



CDSS

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DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

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EDMUND G. BROWN JR.  
GOVERNOR

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

January 31, 2014

ALL COUNTY LETTER NO. 14-10

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY CHIEF PROBATION OFFICERS  
ALL CHILD WELFARE SERVICES PROGRAM MANAGERS  
ALL TITLE IV-E AGREEMENT TRIBES

SUBJECT: INSTRUCTIONS FOR COMPLETION OF THE RELATIVE ASSESSMENT/APPROVAL SOC FORMS FOR A TRIBALLY APPROVED HOME

REFERENCE: Indian Child Welfare Act at Title 25 U.S.C. Section 1915 and 25 U.S.C. 1931; Welfare and Institutions Code Section 361.4; All County Letter (ACL) No. 05-13 (dated June 16, 2005); All County Information Notice (ACIN) 1-86-08 (dated November 20, 2008)

This All County Letter provides instructions to county child welfare services (CWS) agencies, and probation departments for completion of the *SOC 815 (Approval of Caregiver Home)*, *SOC 817/817NMD (Checklist of Health and Safety for Approval of Family Caregiver Home)*, and *SOC 818/818 (Relative or Nonrelative Extended Family Member Caregiver Assessment)* for a Tribally Approved Home (TAH) when assessing a caregiver pursuant to the Welfare and Institutions Code (W&IC) section 361.4.

In accordance with the Indian Child Welfare Act (ICWA) at 25 U.S.C. section 1915, a federally recognized Indian tribe is authorized to approve or license a home for foster care or adoptive purposes according to the tribe's own licensing standards. **The home is not required to obtain a state or county license.** The tribe is able to approve or license the home according to its own socially and culturally appropriate standards pursuant to ICWA at 25 U.S.C. section 1931. This section provides that a TAH is the equivalent of a licensed or approved foster home.

In conjunction with ICWA, W&IC section 361.4 applies to an individual who cares for a court dependent or an Indian child who is a dependent of a State court. The county CWS agency or probation department in collaboration with the child's tribe ensures compliance with W&IC section 361.4. Consistent with information and instruction previously provided in ACL 05-13, number 21 on page six of Enclosure A, the tribe is permitted to perform all aspects of the home assessment process except for the criminal and Child Abuse Central Index (CACI) background check requirements. The county CWS agency or probation department performs all activities to do the required criminal and CACI background check of all adults living in the home or who may have significant contact with a court dependent child or non-minor dependent (NMD) placed in the home, including processing background check exemptions. This includes a criminal records check on anyone 14 years or older living in the home who the county social worker believes may have a criminal record. Additional information is provided in ACIN I-86-08. It should be noted that statute W&IC section 361.4(f) permits a tribe to request the California Department of Social Services (CDSS) to process the background check and exemption.

Due to the tribe's authority to perform all aspects of the home assessment process except for the background check requirements (W&IC section 361.4), there are unique and separate documentation requirements concerning the SOC forms (815, 817/817NMD and 818/818NMD). A TAH does not require completion by the tribe of the SOC 817/817NMD or the SOC 818/818NMD; it is sufficient for the tribe to provide the county CWS agency or probation department with documentation that the caregiver/home is licensed or approved by the tribe. There is no prescribed documentation or language which must be included on the tribal documentation. Typically, a tribe will provide a tribal resolution or statement on tribal letterhead evidencing the tribe's approval or licensure of the subject caregiver/home. The tribe must provide and the county must accept the tribal documentation. Absent good cause, the social worker and the supervisor should accept a TAH as suitable for the placement of the Indian child. To demonstrate the TAH meets the home inspection, caregiver qualifications, and personal rights standards, the county CWS agency or probation department would make a notation to the SOC 817/817NMD and SOC 818/818NMD regarding the documentation provided by the tribe.

The county CWS agency or probation department is responsible for completing only the SOC 815. The SOC 815 records that a caregiver/home has met all the tribe's assessment standards and the county CWS agency or probation department is required to complete the SOC 815 in its entirety as follows:

Page 1:

Fill out entirely.

- Item 1, "Criminal Record/Prior Abuse Clearances," will be completed by the county after all background check requirements are met (enumerated and recorded on pages 3 and 4).
- Item 2, "Caregiver Qualifications," will be completed based on the approval documentation received from the tribal authority; check either the first or second box depending on the age of the juvenile court dependent.

Page 2:

Fill out entirely.

- Item 3 "Safety of the Home and Grounds" will be completed based on the documentation received from the tribal authority. There is no prescribed documentation or language which must be included on the tribal documentation. A tribal council resolution, letter or other formal written documentation stating the caregiver/home is approved is sufficient. For Item 3, check the second box and add a written notation that the tribe licensed/approved the home per tribal standards. If the tribe's documentation specifies the date of an on-site inspection, complete the first box as well.
- Item 4 "Personal Rights" will be completed by the county when the caregiver has been provided with a summary of the rights of children in out-of-home care and has agreed to provide a copy to the child upon placement, pursuant to Manual of Policy and Procedures (MPP) 31-445.14.
- Item 5 "Completion of Orientation/Training" is to be completed by the county in accordance with MPP 31-445.14. The box should be checked when the caregiver has met this standard. Best case practice would be for the social worker and the tribe to collaborate on the caregiver orientation to ensure cultural aspects are considered.
- The certification box is completed by the county when all the standards for approval are met.

Page 3:

To be completed in its entirety by the county CWS agency or probation department.

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Page Four

Page 4:

This page is completed by the county and only when the caregiver or other adult has lived out of state within the past five years.

Page 5:

Complete only the "89319 Criminal Record Clearance Requirement" line, indicating "yes" or "no," or "CAP" as applicable. The county has discretion to record "TAH" for all the other standards based on the tribal approval documentation.

Please also refer to the attachment for a copy of the SOC 815, which includes the necessary portions highlighted that must be completed for a Tribally Approved Home.

If you have any questions regarding ICWA or TAHs, please contact the Child Welfare Policy and Program Development Bureau at (916) 651-6160. For questions concerning the SOC documentation requirements for a TAH, please contact the Kinship Care Policy and Support Unit at (916) 651-7465.

Sincerely,

***Original Document Signed By:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division

Attachment

Minor Dependent  Nonminor Dependent Name \_\_\_\_\_

Case #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

### Approval of Family Caregiver Home

Pursuant to the provisions of W&IC Section 319 or 361.45(d)(1), as applicable, I certify that I assessed

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

the  Relative  NREFM \_\_\_\_\_  
Relationship

of \_\_\_\_\_; and  
Minor Dependent /NMD Name Social Security Number DOB

the  Relative  NREFM \_\_\_\_\_  
Relationship

of \_\_\_\_\_; and  
Minor Dependent /NMD Name Social Security Number DOB

the  Relative  NREFM \_\_\_\_\_  
Relationship

of \_\_\_\_\_.  
Minor Dependent /NMD Name Social Security Number DOB

#### 1. CRIMINAL RECORD/ PRIOR ABUSE CLEARANCES

Criminal Record and Child Abuse records have been checked and cleared or exempted for the caregiver(s), all adults and other non-exempt person(s) living in the home or on the premises, or who have routine/significant contact with a minor dependent child(ren).

- ALL ADULTS CLEARED/EXEMPTED
- NOT CLEARED

#### 2. CAREGIVER QUALIFICATIONS

The above named (prospective) caregiver has been assessed as able to care for and supervise the above named minor dependent child(ren) and provide for the child(ren)'s special needs; Caregiver Assessment (SOC 818) completed and attached.

The above named (prospective) caregiver has been assessed as able to care for and supervise the above named nonminor dependent; Caregiver Assessment (SOC 818 NMD) completed and attached.

CAREGIVER NOT QUALIFIED.

Minor Dependent  Nonminor Dependent Name \_\_\_\_\_

Case #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

**3. SAFETY OF THE HOME AND GROUNDS**

An on-site inspection of the home's building and grounds was conducted on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Name)

The home is clean, safe, sanitary and in good repair, meeting required licensing/approval standards set forth in MPP 31-445 and Title 22, Division 6, Chapter 9.5, Article 3 of the California Code of Regulations; Checklist of Health and Safety Standards (SOC 817 or SOC 817 NMD as applicable) completed and attached.

HOME DOES NOT MEET APPROVAL STANDARDS.

**4. PERSONAL RIGHTS**

Information regarding the personal rights of the minor dependent child(ren) or nonminor dependent has been provided to the (prospective) caregiver who has agreed to provide a copy of that information to any dependent minor child(ren) or nonminor dependent (or the authorized representative where applicable) placed in the home.

**5. COMPLETION OF ORIENTATION/TRAINING**

The (prospective) caregiver has received a summary of State approval regulations and completed the orientation provided by the county.

I certify that the above-named (prospective) caregiver meets the standards for relative or nonrelative extended family member home approval as of \_\_\_\_\_  
(Date)

I certify that as of \_\_\_\_\_, the above-named (prospective) caregiver meets the standards for relative or nonrelative extended family member home approval pending completion of a Plan of Correction.

Plan of Correction completed on \_\_\_\_\_  
(Date)

Plan of Correction not completed by agreed due date.

I certify that the above-named (prospective) caregiver DOES NOT meet the standards for relative or nonrelative extended family member home approval as of \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Assessment Approval Worker's Signature (Date)

\_\_\_\_\_  
Assessment Approval County

\_\_\_\_\_  
Supervisor's Signature (Date)

Minor Dependent  Nonminor Dependent Name: \_\_\_\_\_

Case #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

### CRIMINAL BACKGROUND CHECKS

	Temporary Placement (W&IC 309(d)(1); 361.45)				Live Scan Submitted (W&IC 309(d)(2)&(d)(3); W&IC 361.4; 361.45)			Live Scan Received (W&IC 309(d)(2)&(d)(3); W&IC 361.4; 361.45)			Rapback	ICT	Exemptions		
	Established Presence In Home	CLETS (309d)	CACI (309d)	CWS/CMS Search (309d)	DOJ	FBI	CACI	DOJ	FBI	CACI	Established	Effective Date Approved by DOJ	Exemption Requested by Applicant	Exemption Approved	Exemption Denied
Caregiver	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
Other Adult															
Adult w/Significant Contact															

Minor Dependent     Nonminor Dependent Name: \_\_\_\_\_

Case #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

### OUT-OF-STATE CHILD ABUSE REGISTRY CHECKLIST

	Resided Outside CA Within Last 5 Years		If Yes, Name of Other State(s)	Is Registry Maintained by Other State(s)?		If Yes, Date Requested Other State(s) Info	Date Received Other State(s) Info	Cleared (Date)	Not Cleared (Date)
	YES	NO		YES	NO				
Caregiver									
Other Adult									
Adult with Significant Contact									

Minor Dependent     Nonminor Dependent Name: \_\_\_\_\_

Case #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

### **Checklist of Standards for Approval of Family Caregiver Home**

Pursuant to Division 31, MPP Section 31-445, in order to be approved, all relative and nonrelative extended family member homes must meet the following standards set forth in Title 22, Division 6, Chapter 9.5, Article 3.

Section	STANDARD	YES	NO	DAP*	CAP**
89318	APPLICANT QUALIFICATIONS				
89319	CRIMINAL RECORD CLEARANCE REQUIREMENT				
89323	EMERGENCY PROCEDURES				
89361/893161	REPORTING REQUIREMENTS				
89370/893170	CHILDREN'S RECORDS/NONMINOR DEPENDENTS' RECORDS				
89372/893172	PERSONAL RIGHTS				
893172.1	EXPECTATIONS, ALTERNATIVES, AND CONSEQUENCES				
89373/893173	TELEPHONES				
89374/893174	TRANSPORTATION				
89376/893176	FOOD SERVICE				
89377	REASONABLE AND PRUDENT PARENT STANDARD				
89378/893178	RESPONSIBILITY FOR PROVIDING CARE & SUPERVISION				
89379/893179	ACTIVITIES				
89387/893187	BUILDINGS AND GROUNDS				
89387.2	STORAGE SPACE				
89388	COOPERATION & COMPLIANCE				

\*DAP: DOCUMENTED ALTERNATIVE PLAN MADE

\*\*CAP: CORRECTIVE ACTION PLAN MADE