# GROUP HOME PROGRAM STATEMENT GENERAL INSTRUCTIONS

Welfare and Institutions Code (W&IC) Section 11467(b) requires the standardized **Group Home Program Statement** for county placement, Community Care Licensing Division (CCLD), and Aid to Families with Dependent Children-Foster Care (AFDC-FC) rate setting. A separate **Group Home Program Statement** must be completed for each distinct program operated by a provider.

A group home "program" is defined as a unique combination of services to a specific population of children in one or more licensed group home facilities (Manual of Policies and Procedures (MPP) Section 11-400(p)(6)(A)). AFDC-FC rates are established for group home programs organized and operated on a nonprofit basis by the California Department of Social Services (CDSS), Foster Care Rates Bureau.

CDSS, CCLD licenses group home facilities. A separate license is required for each facility (location). A group home program may be provided in one or more licensed facilities but each facility must be licensed separately.

# INITIAL GROUP HOME LICENSE APPLICANTS/INITIAL GROUP HOME PROGRAM STATEMENTS

A group home must be licensed and have an AFDC-FC rate established in order to accept placements from county social services or probation departments. These placements are funded by AFDC-FC. AFDC-FC rates are only established for group home programs that have the written support of the social services or probation department (MPP 11-406.12) from the host county, primary placing county or a regional consortium of counties. The host county is the county in which the facility, or a majority of facilities, is located (MPP 11-400(h)(1)).

# PROCESS FOR SUBMISSION OF INITIAL GROUP HOME PROGRAM STATEMENTS

- Complete the Group Home Program Statement.
- Submit one copy of the **Group Home Program Statement** to the host county primary placing county or regional consortium of counties, (social services or probation department) and request a letter of support.
- The county reviews the program as described in the **Group Home Program Statement** and may schedule an interview and/or site visit to determine if the group home program meets its needs.
- The county must issue a letter of support before the next step is taken.
- Submit two copies of the **Group Home Program Statement** and the county letter of support to the CCLD District Office. (The support letter is not a requirement for licensure.)
- The CCLD District Office sends a copy of the **Group Home Program Statement** and the county letter of support to the Foster Care Rates Bureau.

### **REVISIONS TO GROUP HOME PROGRAM STATEMENTS**

The group home must submit revisions to the **Group Home Program Statement** when any changes are made to the program that will affect the license and/or the AFDC-FC rate. It is only necessary to submit the documents/pages that are revised, including a new Part I and revised Table of Contents. It is not necessary to submit a complete new **Group Home Program Statement**.

Changes to the group home program that are more than one Rate Classification Level (RCL) greater than the original RCL determination, i.e., new programs or program changes, must be submitted to and supported by the county (MPP 11-406.12).

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All revisions to the Group Home Program Statement must be sent to the CCLD District Office.

#### PROCESS FOR SUBMISSION OF REVISIONS

- Complete revisions to the **Group Home Program Statement**, including a new Part I and Table of Contents.
- Submit one copy of the revisions to the county when the change will be more than one RCL greater than the original RCL determination.
- The county reviews the revised program to determine if the group home program meets its needs.
- Submit two copies of the revisions, and the county letter of support if needed, to the CCLD District Office. (The support letter is not a requirement for licensure.)
- The CCLD District Office sends a copy of the revisions and the county letter of support to the Foster Care Rates Bureau.

# FORMAT FOR SUBMITTING GROUP HOME PROGRAM STATEMENT

- Type or print clearly.
- Complete PART I PROGRAM IDENTIFICATION and PART II PROGRAM POPULATION, SERVICES AND CAPABILITIES.
- Prepare and compile the information and documentation required in PART III PROGRAM NARRATIVE.
- Use the Table of Contents page included in the forms packet as the Table of Contents for your **Group Home**Program Statement.
- Number tabbed dividers or sheets to correspond to the numbers in the Table of Contents column entitled "Section Numbers". Place all appropriate materials behind each tabbed divider.
- Place all materials, in the order shown, in a three ring binder or folder. Place the Table of Contents in the front.
- Keep a copy for your records.
- When submitting revisions:
  - Complete a new PART I PROGRAM IDENTIFICATION.
  - Complete a revised Table of Contents; enter the date of the revision(s) in the "Date Revised" column
    opposite the section being revised.
  - Clearly number and identify the revised material (or it will be returned to you).
  - Keep a copy for your records.

# ABBREVIATIONS USED IN THE GROUP HOME PROGRAM STATEMENT

- CCLD Community Care Licensing Division
- CCR California Code of Regulations (Licensing regulations are contained in Title 22, Division 6)
- CDSS California Department of Social Services
- FCRB Foster Care Rates Bureau, CDSS
- · GC Government Code
- H&SC Health & Safety Code
- LIC indicates Licensing forms
- MPP Manual of Policies & Procedures (contains AFDC-FC rate setting regulations)
- SR indicates AFDC-FC rate setting forms
- W&IC Welfare & Institutions Code

# GROUP HOME PROGRAM STATEMENT TABLE OF CONTENTS

NAME OF PROGRAM	RATE PROGRAM NUMBER	DATE

(Use this sheet as the Table of Contents for your **Group Home Program Statement**. Number tabbed dividers to correspond to the numbers in the column titled "Section Number". Place appropriate material behind the tabbed divider. Place material, in the order shown, in a three-ring binder or folder. When submitting revised material, write the date of the revision in the column titled "Date Revised.")

revision	in th	e column titled "Date Revised.")		
			SECTION NUMBER	DATE REVISED
PART I:	PR	OGRAM IDENTIFICATION	. 1	
PART II:	PR	OGRAM POPULATION, SERVICES & CAPABILITIES	. 2	
PART III:	PR	OGRAM NARRATIVE		
		PROCEAN PROCEEDINGS		
	A.	PROGRAM DESCRIPTION PURPOSE, METHODS, GOALS	. 3	
		PLANNED ACTIVITIES/USE OF COMMUNITY RESOURCES		-
		SPECIAL SERVICES/PROGRAMS OFFERED		
		MEDICAL/DENTAL		
		TRANSPORTATION		
	В.	ADMISSION/ASSESSMENT/DISCHARGE POLICIES AND PROCEDURES		
		ADMISSION/INTAKE		
		NEEDS & SERVICES PLANS/ASSESSMENT	. 9	
		DISCHARGE/REMOVAL		
		VISITATION RULES & POLICY		
		HOUSE RULES	. 12	
	_	CENERAL ROLLOIFO AFFECTINO CUIU RREN DI ACER		
	C.	GENERAL POLICIES AFFECTING CHILDREN PLACED	40	
		DISCIPLINE POLICIES EMERGENCY INTERVENTION PLAN		
		RUNAWAY PLAN		
		CHILDREN'S COMPLAINT/GRIEVANCE PROCEDURES		-
		HANDLING OF CHILDREN'S FUNDS, ALLOWANCES, & SALARIES		
		CHORES		
		NUTRITION/SAMPLE MENU		
		CLOTHING & INCIDENTALS	. 20	
	D.	STAFFING/ADMINISTRATIVE ORGANIZATION		
		STAFF SCHEDULE (LIC 500 OPTIONAL)		
		STAFF QUALIFICATIONS		
		JOB DESCRIPTIONS		
		INSERVICE TRAINING FOR STAFF/ADMINISTRATOR		
		ADMINISTRATION		
		VOLUNTEERS CONTROL OF REAL PROPERTY		
		FACILITY SKETCH (LIC 999 OPTIONAL)		
		AFDC-FC WARRANTS		
		BOARD OF DIRECTOR'S STATEMENT		
		BOARD OF BIRECTOR'S STATEMENT	. 30	
	E.	COUNTY REQUIREMENTS (OPTIONAL)		
			. 31	
			. 32	
			. 33	
			. 00	

PART I. PROGRAM IDENTIFICATION (SE	CTION 1)				
APPLICANT/LICENSEE NAME:					
PROGRAM NAME (IF ANY) OR NAME COMMONLY KNOWN AS:					
APPLICANT/LICENSEE MAILING ADDRESS:					
CONTACT PERSON'S NAME:		TITLE:			PHONE NUMBER:
DOES THIS AGENCY OPERATE ACTIVITIES OTHER THAN GROUP H	OME PROGRAMS? YES NO	IF YES, §	SPECIFY TYPE (	OF ACTIVITIES:	
NONPROFIT CORPORATION?					
☐ YES ☐ NO					
(Check reason CCLD requires the Program S Column B. One or more items in each colum  Column A Community Care Licensing  Initial License Application		AF	Colum DC-FC Ra		
☐ New License Application-Change in C	onditions	□ Ne	w Progra	m	
☐ Facility location change			_	t type children acce	ented
☐ Facility license category change t	o group home			t staffing pattern	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
☐ Facility capacity change	•			t staff professional	levels
☐ Change in licensee				·	
☐ Permanent change in client from ambulatory to			ogram Ch	ange	
nonambulatory			Change	in number of beds	
☐ Sale or transfer of majority of stock			New lice	ense application req	juired
☐ Separation from parent company			Group F	lome program disco	ontinued in
☐ Merger with another company			favor of	another	
GROUP HOME RATE PROGRAM NUMBER:	PRESENT RCL:			PROPOSED RCL:	
				1	

# **FACILITY LOCATION INFORMATION**

(Name and address of each facility operating the group home program.)

NAME(S)	LICENSE NUMBER(S)	(S	ADDRESS TREET NAME/ #, CITY, ZIP)	LI C.	ICENSED APACITY	REQUESTED CAPACITY
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
ATTACH ADDITIONAL SHEET IF NE	CESSARY					
SIGNATURE OF AUTHORIZED PERSON:			TITLE:		DATE:	
COUNTY REVIEW					•	
REVIEWED BY:					DATE:	
TITLE:			COUNTY:			

# PART I. PROGRAM IDENTIFICATION INSTRUCTIONS

**APPLICANT/LICENSEE NAME(S):** Enter the name(s) of the nonprofit corporation or the name of the person(s) legally responsible for the group home program and facility(ies) which operate it. Enter the full name(s).

**PROGRAM NAME/NAME COMMONLY KNOWN BY:** Enter program name, if applicable, or any other name by which the organization is commonly known, including a dba name.

**APPLICANT/LICENSEE MAILING ADDRESS:** Enter the headquarters address (street number, city, state, zip code) of corporations; enter the address of individuals.

**CONTACT PERSON'S NAME:** Enter the name of the person to whom questions concerning the Group Home Program Statement should be addressed. Enter the contact person's title and daytime telephone number including area code.

**OTHER AGENCY ACTIVITIES:** Check the appropriate box. If YES, enter the types of activities. Examples of other activities are daycare, on-site school, Foster Family Agency, adult care, thrift shop, health care facility.

NONPROFIT CORPORATION: Enter YES if the organization is organized and operated on a nonprofit basis; enter NO if it is not.

#### REASON GROUP HOME PROGRAM STATEMENT SUBMITTED:

#### COLUMN A. COMMUNITY CARE LICENSING

**INITIAL LICENSE APPLICATION:** Check if the Applicant/Licensee is not currently licensed by the Community Care Licensing Division to operate a community care facility.

**NEW LICENSE APPLICATION-CHANGE IN CONDITIONS:** Check if the Applicant/Licensee currently has a license to operate a community care facility but a new application is required due to a change in conditions or limitations described on the license. Check the type of change in conditions or limitations.

**NO LICENSE CHANGE:** Check if the Applicant/Licensee currently has a group home license and there are no changes in conditions or limitations that require submission of a new license application.

#### COLUMN B. AFDC-FC RATE SETTING

**NEW PROVIDER (INITIAL RATE):** Check if the Applicant/Licensee is a corporate entity organized and operated on a nonprofit basis that has not operated a group home which receives funding from Aid to Families with Dependent Children-Foster Care (AFDC-FC) or seriously emotionally disturbed (SED) in the preceding fiscal year.

**NEW PROGRAM:** Check if the Applicant's/Licensee has adopted a new program. Check the types of change that apply.

PROGRAM CHANGE: Check if the Applicant's/Licensee's program has changed. Check the reason(s) for the program change(s).

**NO AFDC-FC RATE REQUESTED:** Check if the Applicant/Licensee will not be accepting children placed by county social services or probation and funded by AFDC-FC, and is not requesting that an AFDC-FC rate be established.

**GROUP HOME RATE PROGRAM NUMBER:** For an annual or "program change" AFDC-FC rate application, enter the 8 digit number previously assigned by CDSS. For an initial application leave blank.

**PRESENT RATE CLASSIFICATION LEVEL (RCL):** Enter the 2 digit RCL previously assigned by CDSS. For an initial AFDC-FC rate application leave blank.

**PROPOSED RCL:** If a new program or program change will result in a change in the RCL, enter the 2 digit projected RCL. For an initial AFDC-FC rate application leave blank.

**FACILITY LOCATION INFORMATION:** Enter the facility name(s), license number(s), street number, city name, and zip code of each facility which will provide the group home program. Enter the licensed capacity of all licensed facilities. Enter the requested capacity if the facility has not been licensed.

**SIGNATURE:** Signature of chief executive officer or authorized representative (or applicant, if not a nonprofit corporation). Enter title of person who signed Group Home Program Statement and date signed.

**REVIEWED BY:** Signature of person authorized by the host (or primary placing) county to review Group Home Program Statements.

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# PART II. PROGRAM POPULATION, SERVICES & CAPABILITIES (SECTION 2)

Severe deficits in self-help skills

	, , , , , , , , , , , , , , , , , , , ,	A. SI	JMMARY	
1. P	ROGRAM PROVIDES: (check one)			
	Emergency shelter care		Average length of stay less than 18 months	
	Short term diagnostic care		Average length of stay more than 18 months	
	Other (explain)		CDSS	
2. P	ROGRAM ACCEPTS: (check all that apply)			
	☐ Males ☐ Females	Age	e Range(s):	
	Dependents (WIC 300)		Special Education Pupils Requiring Out-of-Home Placeme	ent
	Wards/Delinquents (WIC 602)		(GC 7572.5)	
	Children with Developmental Disabilities		Status Offenders (WIC 601)	
	(Regional Center Clients)		Private Placements	
	,		Other (explain)	
3. T.	ARGET POPUI ATION/TYPE OF CHILDREN/FAMII	LIES SEF	RVED: (e.g., mothers/infants, substance abusers, gays/les	hiar
	thnicity)			Diai
			CDSS	
	ROGRAM PROVIDES OR CAN ACCOMMODATE: Describe in detail in Section 3 or 5)	(check a	all that apply)	
	<b>Tutoring</b>		Services to families	
	Special education classes		Sibling placements	
	Vocational training		Special ethnic/cultural services	
	Emancipation/independent living		Primary language other than English	
	Medical needs or conditions		(including American Sign Language)	
	(other than mental health)		Chronic runaways	
Г	Follow-up services			
	Other (explain)			
	Other (explain)			
	Unier (explain)		CDSS	
	B. CHILD CHA	RACTE	RISTICS AND BEHAVIORS	
Rank	all of the characteristics or behaviors in this section	using the	e following scale: 1 = program designed to treat:	
	ogram will accept; 3 = program will NOT accept.)	domig an	residenting coals. The program according to a coal,	
. A	BUSE/NEGLECT	4.	PHYSICAL/SENSORY/HEALTH CONDITIONS	
. ,,	Physically abused		Asthma	
_	Sexually abused		Epilepsy	
	Abandoned		HIV/AIDS	
	Emotionally abused		Allergies	
	Neglected		Diabetes	
-	Severely medically neglected Ritualistically abused		Eating disorders Other chronic medical conditions (describe)	
-	ratualistically abused		Office difforms incured containing (describe)	
2. D	ELINQUENCY			
-	Offenses against persons		Blind/visual impairment CDSS	
-	Offenses against property		Deaf/hearing impairment	
-	Drug &/or alcohol related offenses		Developmentally disabled	
-	Use of weapons Arson		Require medication Require special diets	
-	, 110011		Pregnant	
3. D	EVELOPMENTAL DISABILITIES		Physical limitations (ambulatory or nonambulatory	<b>/</b> )
	Some deficits in self-help skills		(describe)	

# B. CHILD CHARACTERISTICS AND BEHAVIORS (Continued)

(Rank all of the characteristics or behaviors in this section using the following scale: 1 = program designed to treat; 2 = program will accept; 3 = program will NOT accept.)

5.	DRUG/ALCOHOL USE 10	. BEHAVIORS	
	Drug use	Acts disobediently at home	
	Previously treated for drug abuse	Acts disobediently at school	
	Alcohol use	Demands attention	
	Previously treated for alcohol abuse	Swears, uses obscene provocative language	
	High risk/delinquent/anti-social activity	Does not bond with parental figures	
	when under influence of drugs/alcohol	Does not get along with other children	
	High risk/delinquent behavior to	Does not accept authority	
	procure drugs/alcohol	Is manipulative of adults	
		Gets into fights	
6.	SEXUAL ADJUSTMENT/FUNCTIONING	Is cruel or mean to others	
	Sexual victim	Acts impulsively without thinking	
	Sexual perpetrator/exploits others	Runs away from placement	
	Confusion with sexual identity	Has temper tantrums, is volatile	
	Inappropriate sexual behavior	Verbally threatens peers/adults	
		Physically threatens peers/adults	
7.	MENTAL HEALTH	Physically assaults peers/adults	
	Requires psychotropic medication	Intentionally damages/destroys property	
	Previous psychiatric hospitalization	Commits violence or harm toward self	
	Emotionally disturbed (DSM, current revision, diagnosis)	Acts depressed and/or withdrawn	
_		Exhibits frequent and/or persistent mood swin	ngs
8.	MENTAL HEALTH/EDUCATION	Talks about suicide (has plan and/or exhibits	
	Special education pupil, certified	self-destructive behavior)	
	Seriously Emotionally Disturbed & requiring	Attempts suicide	
	out-of-home placement	Hallucinates, has delusions or bizarre thought	ts
9.	GANG INVOLVEMENT	Sets fires	
9.		Is cruel to animals	
	Gang member	Exhibits bizarre behavior	
	Associates with gang members List gang affiliates program will not accept:	Other (explain)	
	List gang anniates program will not accept.	Other (explain)	
		Other (explain)	CDSS
	11	List additional characteristics and/or behaviors the provided by the prov	ogram
		CDSS	

C. STRUCTURE/SUPERVISION						
1.	CHILD CARE WORKER/CHILD RATIO: Monday-Friday when school is in session	6am-9am1:		n-3pm 1:	3pm-10pm 1:	10pm-7am 1:
	Saturday, Sunday, holidays, weekdays when children are not in school			n-10pm 1:		10pm-7am 1:
2.	CHILD CARE WORKERS HAVE (OR WILL HAV	/E) THE FOLLO	WING	EDUCATION	ON AND EXPERIE	NCE: (check all that apply)
	<ul> <li>☐ HS equivalent</li> <li>☐ Some college, less than AA</li> <li>☐ AA, less than BA/BS</li> <li>☐ BA/BS and above</li> <li>☐ Other (explain)</li> </ul>			One to 3 More tha	n one year experier years experience n 3 years experienc	
3.	GROUP HOME PROGRAM PROVIDES: (check	( all that apply)				
	Supervision by live-in houseparents Awake night staff Capability of one-to-one supervision at any Supervision at residence, school, in commu Plan to manage assaultive behavior Psychotropic medication management School integrated with residential program Nonpublic school or Provided Other (explain) Other (explain)	inity (i.e., 24 hou	ct			CDSS
4.	STRUCTURE/SUPERVISION MODEL(S) USE	D: (Check all that	apply)			
	☐ Point system			Other (ex	kplain)	
	<ul><li>☐ Token economy</li><li>☐ Level system</li><li>☐ Contracts</li></ul>			Not appli	cable	CDSS
	С	. SOCIAL WO	ORK S	ERVICE	S	
1.	AVERAGE NUMBER OF DIRECT SOCIAL WO	RK HOURS PRO	OVIDE	PER CH	ILD PER WEEK: _	
2.	SOCIAL WORKER/CHILD RATIO: 1:					
3.	SOCIAL WORK SERVICES ARE PROVIDED B	Y: (check all tha	ıt apply	)		
	<ul><li>□ Program employees</li><li>□ Other (explain)</li></ul>			Contract		CDSS
4.	SOCIAL WORKERS HAVE (OR WILL HAVE) T	HE FOLLOWING	EDU(	CATION/C	REDENTIALS: (che	eck all that apply)
	<ul><li>□ BS/BSW</li><li>□ MSW</li><li>□ Other (explain)</li></ul>			MS MFT/LCS		CDSS
5.	SOCIAL WORK SERVICES PROVIDED TO CH	IILDREN IN THE	GROU	JP HOME	PROGRAM: (chec	
	☐ Intake study ☐ Development of needs & services plans ☐ Assessments to identify changing needs of ☐ Six month updates to needs & services plan ☐ Aftercare ☐ Other (explain)	child ns		Individua Group co Family co Developr Substance	oll counseling bunseling bunseling ment of discharge p ce abuse counseling	lans

E. MENTAL HEALTH TREATMENT SERVICES							
1.	1. MENTAL HEALTH TREATMENT SERVICES ARE PROVIDED: (check one)						
	☐ Regularly ☐ Occasionally ☐ Not applicable (skip to item F.)	Crisis intervention only					
2.	2. PERCENT OF CHILDREN WHO ARE EXPECTED TO BE RECEIVING SERVICES:%	ON-GOING MENTAL HEALTH TREATMENT					
3.	AVERAGE NUMBER OF HOURS OF TREATMENT PROVIDED TO EASERVICES EACH WEEK:	ACH CHILD RECEIVING MENTAL HEALTH TREATMENT					
4.	4. RATIO OF LICENSED MENTAL HEALTH PROFESSIONAL STAFF TO	CHILDREN: 1:					
5.	(check all that apply) (check if person is employed by program	m, on contract or a Medi-Cal provider)  ntract  Medi-Cal provider					
6.	6. MENTAL HEALTH TREATMENT FUNDED BY: (check all that apply)						
	☐ Medi-Cal ☐ Short-Doyle ☐	Other					
7.	7. MENTAL HEALTH TREATMENT SERVICES PROVIDED TO CHILDRE  Psychiatric evaluation Psychological testing Individual therapy Family therapy Group therapy Crisis intervention Licensed day treatment on grounds Licensed day treatment off grounds	Psychotropic medication management Staff consultation with licensed mental health professional(s) Other therapeutic services required for child to benefit from program (describe)					
	F. ALCOHOL/DRUG TREAT	MENT SERVICES					
1.	1. ALCOHOL/DRUG TREATMENT SERVICES ARE PROVIDED: (check	one)					
	☐ Regularly ☐ Occasionally ☐	Not applicable (skip to signature)					
2.	2. PERCENT OF CHILDREN RECEIVING ALCOHOL AND/OR DRUG TR	REATMENT SERVICES:%					
3.	3. ALCOHOL/DRUG TREATMENT SERVICES ARE PROVIDED BY: (ch	eck all that apply)					
	<ul><li>☐ Program employees</li><li>☐ Other (explain)</li></ul>	Contract staff					
4.	4. PROGRAM CERTIFIED BY DEPARTMENT OF ALCOHOL AND DRUG	B PROGRAMS: ☐ Yes ☐ No					
5.	<ol> <li>ALCOHOL/DRUG TREATMENT OR REHABILITATIVE SERVICES PR (check all that apply)</li> </ol>	OVIDED TO CHILDREN IN GROUP HOME PROGRAM:					
	<ul><li>☐ Substance abuse counseling</li><li>☐ 12 step program</li><li>☐ Other (explain)</li></ul>	Alcohol/drug education					
SIGNA	SIGNATURE OF AUTHORIZED PERSON: TITLE:	DATE:					
KDF	CDSS US KDE Date / / Initials /	SE ONLY:					

#### PART III. PROGRAM NARRATIVE

(Provide the information requested below and place it behind the corresponding tabbed divider (see General Instructions). The section number corresponding to the Table of Contents is shown for each subject area.)

#### PROGRAM DESCRIPTION

#### **PURPOSE. METHODS AND GOALS - SECTION 3**

[Reference: CCR 80022(b)(1); MPP 11-402.356(a)]

- Describe the PURPOSE, METHODS AND GOALS of the program. Include:
  - What the program will provide for the children and how it will be accomplished;
  - How children will be assessed;
  - What type of treatment will be provided; and
  - How results or outcomes will be measured and how often.
- If the program is certified by the Department of Alcohol and Drug Programs, attach a copy of the certification.

#### PLANNED ACTIVITIES/USE OF COMMUNITY RESOURCES - SECTION 4

[Reference: CCR 80022(b)(13), 84065(e), 84079]

Describe the program's planned SOCIAL and RECREATIONAL activities. Include:

- The plan for indoor and outdoor activities;
- The plan for individual child activities and group interaction activities;
- Which children are involved in the activities; and
- A list of community resources used by the program (for example, YMCA, YWCA, libraries, parks, church groups).

If the facility capacity is 13 or more, identify the staff position responsible for planning, supervising and conducting activities.

Describe the program's planned educational activities and services.

[Reference: CCR 84079(a)(5), 84068.2]

Include:

- Special education;
- Use of public and/or private schools;
- On grounds school; and
- Tutoring, if applicable.
- Provide a SAMPLE DAILY ACTIVITY SCHEDULE for one week, including weekends and holidays.

The schedule must include social, recreational and educational activities.

#### SPECIAL SERVICES/PROGRAMS OFFERED - SECTION 5

[Reference: MPP 11-402.356(f)]

- Describe any special services or programs which will be offered.
- If the program provides vocational training, describe:
  - The skills taught;
  - Goals of the training program;
  - Hands-on experience received;
  - Materials provided;
  - Number of hours per day/days per week training is provided; and
  - How training is funded.

# **MEDICAL/DENTAL - SECTION 6**

- Describe procedures used to provide routine medical and dental care, including procedures for handling and assisting children with self-administered medications. [Reference: CCR 80075(a)(1) - (2)]
- Describe procedures used to identify and handle medical, dental and psychiatric emergencies. [Reference: CCR 80075(f)] 2.
- Identify staff position(s) responsible for dispensing and destroying medications. [Reference: CCR 80075(i)(1), 84075(b)]

#### **TRANSPORTATION - SECTION 7**

- 1. Describe arrangements for transporting children to and from school, activities provided outside the facility(ies) (including attendance at religious services) and medical/dental appointments. [Reference: CCR 80022(b) (10)]
- Specify how the program will ensure that vehicles used to transport children are maintained in safe operating condition. [Reference: CCR 80074]
- 3. Specify how the program will ensure that vehicle registration and insurance will be maintained.
- 4. Specify how the program will ensure that only appropriately licensed program staff and volunteers will transport children.

#### ADMISSION/ASSESSMENT/DISCHARGE POLICIES AND PROCEDURES

#### **ADMISSION/INTAKE - SECTION 8**

[Reference: CCR 80022(b)(2), 84068.1, 84068.2]

- Describe the program's admission/intake procedures. Include:
  - Criteria for evaluating appropriateness of referrals for placement;
  - Information required to assess referrals for placement;
  - Timeframe for responding to referring agencies regarding acceptance or rejection of referral;
  - Staff position responsible for intake; and
  - Procedures for accepting emergency placements on a time-limited and/or trial basis.

# **NEEDS AND SERVICES PLANS/ASSESSMENT - SECTION 9**

[Reference: CCR 84022(b)(2)]

- 1. Describe procedures for developing a needs and services plan which addresses each child's needs and the services required to meet such needs.
- 2. Describe procedures for review and evaluation of the needs and services plan.
- 3. Describe procedures for implementing and modifying the needs and services plan.
- Describe the policy regarding participation of the child and his/her authorized representative in developing, updating and modifying the needs and services plan.

#### **DISCHARGE/REMOVAL - SECTION 10**

[Reference: CCR 84068.2, 84068.4]

- Describe procedures for planned discharge or removal. Include time lines.
- Describe procedures for emergency discharge or removal. Include time lines.

### **VISITATION RULES AND POLICY - SECTION 11**

[Reference: CCR 80068(b)(8), 84068.2(b)(6), 84072]

- Describe the policy and rules regarding visitation. Include:
  - When and under what circumstances children can be visited at the facility by family members, friends and others;
  - When and under what circumstances the child is permitted to have home visits with parents and/or relatives;
  - When and under what circumstances the child is permitted to have overnight visits with parents, relatives, family members and friends; and
  - When and under what circumstances other types of visits are or are not permitted.

# **HOUSE RULES - SECTION 12**

- 1. Describe the program's policy of allowing children to be unsupervised away from the facility, including issuing passes to children.
- 2. Specify other house rules.

Include:

- Curfew hours on school nights, weekends and holidays;
- Smoking;
- Dating other children in placement;
- Completing homework;
- Cleaning bedrooms and other areas;
- Use of entertainment equipment (the child's and the facility's);
- Dress code;
- Laundry;
- General prohibited behaviors; and
- Other (specify).

#### **GENERAL POLICIES AFFECTING CHILDREN PLACED**

#### **DISCIPLINE POLICIES - SECTION 13**

- Describe the program's discipline policy. [Reference: CCR 80072(a)(3), (7) (8), 84072, 84072.1] Include:
  - Type(s) of discipline used;
  - Conditions under which each type of discipline will be used;
  - Types of discipline not permitted (corporal punishment and violation of personal rights);
  - Provisions for contact with parents and/or placement representatives (conferences).

**NOTE:** Prone containment and like techniques shall not be included as part of a program's discipline policy nor written into individual needs and services plans. Such techniques are not to be a planned step in modifying behavior. They are considered to be only last resort emergency physical control techniques designed to prevent injury to the assaultive child or others.

# **EMERGENCY INTERVENTION PLAN SECTION - SECTION 14**

[Reference: CCR 84800(d), 84801, 84802, 84802.1, 84803, 84804 AND 84808]

- 1. Include a copy of your agency's approved Emergency Intervention Plan which must address the following areas:
  - Techniques of group and individual behavior management;
  - Methods for de-escalating volatile situations;
  - Alternative methods of handling aggressive and assaultive behavior;
  - Describe the physical techniques of applying manual restraints, if applicable;
  - Techniques for returning the child to planned activity following an emergency intervention;
  - A written test and evaluation criteria for the hands-on competency test; and
- 2. Include the name and qualifications of the individual who designed the Emergency Intervention Plan.

#### **RUNAWAY PLAN - SECTION 15**

[Reference: CCR 84808]

- Describe the plan for responding to an incident of a child running away. Include:
  - \_ Time frames for determining when a child is absent without permission;
  - Continuum of interventions;
  - Actions to locate the child;
  - Staff training plan;
  - Plan to involve law enforcement; and
  - Plan to notify the child's authorized representative.

#### CHILDREN'S COMPLAINT/GRIEVANCE PROCEDURES - SECTION 16

1. Describe procedures by which children or their authorized representatives are informed of their rights and permitted to file complaints. [Reference: CCR 84072.2]

Include how children, their authorized representatives and staff receive copies of the written complaint/grievance procedures.

# HANDLING CHILDREN'S FUNDS, ALLOWANCES, AND SALARIES - SECTION 17

- Describe how the program accounts for and handles children's personal funds. [Reference: CCR 80022(b)(12), 80025, 80026, 84026]
- Describe the procedure for issuing allowances, including the amount.

#### **CHORES - SECTION 18**

1. Describe any chores children are required to perform as part of their regular routine.

#### **NUTRITION/SAMPLE MENU - SECTION 19**

[Reference: CCR 80022(b)(9), 80076(a)(5) & (6)]

- 1. Provide a SAMPLE MENU which includes:
  - One week's worth of planned meals, including snacks from the four basic food groups;
  - Portion sizes; and
  - Times meals are served.
- 2. Describe any provisions available for children with special dietary needs.

#### **CLOTHING AND INCIDENTALS - SECTION 20**

- 1. Describe how the program ensures that children have adequate clothing.
- 2. Describe how the program provides personal hygiene items (for example, shampoo and deodorant).

#### STAFFING/ADMINISTRATIVE ORGANIZATION

#### **STAFF SCHEDULE - SECTION 21**

- Provide a staff work schedule for each facility site which includes names, classifications, days and hours worked. (You may use the LIC 500 Personnel Report.)
- 2. Specify the number of hours the program administrator will be at each facility each week.
- 3. Specify the number of facilities for which the administrator is responsible.

#### **STAFF QUALIFICATIONS - SECTION 22**

- 1. Provide copies of resumes or job applications for all child care workers, social work staff, mental health treatment workers, administrators and consultants. If employees have not started work, provide a letter of acceptance/commitment for the position.
- 2. Specify the number of hours the program administrator will be at each facility each week, performing administrative duties.

#### **JOB DESCRIPTIONS - SECTION 23**

[Reference: MPP 11-402.356(e); CCR 80022(b)(5), 80066(a)(8), 80064, 80065, 84064, 84064.1, 84064.2, 84065, 84065.1, 84164, 84165, 84165.1]

- 1. Provide JOB DESCRIPTIONS for each classification to be used by the program.
  - Each JOB DESCRIPTION must include:
  - Duties and responsibilities;
  - Minimum Qualifications, including special licenses or certificates required by the profession;
  - Special skills needed to perform the job; and
  - Lines of supervision.

### **INSERVICE TRAINING FOR STAFF - SECTION 24**

[Reference: MPP 11-202.355; CCR 80022(b)(6), 80065(f), 84065(d)(3), 84065(h)-(k) and 84803(a), 84064.3, 84065.1, 84165, 84265]

- 1. Describe the plan for providing initial and annual training for child care staff. Include:
  - Position or person who will do the training and his/her qualifications;
  - Approximate length of training;
  - Initial and annual training curricula; and
  - How special training needs are identified and met
- 2. Describe the plan for the facility manager training.

#### **ADMINISTRATION - SECTION 25**

[Reference: CCR 80022(b)(4), 80018(d)(2); MPP 402.356(c)]

- Provide the following:
  - Names, addresses (business and residence) and telephone numbers of all corporate officers or partners, as appropriate\*;
  - Names of all members of the Board of Directors\*;
  - Names and positions of any paid staff who are board members or related to board members;
  - A current organizational chart which shows lines of administrative authority; and
  - Copies of the articles of incorporation and bylaws.

\*You may use CCL form LIC 309 Administrative Organization.

#### **VOLUNTEERS - SECTION 26**

[Reference: CCR 80065(c)]

1. Describe how volunteers are utilized, screened and trained.

# **CONTROL OF REAL PROPERTY - SECTION 27**

[Reference: CCR 80018(d)(3)]

- 1. Provide the name(s) and address(es) of the property owner(s) for each group home facility.
- 2. Provide a copy of the Deed(s) or Property Tax Bill(s) as proof of property ownership.
- 3. If property is leased or rented, provide a copy of the lease(s) or rental agreement(s).

The agreement must not preclude the use of the property as a group home.

#### **FACILITY SKETCH - SECTION 28**

[Reference: CCR 80022(b)(7) and (8)]

- Provide a sketch of the buildings and grounds for each facility. (You may use CCLD form LIC 999 Facility Sketch.) Include:
  - Dimensions of all rooms and their designated use;
  - The number of children per bedroom;
  - Bedrooms to be used by nonambulatory children; and
  - All indoor and outdoor space including driveways, fences, storage areas, gardens, recreation areas and other space used by the children.

#### **AFDC-FC WARRANTS - SECTION 29**

1. Provide the name and address of the individual to whom AFDC-FC warrants are to be mailed.

### **BOARD OF DIRECTORS STATEMENT - SECTION 30**

[Reference: CCR 84018(C)]

Provide a copy of the signed Board of Directors Statement (LIC 9165) from each member of your board of directors.