



CDSS

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**DEPARTMENT OF SOCIAL SERVICES**

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ARNOLD SCHWARZENEGGER  
GOVERNOR

November 25, 2008

ALL COUNTY LETTER NO. 08-57

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

SUBJECT: RELATIVE/NONRELATIVE EXTENDED FAMILY MEMBER (NREFM)  
APPROVALS – REVISED SOC 815 FORM

REFERENCE: ALL COUNTY LETTER (ACL) NO. 07-54; SENATE BILL (SB) 703  
(CHAPTER 583, STATUTES OF 2007); SB 776 (CHAPTER 580,  
STATUTES OF 2007); AND, PUBLIC LAW (PL) 109-248 (ADAM  
WALSH CHILD PROTECTION AND SAFETY ACT OF 2006)

This letter is to provide counties with information and instruction regarding revisions made to the Approval of Family Caregiver (SOC 815) form used in assessing and approving relative and NREFM caregivers.

Revision of the form was necessary to record the out-of-state child abuse and neglect registry check required by SB 703 for compliance with Public Law (PL) 109-248, known as the Adam Walsh Child Protection and Safety Act of 2006 (the Act). The Act requires that child welfare agencies and probation departments check the child abuse and neglect registry of each state in which a prospective foster or adoptive parent, relative caregiver, or NREFM has resided in the past five years, if that state maintains a registry. The form has also been revised to record an inter-county transfer of a relative/NREFM criminal record clearance/exemption/subarrest notification request allowed by SB 776.

**Summary of Revisions**

The SOC 815 has been modified as follows:

- The form has increased from four to five pages.

**REASON FOR THIS TRANSMITTAL**

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

- A new page four has been added to document compliance with the out-of-state child abuse registry check. That page is a replica of the form developed by and incorporated into the SOC 815 with permission from Orange County. Information regarding out-of-state residence disclosed on the Out-of-State Disclosure and Criminal Record Statement (LIC 508D) for each adult in the home or who has significant contact with the foster child is transferred to this page. For each individual who has resided out of state, this page allows for recording the various steps in the out-of-state child abuse registry check process.
- The page three grid has been modified to include a column within which to record the effective date the Department of Justice (DOJ) approves an inter-county transfer ("ICT") of a criminal record clearance/exemption and subsequent arrest notification. ICTs are now allowed for the relative assessment/approval process as a result of the passage of SB 776. (A separate ACL with more implementation details regarding that bill is forthcoming.)
- A box labeled "Megan's Law/Date" has been added to the page three grid in anticipation of future requirements that would need to be recorded as part of the relative/NREFM assessment/approval process. Instructions will be issued when use of that box is required.
- A column has been added to the page three grid to record the date each adult residing in the home established presence there; this was added to distinguish when new adults come to the home following initial approval.

(As a reminder to counties, for a temporary placement the California Law Enforcement Telecommunication System, Child Welfare Services/Case Management System (CWS/CMS) search and Child Abuse Central Index (CACI) must be completed on or before the date of placement and those dates documented on page three of the SOC 815. In addition, the criminal background check requirements that must be met and documented on page three of the SOC 815 prior to establishing an approval date are Live Scan received for DOJ, Federal Bureau of Investigation, CACI, rapback established, and if applicable, the date the exemption was granted.)

- The page three grid has also been revised by labeling the columns to more clearly identify the specific criminal background checks that must be accomplished for each type of assessment.
- Both pages three and four now provide an area to record the criminal background check of an individual who may have significant contact with a child placed in the relative/NREFM caregiver home.

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Page Three

**Use of Revised Form**

This form will be imported into CWS/CMS as an interim template, available for county workers' use. As of the date of this ACL, county workers are required to use the 11/08 version of the SOC 815 to process a relative/NREFM assessment/approval as allowed by Welfare and Institutions Code Section 309(d), 361.4 and 361.45.

Should you have any questions regarding this ACL, please feel free to contact the Kinship Care Policy and Support Unit program analyst for your county at (916) 651-1878.

Sincerely,

***Original Document Signed By:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division

Attachment

c: County Welfare Directors Association  
Chief Probation Officer of California

Child's Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Child's SSN: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

### Approval of Family Caregiver Home

Pursuant to the provisions of WIC Section 319, I certify that I assessed

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

the  Relative  NREFM \_\_\_\_\_  
Relationship to child  
of \_\_\_\_\_; and  
Child's Name Social Security Number DOB

the  Relative  NREFM \_\_\_\_\_  
Relationship to child  
of \_\_\_\_\_; and  
Child's Name Social Security Number DOB

the  Relative  NREFM \_\_\_\_\_  
Relationship to child  
of \_\_\_\_\_.  
Child's Name Social Security Number DOB

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

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

- ALL ADULTS CLEARED
- NOT CLEARED

**2. CAREGIVER QUALIFICATIONS**

- The above named prospective caregiver has been assessed as able to care for and supervise the above named child(ren) and provide for the child(ren)'s special needs; Caregiver Assessment completed and attached.
- CAREGIVER NOT QUALIFIED.

**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 for the safety and well-being of the child(ren), meeting required licensing/approval standards set forth in MPP 31-445.3; Checklist of Health and Safety Standards completed and attached.
- HOME DOES NOT MEET APPROVAL STANDARDS.

Child's Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Child's SSN: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

**4. CHILD'S PERSONAL RIGHTS**

- Information regarding the personal rights of foster children has been provided to the prospective caregiver who has agreed to provide a copy of that information to any child (or the child's authorized representative where applicable) placed in his or her home.

**5. COMPLETION OF ORIENTATION/TRAINING**

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

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

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

- Plan of Correction completed on \_\_\_\_\_ (Date)
- Plan of Correction not completed by agreed due date.

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

\_\_\_\_\_  
Assessment Approval Worker's Signature

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

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

Child's Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
 Child's SSN: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  
 Caregiver's Name: \_\_\_\_\_

### CRIMINAL BACKGROUND CHECKS

		Temporary Placement (W&I 309(d)(1); 361.45)			Live Scan Submitted (W&I 309(d)(2)&(d)(3); W&I 361.4; 361.45)			Live Scan Received (W&I 309(d)(2)&(d)(3); W&I 361.4; 361.45)			Rapback	ICT	Exemptions		
Megan's Law Check/Date	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															

Child's Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
 Child's SSN: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  
 Caregiver's 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									

Child's Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Child's SSN: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

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

Pursuant to Division 31, MPP Section 31-445.3, 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**
89317	APPLICANT QUALIFICATIONS				
89319	CRIMINAL RECORD CLEARANCE REQUIREMENT				
89323	EMERGENCY PLAN				
89361	REPORTING REQUIREMENTS				
89370	CHILDREN'S RECORDS				
89372	PERSONAL RIGHTS				
89373	TELEPHONES				
89374	TRANSPORTATION				
89376	FOOD SERVICE				
89377	REASONABLE AND PRUDENT PARENT STANDARD				
89378	RESPONSIBILITY FOR PROVIDING CARE & SUPERVISION				
89379	ACTIVITIES				
89387	BUILDINGS AND GROUNDS				
89387.1	OUTDOOR ACTIVITY SPACE				
89387.2	STORAGE SPACE				
89388	COOPERATION & COMPLIANCE				

\*DAP: DOCUMENTED ALTERNATIVE PLAN MADE

\*\*CAP: CORRECTIVE ACTION PLAN MADE