Substances ***Locked***				
2. Medications ***Locked***				
3. Discard Expired Medications				
4. Outlet covers in place (under age 3)				
5. All foster children have individual hygiene & toiletry products				

FOSTER CHILD SLEEPING AREAS	Yes	No	N/A	If No, Date Corrected
1. Outlet covers in place (under age 3)				
2. Sleeping Arrangements in Compliance with Title 22				
3. Mattresses/bedding are comfortable and in good condition				

COMMON AREAS / AUTOMOBILES / EXTERIOR	Yes	No	N/A	If No, Date Corrected
1. Outlet Covers in Place / Safety Gates on Stairways (under age 3)				
2. Smoke Detector(s) in Working Order				
3. Emergency Care & Disaster Action Plan Posted				
4. All areas of home are clean, uncluttered and in good repair				
5. Appropriate Safety Seats Present in Car for All Required Children				
6. Foster Child Documents Stored in Confidential Location				
7. Pool / Spa Properly Covered or Fenced				
8. Exterior Property Free of Safety Hazards				
9. Weapons Locked (ask if any new weapons acquired since certification)				

NAMES OF OTHER ADULTS (over 18) living in the Foster Home and/or REGULAR BABYSITTER(S) (SW to specify OA or Sitter) (Name)	Other Adult	Sitter	CPR Exp. Date (N/A or Waiver)	First Aid Exp. Date (N/A or Waiver)	TB TEST ON FILE Yes/No	PHYS.EXAM ON FILE Yes/No (or N/A)	DOJ Cleared Yes/No	CAI Cleared Yes/No
1								
2								
3								
4								
5								

CHILDREN UNDER 18 LIVING FULL-TIME IN FOSTER HOME

FIRST AND LAST NAME	AGE	RELATIONSHIP TO FOSTER FAMILY
1.		
2.		
3.		
4.		
5.		
6.		

MONTHLY SAFETY WALK-THROUGH

(Revised 12/7/06)

MONTH _____ YEAR:_____

RESPONSE #1 & 2

Name of Foster Home: _____

(Check One)

KITCHEN / LAUNDRY AREAS	*Yes*	*No*	*N/A*	*If No, Date Corrected*
Medication in Refrigerator ***Locked***				
Outlet covers in place (under age 3)				
Hazardous Substances ***Locked***				
Cooking Knives ***Locked***				

BATHROOMS	*Yes*	*No*	*N/A*	*If No, Date Corrected*
Hazardous Substances ***Locked***				
Medications ***Locked***				
Outlet covers in place (under age 3)				

FOSTER CHILD SLEEPING AREAS	*Yes*	*No*	*N/A*	*If No, Date Corrected*
Outlet covers in place (under age 3)				
No broken glass on windows, closet doors, picture frames				

COMMON AREAS	*Yes*	*No*	*N/A*	*If No, Date Corrected*
Outlet Covers in Place / Safety Gates on Stairways (under age 3)				
Emergency Care & Disaster Action Plan Posted				

EXTERIOR AREAS	*Yes*	*No*	*N/A*	*If No, Date Corrected*
Pool / Spa Property Covered or Fenced (or emptied if possible)				
Yard Area free of Hazards				

Social Worker Name:_____ Signature_____

RESPONSE #1 & 2

FOSTER FAMILY NETWORK
HOME INSPECTION CHECKLIST

(Revised 9/26/06)

Date of Inspection: _____

CHECK ONE: 1) Initial Inspection:_____ 2) Annual Re-Certification:_____
3) Moving to a New Address:_____

Foster Home Name: _____
(PRINT)

Address: _____

Inspection Conducted by: _____
(PRINT)

Signature of Inspector: _____

FFN Social Worker Name: (if applicable) _____

Approved by (initial certification only): _____
(Please Print) Recruitment Coordinator

Signature of Recruitment Coordinator: _____

KITCHEN AND DINING ROOM	Completed
FOOD AND FOOD STORAGE REQUIREMENTS	
1. Fresh and frozen foods are stored to prevent spoilage and contamination. (Plastic bags, plastic containers with tight lids or tightly wrapped foil)	
2. Fresh & perishable food for at least 3 meals for the family	
3. Canned food not stored with non-food items (pots & pans O.K.)	
4. Boxed and bagged food in cabinets stored to prevent spoilage and contamination (Chip clips, plastic bags, plastic containers with tight lids)	
SAFETY AND CLEANLINESS REQUIREMENTS	
1. Water temperature is between 105 & 120 degrees a) Taps delivering water higher than 120 are marked with warning signs	
2. Wall /floor heater/wood burning stove is covered with protective screen (securely attached to wall if children are under age 4)	
3. Appliances are in working order	
4. Hazardous substances and objects (cleaning supplies, liquor, other chemicals, tools, batteries, etc.) are inaccessible to children, poisons locked	
5. Electrical outlet covers are present in all unused outlets (for homes caring for children under age 3)	
6. Cooking knives are in a ***LOCKED*** location.	
7. Non-kitchen items are not stored in kitchen drawers	
8. Medication requiring refrigeration is in a ***LOCKED*** container	
9. ABC rated fire extinguisher is accessible in the kitchen	
10. Garbage can has a lid	
11. Windows do not have cracked or broken glass	
12. Window screens are in good repair (if present)	
13. Emergency Care and Disaster Action Plan is posted by telephone	
14. Walls, floors and sink area are clean and in good repair (Flooring present, not plywood)	
15. Kitchen / Dining Room table/chairs are adequate for family-style dining	
16. Kitchen / Dining Room furniture is in good repair	

BATHROOM #1 Downstairs____ Upstairs____ Hall____ Master____	**Completed**
1. All bathroom fixtures work properly (faucets, toilet, drains)	
2. Floor / wall heaters covered with protective screen, or removed	
3. Hazardous substances / objects inaccessible to children (hygiene products, razors, etc.), poisons ***locked***	
4. Electrical outlets are covered (for children under age 3 only)	
5. Window has no cracked or broken glass	
6. Window screen is in good repair	
7. Walls, floor, sink and tub/shower areas are clean and in good repair (Flooring present, not plywood)	
8. Taps deliver hot and cold water	
9. Taps delivering water higher than 120 are marked with warning signs	
10. Clean Towels	
11. Door closes & allows appropriate privacy (solid, not cloth or shutters)	

BATHROOM #2 Downstairs____ Upstairs____ Hall____ Master____	**Completed**
1. All bathroom fixtures work properly (faucets, toilet, drains)	
2. Floor / wall heaters covered with protective screen, or removed	
3. Hazardous substances / objects inaccessible to children (hygiene products, razors, etc.), poisons ***locked***	
4. Electrical outlets are covered (for children under age 3 only)	
5. Window has no cracked or broken glass	
6. Window screen is in good repair	
7. Walls, floor, sink and tub/shower areas are clean and in good repair (Flooring present, not plywood)	
8. Taps deliver hot and cold water	
9. Taps delivering water higher than 120 are marked with warning signs	
10. Clean Towels	
11. Door closes & allows appropriate privacy (solid, not cloth or shutters)	

FOSTER PARENT BEDROOM # Beds in Room:____ Type:_____

	Completed
1. Bedroom is appropriate sleeping area a) Bedroom is not a hallway or a passageway to any other room b) Exterior door(s) in this room is/are not exit to outside areas that do not have alternative public exit.	
2. Bedroom contains ***no more than two beds***, including an infant crib	
3. Bedroom has ***no more than TWO adults and ONE child under age two***	
4. No bed is being shared by an adult and a child	
5. Infant beds are safe and sturdy and appropriate to the child's age and size	
6. Hazardous substances are inaccessible to children (ask what is in drawers, cabinets & closets), poisons ***locked***	
7. Wall / floor heaters are covered with protective screen (securely attached to wall if children are under age 4)	
8. ***Window(s) open to exterior of home*** and do not have bars that do not release (If applicable, release mechanism operation verified, accessible to children)	
9. Window glass is not cracked or broken	
10. Window screens are in good repair	
11. Emergency Care and Disaster Action Plan is posted by telephone	
12. Electrical outlets are covered (for children under age 3 only)	
13. Flooring present, not plywood	

FOSTER CHILD BEDROOM #1

Beds in Room____ Type_____

Ages of Children in Room:_____

	Completed
1. Bedroom is appropriate sleeping area a) Bedroom is not a hallway or a passageway to any other room b) Exterior door(s) in this room is/are not common use exits to outside areas c) Bedroom contains no items that do not belong to the children in the room	
2. Bedroom contains no more than two beds, and no more than two children	
3. There are no adults sleeping in the room (if child is over age 2)	
4. Children over age five of the opposite sex do not sleep in the same room	
5. Children do not share a bed	
6. There are no safety rails on floor-level beds (unless exception is granted)	
7. Trundle / daybeds used for two foster children are permanently separated a) Trundle beds in use for one foster child must have extra bed removed	
8. Bunk beds have a safety rail on upper bunk, no child under age 5 is sleeping in top bunk	
9. Bunk beds consist of no more than two tiers	
10. Beds have sheets, blankets and pillows, all in good repair	
11. Bed frames & mattresses in good condition *(sit on mattress to test for comfort)*	
12. Bedroom is decorated and contains play items appropriate for children	
13. Separate storage space is provided for each child (drawers not shared)	
14. Mirrored closet doors do not have cracked or broken glass	
15. ***Window(s) open to exterior of home*** and do not have bars that do not release (If applicable, release mechanism operation verified, accessible to children)	
16 Window glass is not cracked or broken	
17. Window screens are in good repair	
18. Electrical outlets are covered (for children under age 3 only)	
19 Wall/Floor heaters/wood stoves are inaccessible to children (screen or guard attached to wall for children under age 4)	
20. Flooring present, not plywood	
21. Door closes & allows appropriate privacy (solid, not cloth or shutters)	

NATURAL FAMILY MEMBER BEDROOM #1	Completed
1. Bedroom is appropriate sleeping area a) Bedroom is not a hallway or passageway to another room b) Exterior door(s) in this room is/are not common use exits to outside areas	
2. No more than two children or two adults sleep in the room	
3. No adult shares the room with a child over age two	
4. No more than two beds are in the room	
5. ***Window(s) open to exterior of home*** and do not have bars that do not release	
6. Window glass is not cracked or broken	
7. Window screens are in good repair	
8. Wall/floor heaters/wood stoves are inaccessible to children	
9. Hazardous substances or objects are inaccessible to children	

NATURAL FAMILY MEMBER BEDROOM #2	Completed
1. Bedroom is appropriate sleeping area a) Bedroom is not a hallway or passageway to another room b) Exterior door(s) in this room is/are not common use exits to outside areas	
2. No more than two children or two adults sleep in the room	
3. No adult shares the room with a child over age two	
4. No more than two beds are in the room	
5. ***Window(s) open to exterior of home*** and do not have bars that do not release	
6. Window glass is not cracked or broken	
7. Window screens are in good repair	
8. Wall/floor heaters/wood stoves are inaccessible to children	
9. Hazardous substances or objects are inaccessible to children	

LIVING ROOM	Completed
1. Furniture is in good repair	
2. Walls, floors and carpets are clean and in good repair	
3. Wall/floor heaters, fireplaces and/or wood stoves are inaccessible to children (attached to wall for children under age 4)	
4. Room temperature is between 65 and 85 degrees. Alternative heating and/or cooling source is available to regulate extreme temperatures.	
5. Windows do not have cracked or broken glass	
6. Window screens are in good repair	
7. Beds or daybeds are not used as furniture in this room	
8. Emergency care and Disaster Action Plan is posted by telephone	
9. Flooring present, not plywood	

FAMILY ROOM	Completed
1. Furniture is in good repair	
2. Walls, floors and carpets are clean and in good repair	
3. Wall/floor heaters, fireplaces and/or wood stoves are inaccessible to children (attached to wall for children under age 4)	
4. Room temperature is between 65 and 85 degrees. Alternative heating and/or cooling source is available to regulate extreme temperatures.	
5. Windows do not have cracked or broken glass	
6. Window screens are in good repair	
7. Beds or daybeds may not be used as furniture in this room	
8. Emergency care and Disaster Action Plan is posted by telephone	
9. Flooring present, not plywood	

RECREATION ROOM

	Completed
1. Furniture is in good repair	
2. Walls, floors and carpets are clean and in good repair	
3. Wall/floor heaters, fireplaces and/or wood stoves, heating/cooling appliances are inaccessible to children (cover attached to wal' for children under 4)	
4. Hazardous substances/objects are inaccessible to children	
5. Room temperature is between 65 and 85 degrees Alternative heating and/or cooling source is available to regulate extreme temperatures.	
6. Windows do not have cracked or broken glass	
7. Window screens are in good repair	
8. Beds or daybeds are not being used as furniture in this room	
9. Emergency care and Disaster Action Plan is posted by telephone	
10. Flooring present, not plywood	

LAUNDRY ROOM

	Completed
1. Hazardous substances are inaccessible to children, poisons locked	
2. Appliances are in working order	
3. Windows do not have cracked or broken glass	
4. Window screens are in good repair	
5. Flooring present, not plywood	

DEN / OFFICE

	Completed
1. Wall/floor heater is inaccessible to children (cover attached to wall for children under age 4)	
2. Window does not have cracked or broken glass	
3. Window screens are in good repair	
4. Beds / daybeds are not being used as furniture in this room	
5. Emergency Care and Disaster Action Plan is posted by telephone	

HALLWAYS	Completed
1. Wall/floor heater is inaccessible to children (cover is attached to wall for children under age 4)	
2. Smoke detector is present and in working order	
3. Area is free of obstruction	
4. Flooring present, not plywood	

SECOND STORY HOME REQUIREMENTS	Completed
1. Safety gates are in place at the top of interior stairways (for homes with children under age 3 only)	
2. Stairway rails are secure	
3. Smoke detector is present and in working order	
4. ABC rated fire extinguisher is present and accessible	
5. Wall/floor heaters in hallways are inaccessible to children (cover is attached to wall for children under age 4)	
6. Hallways are free of obstruction	

MISCELLANEOUS HOUSEHOLD REQUIREMENTS	Completed
1. Weapons and firearms are ***LOCKED***, or trigger locks are in place for firearms a) Ammunition is ***LOCKED*** and stored separately from firearms	
2. Medication is ***LOCKED*** (prescription ***and*** non-prescription)	
3. Touch-tone ~~phone and answering~~ machine are present and operable a) Additional phone extension to monitor natural family phone calls	
4. Safety gates are not being used in doorways to prevent free passage	

YARD AREAS (FRONT, REAR AND SIDES)	Completed
1 Gates and fences are in good repair	
2. Yard and driveway are free of hazardous obstructions / discarded objects	
3. Hazardous substances / objects / lawn equipment are inaccessible to children	
4. Yard is free of animal waste	
5. Trash cans have lids	
6. Play equipment is in good repair	
7. Water / fish ponds, fountains, etc. must be covered or fenced and inaccessible to children (see below)	
8. Exterior stairway handrails are secure	

SWIMMING POOL / JACUZZI / BODIES OF WATER	Completed
1. Built-in pools / bodies of water are completely surrounded by a 5 foot fence, ***OR*** securely covered with material that can withstand the weight of an adult (photo proof required). Jacuzzi cover is locked.	
2. Above-ground pools have sides at least 5 feet high, ***OR*** are surrounded by a 5 foot fence ***OR*** covered (See requirement #1) a) Ladders for above ground pools are removed or locked after use to prevent access to children.	

MOTOR VEHICLES

	Completed
1. Vehicle(s) contain working seat belts for all family members	
2. A second car is available if one car is not sufficient to transport entire family	
3. Children under age 9 are not riding in the front seat of vehicles with passenger side air bags	
4. Child Safety Seats are present for all children who are less than 6 years old ***OR*** who weigh less than 60 pounds, in good condition.	

GARAGE

	Completed
1. Garage is not used as a sleeping area	
2. Hazardous objects / substances / lawn tools are inaccessible to children	
3. Beds / daybeds are not being used in the garage as furniture, if garage is used as a recreation area (unassembled storage O.K.)	

FIRST AID KIT

FIRST AID KIT CONTAINS THE FOLLOWING ITEMS:	Completed
1. Sterile First Aid dressings	
2. Bandages (Band-aids) or rolled bandages	
3. Adhesive tape	
4. Antiseptic solution	
5. Tweezers	
6. Scissors	
7. Thermometer	
8. ***Red Cross*** First Aid and Safety Manual & Posters	

FOSTER FAMILY NETWORK
SERVICE VISIT LOG **RESPONSE #3**

Date of Visit: **Length:** **Location of Visit:**

Foster Parent Name:_____ (Print) ***FP *Signature*:**_____

Other Responsible Adult: Name:_____ _____ *Signature*

(Check One) ☐ **Babysitter** ☐ **Teacher** ☐ **Other**

FFN SW Name_____ (Print) **FFN SW *Signature*:**_____

Foster Children Present (Full Names):

hers Present:

A. Complete the Following Items *AT EVERY VISIT* (Check Box if Applicable)

1. HOUSEHOLD CHANGES **None**

☐ Visitors or New Residents in Home Prints Submitted? ☐ Yes ☐ No Name_____
☐ Babysitter Changes Prints Submitted? ☐ Yes ☐ No Name_____
☐ Age Changes in Nat. or FC that Need CCL Exception: *(↑ age 2 in FP bdrm., opp Sex ↑ age 5 in same bdrm., ↑ 18 with minor, ↑ 18 FC in placement, NC turning 18)*

Specify Exception Needed:_____

2. GENERAL PROGRESS	**NOTES**
☐ *Behavioral / Developmental Info.*	Child:
☐ TX Plan Discussed w / child & FP	
☐ How FC Gets Along w/ Fam. Mbrs.	
☐ Specific Interventions or Goals Suggested	Child:
☐ FP CSW Contact or Court Info	
☐ Adoption Information	
	Child:
	Child:
	Child:

3. SCHOOL INFORMATION ☐ **N/A**	**NOTES**

4. NATURAL FAMILY INFO ☐ **N/A**	**NOTES**

B. Complete the Following Items *MONTHLY*

1. DISCIPLINE, SAFETY & SUPERVISION INTERVIEWS CONDUCTED

☐ Yes ☐ No ☐ N/A This Visit *CONDUCT INTERVIEWS SEPARATELY, IN PRIVATE*

Name of Child Interviewed:

1. Who takes care of you when your FP is away?
2. Are you ever left alone in the foster home?
3. Is anyone new living in the foster home?
4. Who sleeps in each bedroom?
5. Does anyone sleep anywhere besides a bedroom?
6. What happens when you or others misbehave / get in trouble?

Name of Child Interviewed:

1
2
3
4
5
6

Name of Child Interviewed:

1
2
3
4
5
6

Name of Child Interviewed:

1
2
3
4
5
6

2. PSYCHIATRIC SERVICES / PSYCHOTROPIC MEDICATION INFORMATION

☐ *N/A*

Name of Child On Meds:	See Psychiatrist this month? ☐ Yes ☐ No (Explain in Contact Notes)
Name of Child On Meds:	See Psychiatrist this month? ☐ Yes ☐ No (Explain in Contact Notes)
Name of Child On Meds:	See Psychiatrist this month? ☐ Yes ☐ No (Explain in Contact Notes)
Name of Child On Meds:	See Psychiatrist this month? ☐ Yes ☐ No (Explain in Contact Notes)

3. LIFE BOOK UPDATED WITH EVERY FOSTER CHILD THIS VISIT ☐ Yes ☐ No ☐ N/A This Visit

C. Complete the Following Items *QUARTERLY*

CLOTHING INVENTORY COMPLETED FOR ALL CHILDREN IN THE HOME

☐ Yes ☐ No ☐ N/A This Visit

D. MISCELLANEOUS

MONTHLY FOSTER PARENT REMINDERS

RESPONSE #4

Month:_____ Year:_____

FOSTER PARENT NAME:_____

Re-Certification Date:_____

FFN SW Name:_____

RETURN ALL ITEMS TO FFN SUPERVISOR ON OR BEFORE THE LAST DAY OF THIS MONTH

Items checked below to be completed this month			
		Expire Date	**Date Turned In**
	Auto Insurance		
	Driver's License FP #1		
	Driver's License FP #2		
	CPR FP # 1		
	CPR FP #2		
	1st Aid FP #1		
	1st Aid FP #2		
	Parenting Classes FP #1	Expire Date: # Hours Needed	
	Parenting Classes FP #2	Expire Date: # Hours Needed	
	DMV Printout FP #1		
	DMV Printout FP #2		
	Homeowner's/Renter's Ins.		
	Home Inspection		
	Vehicle Liability Statement		
	Annual Re-Certification Report		
	Monthly Safety Walk-Through	Date Walk-Through Completed Here:	
	Other:		
	Other:		

****

Supervisor Use Only ⇓:

Date This Form Returned by FFN SW_____

RESPONSE #5

CERTIFIED FOSTER HOME CAPACITY ASSESSMENT

Revised 6/3/08

INSTRUCTIONS: Complete this form at the time of placement of **EVERY** new foster child, **if** that placement results in a total of ***three or more foster children*** being placed in a Certified Foster Home.

Effective Date: _____ (date of placement)

Name of New Foster Child: _____

Certified Home: _____

Date of Initial Certification: _____ # Spaces: _____

YES (x)	N/A (x)	
		1. The foster home is providing quality care for the currently placed children.
		2. The foster home has at least 12 months of experience in caring for foster children.
		3. The foster home will be caring for siblings or teenagers.
		4. The foster parent(s) possess specialized experience and demonstrated ability to care for multiple or difficult children (see more details below).

Current foster family situation (# of adults providing care). Explain ability to care for additional foster children:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Social Worker Signature **Supervisor Signature**

RESPONSE #9

FOSTER FAMILY NETWORK

A Division of ChildNet Youth and Family Services, Inc.

900 E. Wardlow Road, Long Beach, CA 90807

Phone: 562-492-9527

TERMINATION REPORT

Name of Child:		**Admission #:**	
Date of Birth:		**County Case #:**	
Case Name:		**Addmission Date:**	
Report Period:	07/30/2007 - 08/28/2007	**ReAdmit Date:**	
Reason for Placement:	No Adequate Caretaker	**Termination Date:**	

Reason For Termination

Kamila was terminated from the agency due to behavior problems

Foster Home Information

Current Foster Home:

Address and Phone:

This home is in proximity to the neighborhood of the foster child's natural family: ☐ Yes ☒ No

If not, reason: The CSW has approved this placement based on the non-availability of a home near the natural family.

The CSW has given permission to separate this sibling set: ☐ Yes ☒ No (or No Siblings)

This certified foster home has more than 2 certified spaces and has been assessed by the FFN supervisor to meet the needs of all foster children: ☐ Yes ☒ NA

Adjustment to Foster Home and Foster Family Members

K is a fourteen year old African-American female who resided in the foster home of A had behavioral problems in the foster home such as stealing. She went AWOL and was placed in an emergency shelter.

FAMILY REUNIFICATION AND PERMANENCY PLAN

Natural Mother:

Natural Father:

Siblings:

Other:

Dates of Family Visits This Reporting Period:

Visitation Plan (frequency, location, limitations, transportation): N/A

Permanency Plan: Family Reunification

EDUCATION

Name of School:

RESPONSE #9

CURRENT REPORT DUE DATES LIST

DATE:

ATTENTION ALL SOCIAL WORKERS:

Foster Child	Date of Placement	Due Date	Social Worker	Date Turned In

Foster Child	Date of Placement	Due Date	Social Worker	Date Turned In

THE FOLLOWING TERMINATION REPORTS ARE DUE THIS MONTH:

Foster Child	Termination Date	Due Date	Social Worker	Date Turned In

CSW CONTACT FORM RESPONSE #10

Date of Contact:_____

Contact made: 1) By Phone_____ A. Live Call_____ B. Message_____

2) In person_____

CSW / SCSW / Duty Worker Name:_____

Child's Name:_____

FFN Social Worker For Child:_____

FFN Staff Person Taking Call: X ( ) SW on Case ***or*** ( ) O.D. _____ –
(Name)

Contact included the following ***(check all that apply):***

	Initial Introduction of FFN SW		Current Progress of Child
	Treatment Plan Development		Behavior Problems
	Placement at Risk		Auth. for Transfer to new FH
	7-Day Notice for Removal		Natural Family Problems
	Natural Family Visitation		Request for Medi-Cal
	Medical / Dental Issues		Surgery Authorization
	Permission: FC Trip / Camp		Need for CCL Exception
	Court Dates		Adoption Placement Status
	Special Incident Report		
	Request for Records		Specify:
	Other		Specify:

Comments/Details:_____

RESPONSE #10

COMPUTER FILE REVIEW

SOCIAL WORKER:_____DATE:_____

FOSTER CHILD: _____

COMPUTER FILE:	Most recent date	Initial	Current/need update	Initial
Face sheet				
Contact notes				
Disciple, safety and supervision documentation				
School contact				
→ CSW Contact (monthly)				
Quarterly & TX. Plan				
H&W(print every 6mos)				
Monthly medication log				
CHDP due (yearly)				
Dental due (yearly or 6mo)				
Visitation (update monthly/print every 6 mos)				
CSW letter (new FC only)				
Initial TX. Plan (new FC only)				
Last FP note (every 3mos)				
Recertification rpt.				

Please initial all completed items and return to your supervisor

By:_____

MONTHLY FOSTER CHILD PACKET

Revised 2/15/07

RESPONSE #11

MONTH:_____ YEAR:_____

FOSTER CHILD NAME:_____

FOSTER PARENTS: PLEASE RETURN *THIS FORM PLUS ALL ITEMS CHECKED BELOW* TO YOUR FFN SOCIAL WORKER AT FIRST HOME VISIT EACH MONTH

(Even if forms were not used or did not apply this month)

This Child Is Due for a Medical Exam by _____ ☐ **N/A This Month**
FOSTER PARENT: Date of Scheduled Medical Exam _____

This Child Is Due for a Dental Exam by _____ ☐ **N/A This Month**
FOSTER PARENT: Date of Scheduled Dental Exam _____

Forms Checked Below to be Completed or Signed This Month (Attached):

	Medical Exam Form (Foster Parent: Have Doctor Fill out & Sign/Stamp @ every office visit)
	Dental Exam Form (Foster Parent: Have Dentist Fill out & Sign/Stamp @ every office visit)
	Psychological /Other Exam Form (FP: Have Psychiatrist/Therapist Sign/Stamp @ every office visit)
	Medication Log (Prescription & OTC)
	Allowance Log (Foster Parent: FC Must Sign Each Week)
	Family Visit Log
	Height & Weight Record (Foster Parent: See Form for Age Requirements)
***SOCIAL WORKER: PRINT BEFORE 1st HOME VISIT, ADD TO PACKET ⇓	
	Foster Child Visitation Plan Forms (2) FOSTER PARENT: PLEASE SIGN BOTH, keep one
	Updated Needs & Services Plan (if applicable) FOSTER PARENT: You & FC sign (if old enough)
	Monthly Foster Home Safety Walk-Through FOR SOCIAL WORKER USE ONLY
	Other:

Please Submit Additional Items Checked Below:

	Clothing Receipts
	Report Card
	Immunization Records
	Current School or Studio Photo of Child
	Other:

****

Office Use Only: Date This Form Returned to FFN Supervisor_____