

California Department of Social Services  
Community Care Licensing Division

# Foster Family Home Self-Assessment Guide



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This Foster Family Home guide is designed to assist foster parents to comply with regulations and perform periodic self-inspections of their home. The guide contains some of the most common deficiencies noted by Licensing Program Analysts during their evaluation visits. The guide does not include requirements for *Children with Special Health Care Needs*; for information regarding those requirements, refer to the Foster Family Home regulations. The guide is not a full summary of the Foster Family Home regulations. It cannot be used as a substitute for a good working knowledge of the regulations.

Licensing regulations are intended to provide general protections to all children in care. In some cases the regulations may be overly restrictive for specific children. When a regulation interferes with the foster parent(s)' ability to meet the needs of specific foster children, the foster parent may contact the licensing office to request an exception/waiver from that regulation.

The guide summarizes the regulations and other conditions that often lead to citation. For that reason, foster parents should refer to the referenced regulation(s) for complete information on the requirements. The guide should be used frequently to review the home's compliance with licensing regulations.

### Limitations on Capacity and Ambulatory Status

Met	Not Met	
		The foster home does not have more foster children than the license allows.
		The foster parent(s) have not accepted more than two infants, including their own, without additional help.
		Children who are not able to leave the home without assistance are placed only in rooms approved by the fire marshal.

### Disaster and Mass Casualty Plan

Met	Not Met	
		Foster parents maintain a current, written mass casualty plan to be allowed in case of emergency that includes: <ul style="list-style-type: none"> <li>• How to leave the home in an emergency</li> <li>• Emergency locations where the family can be safe away from the home</li> <li>• Arrangements for transportation to safe locations</li> <li>• How children will be supervised during evacuation or relocation</li> <li>• Methods for contacting local agencies</li> </ul>

## Health Related Services

Met	Not Met	
		The foster home has a current edition of an approved first aid manual.
		At least one of the foster parents has completed current first aid and CPR training appropriate to the foster child's age and needs.
		The foster home has a fist aid kit which includes: sterile first aid dressing, bandages or roller bandages, adhesive tape, scissors, tweezers, thermometer, and antiseptic solution.
		The foster parent(s) maintain a record of each foster child's prescription medications which is retained for at least one year and includes the following: <ul style="list-style-type: none"> <li>• Child's name</li> <li>• Name of physician who prescribed medication</li> <li>• Drug name, strength and quantity</li> <li>• Date filled and expiration date</li> <li>• Prescription number</li> <li>• Pharmacy name</li> <li>• Number of refills and other instructions, if any, regarding the medications</li> </ul>
		All centrally stored medications are locked and stored in the original container.
		Label instructions are followed and medication labels are not changed.
		There are no expired medications (including over-the-counter medications) or medications for former foster children.
		There are no permanently discontinued medications in the facility.
		Dosages are not set up more than 24 hours in advance.
		A central record is kept of each medication that is prescribed or destroyed.
		Foster parent(s) assist Foster children with medications according to label/physician instructions. Foster parents, unless authorized by law, do not administer injections to foster children but do help foster children with self-administration of injections as needed.
		Documentation is on file that the foster child's physician is aware of all over-the-counter medications the child is taking.

**PRN Medications/As Needed Medications**

Each foster child’s ability to determine his/her need for any medication must be determined by the child’s physician **and** documented in that child’s file. The physician must also provide written instructions for using the medication. The documentation should include one of the following determinations for each child:

Met	Not Met	
		The foster child <u>can</u> determine and communicate his/her need for <u>prescription and non-prescription</u> PRN medication. <b>OR</b>
		For <u>non-prescription</u> PRN medication <u>only</u> , the foster child <u>cannot</u> determine his/her need but <u>can clearly</u> communicate his/her symptoms. <b>OR</b>
		For <u>prescription and non-prescription</u> PRN medication, the foster child is <u>unable</u> to determine his/her own need for the medication and is <u>unable</u> to clearly communicate his/her symptoms. In these circumstances, foster parents must contact the foster child’s physician before each dose is given and receive instructions.

**Buildings and Grounds**

Met	Not Met	
		The home is clean safe, sanitary and in good repair at all times.

**The following requirements apply to all children residing in the foster home including the foster parent(s) children, guardianship children, and children in placement.**

Met	Not Met	
		No more than two children share a bedroom.
		Children of the opposite sex do not share a bedroom unless each child is under five years of age.
		No room commonly used for other purposes is used as a bedroom.
		Except for infants, children do not share a bedroom with an adult.
		No more than one infant and two adults share a bedroom.

**Pool/Water Safety**

Met	Not Met	
		An adult who has the ability to swim supervises children at all times when they are using a pool or a body of water.
		<p>The home has no swimming pool, wading pool, hot tub, spa, fish pond or other body of water that’s accessible to children, unless:</p> <ul style="list-style-type: none"> <li>• Bodies of water on the property are either covered or surrounded by a fence at least five feet high</li> <li>• Fence gates swing away from the body of water, and have self-closing latches no more than six inches from the top of the gate</li> <li>• Pool covers are strong enough to support the weight of an adult</li> <li>• Above ground pools are made inaccessible by removing the pool ladder or building a barricade, or by fencing the top of the pool structure</li> <li>• If the pool cannot be emptied after each use, the pool has a working pump and filtering system</li> </ul>

**Criminal Record/Child Abuse Central Index Clearances H&S Code 1522, 1522.1**

Met	Not Met	
		A Department of Justice and Federal Bureau of Investigation Criminal Record Clearance and Child Abuse Central Index Clearance request has been submitted for all adults including volunteers, babysitters and respite workers who are left alone with or who provide care and supervision to foster children. These clearances must be submitted before the adult provides care to foster children.

**Reporting Requirements**

Met	Not Met	
		Any change in the persons living in the Foster Home is reported to licensing within 10 working days.
		Special incidents are reported to licensing by telephone by the end of the next working day and a written report is submitted to licensing within seven days following the incident.

**Incidents that must be reported include but are not limited to the following:**

- Any injuries to a child that requires medical treatment
- Any unusual incident or child absence which threatens the physical or emotional health or safety of any child
- Any suspected physical or psychological abuse of any child
- Death of any child
- Epidemic outbreaks
- Poisonings
- Catastrophes, including fires or explosions at the foster home

**Foster Parent(s) Duties and Responsibilities**

Met	Not Met	
		The foster parent(s) is/are regularly present in the home when children are present.
		When the foster parent(s) is/are absent from the home while children are present, the foster parent(s) arrange for supervision of the children by a responsible adult. If the child’s needs and services plan permits the child to be unsupervised for periods of time, the arrangement must be approved by licensing in advance.

**The foster parent(s) are also responsible for the following:**

- Participating with the child in activities
- Participating with agencies and other responsible persons in planning for the needs of the child
- Making sure that the child is clean and providing the child with training in personal cleanliness and hygiene
- Protecting the child from home accidents
- Arranging for each foster child to attend available community treatment or training programs when the foster child has needs that can be met by such programs
- Participating in activities that increase the foster parent(s) own understanding of, and skill in, caring for foster children
- Assisting the child in the development of goals and encouraging him/her to reach those goals
- Supervising the delivery of basic services within the home
- Ensuring the supervision of children during participation in or presence at potentially dangerous activities

## Needs and Services Plans

Met	Not Met	
		<p>Each foster child has a needs and services plan that describes his/her service needs. The plan is updated at least annually or as frequently as needed to accurately describe the child's current needs. If a needs and services plan is not provided at the time of placement, the foster parent must contact the child's placement worker to request their participation in the development of the plan, and must keep a detailed record of those requests. Each needs and services plan must contain the following information:</p> <ul style="list-style-type: none"> <li>• Child's name</li> <li>• Age</li> <li>• Physical limitations</li> <li>• History of infectious or contagious diseases</li> <li>• History of other medical, emotional, behavioral and physical problems</li> <li>• Child's ability to handle his/her cash resources</li> <li>• Current service needs related to physical limitations, infectious or contagious disease</li> <li>• Any needs appraisal or individual program plans completed by a placement agency or consultant</li> <li>• A plan for providing services to meet the child's needs</li> </ul>

## Children's Medical Assessments

Met	Not Met	
		<p>Before, or within 30 calendar days following acceptance of a foster child, the foster parent(s) must obtain a written medical assessment of the child performed by, or under the supervision of a licensed physician. The assessment cannot be over one year old when obtained. The assessment must provide the following:</p> <ul style="list-style-type: none"> <li>• A record of any infectious or contagious diseases</li> <li>• A test for tuberculosis</li> <li>• A record of immunizations and childhood diseases</li> <li>• Identification of the child's special problems and needs</li> <li>• Identification of any prescribed medications being taken by the child</li> <li>• The child's ability to exit the home in an emergency</li> </ul>

## Telephones

Met	Not Met	
		The Foster Home has telephone service

## **Children's Records**

The foster parent(s) maintain a separate, complete and current record at the home for each foster child. Each child's record includes but is not limited to the following:

- Name of the child
- Birth date and copy of the child's birth certificate if available
- Date of placement in the home
- Name, address and telephone number of the placement agency
- Name, address and telephone number of the person to be contacted in an emergency when the child's authorized representative cannot be contacted
- Written consent to obtain ordinary medical and dental care in an emergency when the child's authorized representative cannot be reached
- Name, address and telephone number of the child's physician, dentist and other medical and mental health providers, if any
- The foster child's medical assessment including ambulatory status
- A record of current medications, prescribing physician and instructions, if any, regarding control and custody of medications
- Name of all persons authorized to take the child from the home
- Medical and dental history, if available, including immunization records and physician's orders for any medically necessary diet
- Religious preference and the name and address of clergyman or religious advisor, if any
- A copy of the child's needs and services plan and modifications
- A record of the continuing health needs and services received while the child is in the home, including but not limited to physical therapy and counseling
- Admission agreement

An account of the child's case resources, personal property, and valuables entrusted to the foster parent(s)

## **Personal Rights**

Each foster child has personal rights including but not limited to the following:

- To be provided dignity in his/her personal relationships with other persons in the home
- To be provided safe, healthy and comfortable accommodations, furnishings and equipment that are appropriate to his/her needs
- To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature including but not limited to interference with daily living functions of eating, sleeping, or toileting, or withholding shelter, clothing, or aids to physical functioning
- To be informed, and to have his/her authorized representative informed, by the foster parent(s) of the law regarding complaints, including but not limited to the address and telephone number of the licensing agency and information regarding the confidential registration of complaints
- To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice
- Not to be locked in any room, building or facility premises by day or night
- Not to be placed in any restraint device unless it is a postural support approved by licensing in advance
- To be free of the administration of medication or chemical substances not authorized by a physician
- To be informed of the foster home's policies regarding family visits and other communication with the child
- To have visitors, including relatives, the child's authorized representative and others, so long as the visits do not infringe on the rights of other children in the home and visits occur during waking hours
- To wear his/her own clothes
- To possess and control his/her own cash resources, unless otherwise agreed to in the child's needs and services plan and by the child's authorized representative
- To possess and use his/her own personal possessions, including toilet articles
- To have individual storage space for his/her private use
- To have access to a telephone to make and receive confidential calls so long as calls are not prohibited by court order or by the child's authorized representative, or are not prohibited as a form of discipline
- To have access to letter writing material and to send and receive unopened correspondence unless prohibited by court order or by the child's authorized representative, placement agency or parents
- To have the child's personal rights shared with the child and his/her authorized representative and a written copy of the child's personal rights be given to both

## Transportation

Met	Not Met	
		Only drivers licensed for the type of vehicle operated are allowed to transport children.
		The vehicle's rated seating capacity is never exceeded and it is maintained in safe operating condition.
		Infants are secured in a car seat designed for infants.
		Children between two and four years of age and all children who weigh less than 40 pounds, or have disabilities which prevent them from sitting unassisted, are always secured in a car seat or harness designed for such children.
		Other children are always secured in the vehicle's regular car seat belt/harness.

## Outdoor Activity Space

Met	Not Met	
		All natural or man-made hazards such as canals, cliffs, creeks, condemned buildings, ditches, lakes, ocean fronts, mines, power lines, quarries, rivers, swamps, watercourses, and areas subject to flooding which lie on or adjacent to the home's outdoor activity space are made inaccessible.

## Storage Space

Met	Not Met	
		<p>Medicines, disinfectants, cleaning solutions, poisons, firearms, and other dangerous items are not accessible to children.</p> <ul style="list-style-type: none"> <li>• Storage areas for poisons, and firearms and other dangerous weapons are locked</li> <li>• Firing pins and ammunition are stored and locked separately from firearms</li> </ul>

## Fixtures, Furniture, Equipment, and Supplies

Met	Not Met	
		Fireplaces and open-faced heaters are not accessible to children.
		Infants are provided with a safe, sturdy bassinet or crib.
		Bunk beds of more than two tiers are not used.
		Bunk beds have railings on the upper tier to prevent falling.
		Children under five years old or those who are unable to climb into or out of the upper tier on their own are not allowed to use the upper tier.