EXHIBIT A-12

County of Los Angeles - Department of Children and Family Services (DCFS)

Out-of-Home Care Management Division (OHCMD) & Probation Department (Probation) Placement Permanency & Quality Assurance (PPQA)

CHILD WELFARE HISTORY REVIEW FORM

INSTRUCTIONS

A Foster Family Agency (FFA) must conduct a reference check for each applicant prior to the approval of a Resource Family for placement of Los Angeles (LA) County children, in accordance to Health and Safety Code (HSC) 1517.2. The Los Angeles County Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) and the Probation Department (Probation) Placement Permanency & Quality Assurance (PPQA) shall collaborate with the FFA to evaluate the appropriateness of all new Resource Family Approval (RFA) applicant(s) in the home in order to determine if the home is a suitable placement resource for children supervised by LA County, in accordance with Health and Safety Code 1517(h), which allows the County to provide data contained in the statewide child welfare database to help the FFA determine whether it is safe and appropriate to approve an applicant to be a resource family. The following information must be provided to the assigned OHCMD Quality Assurance (QA) Manager or PPQA Manager for all new Resource Family Approval applicant(s). Based on the information provided, the assigned QA Manager shall provide the FFA with information relevant to the applicant(s) from the statewide child welfare database to help the FFA, as part of the applicant(s) Comprehensive Assessment, and make a determination on the suitability of the applicant(s) ability to provide care and supervision of LA County children/youth requiring out-of-home placement. The FFA shall be provided the information within five (5) to ten (10) business days of the QA Manager's receipt of this form. No Los Angeles County child(ren) shall be placed with the Resource Family until the FFA has completed the RFA process as indicated in Chapter 8.8, Foster Family Agencies, Articles 9, and Subchapter 1, in the Interim Licensing Standards commencing with Section 88330. A copy of this form must be retained in the RFA Home's file and kept by the Agency for future use.

PLEASE NOTE: Every Child Welfare History Review Form submitted must also include a signed **Release of Information** Form for each RFA applicant in the RFA Home.

Child welfare history results are to be used as part of the FFA's Comprehensive Assessment of the prospective resource family and shall not solely be used to deny or approve a Resource Family Home.

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(Probation) Placement Permanency & Quality Assurance (PPQA)

FFA/GH and STRTP Quality Assurance Section

CHILD WELFARE HISTORY REVIEW FORM

(Please type or print legibly)

Agency Name and Location: _____

Date: _____

Prospective Resource Parents (RP)	**RP #1**	**RP #2**
First Name		
Middle Name		
Last Name		
Maiden Name		
Other Names Used ☐ Not Applicable	1. 2. 3. 4.	1. 2. 3. 4.
Date of Birth		
California Driver License # or, if no Driver License, California Identification # or Military Identification #		
Current Address		
Prior Address(es) within the last 5 Years	1. 2. 3. 4.	1. 2. 3. 4.
Have you ever been approved/certified by another FFA, licensed by a County or State as a Resource/Foster Parent? If yes, list all agencies (including Out-of-County agencies), year of approval/certification and County or State where you were approved/certified or licensed as a Resource/Foster Parent.	☐ Yes ☐ No 1. 2. 3.	☐ Yes ☐ No 1. 2. 3.

If decertified or your approval was rescinded before, please provide FFA Name(s) and reason for decertification/rescission (attach additional page, if needed).	☐ N/A 1. 2.	☐ N/A 1. 2.
Have you ever been investigated for abuse or neglect allegations of any children (e.g. biological, adopted, legal guardian or foster parent)	☐ Yes ☐ No	☐ Yes ☐ No

<u>This Section Pertains to the Minor Children of the Resource Parent(s)</u>

Children's Names	**#1**	**#2**
First Name		
Middle Name		
Last Name		
Date of Birth		
Relationship	☐ Birth ☐ Adopted ☐ Step Child ☐Legal Gdn ☐ NREFM	☐ Birth ☐ Adopted ☐ Step Child ☐Legal Gdn ☐ NREFM

(Please attach additional page, if needed)

I (we) declare under penalty of perjury that I (we) understand the above questions and that the responses and accompanying attachments I (we) am (are) providing are true and correct.

_____

Resource Parent # 1 signature Date

_____

Resource Parent # 2 signature Date

I have reviewed the documentation provided and discussed the above information with the Resource Parent(s). I have received a signed release of information for every Resource Parent(s) and any other identified adult(s), which is/are attached to this form.

_____

Print name and Title of FFA Representative

_____

Signature of FFA Representative Date

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CHILD WELFARE HISTORY REVIEW FORM

FOR COUNTY USE ONLY

Date:_____

Agency:_____

DCFS OHCMD/Probation Quality Assurance Manager:_____

_____

Contact Information (Email): _____ **(Phone):** _____

☐ **Child welfare history review completed. No concerns noted as of (Date) _____**

☐ **Concerns Noted.**

☐ **Name of Prospective Resource Parent(s):**_____

RESULTS

☐ **Substantiated Allegations of Child Abuse or Neglect**
☐ **Unfounded or Inconclusive Allegations of Child Abuse or Neglect**
☐ **Information as determined by the County to be pertinent to conducting a family evaluation** **Details:**

Please contact your assigned DCFS OHCMD /Probation PPQA Manager, if you have any questions.

PLEASE NOTE:
Child welfare history results are to be used as part of the FFA's Comprehensive Assessment of the prospective resource family and shall not solely be used to deny or approve a Resource Family Home.