

**COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM  
CERTIFICATION FORM AND APPLICATION FOR EXCEPTION**

The County’s solicitation for this Request for Statement of Qualifications is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All Contractors, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the Contractor is excepted from the Program.

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		
Solicitation For _____ Services:		

***If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.***

**Part I: Jury Service Program is Not Applicable to My Business**

- My business does not meet the definition of “contractor,” as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

**“Dominant in its field of operation”** means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

**“Affiliate or subsidiary of a business dominant in its field of operation”** means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

- My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

**OR**

**Part II: Certification of Compliance**

- My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, **or** my company will have and adhere to such a policy prior to award of the contract.

*I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.*

Print Name:	Title:
Signature:	Date:

**CONTRACTOR'S CERTIFICATION OF COMPLIANCE  
WITH CHILD, SPOUSAL, AND FAMILY SUPPORT ORDERS**

\_\_\_\_\_ do hereby certify that our  
(Name of Prospective Contractor)

organization complies with all orders for Child, Spousal, and Family Support and we have complied with all lawfully served wage assignments and notices of assignment.

We understand that failure to implement lawfully served wage assignments or notices of assignment will constitute a default under the contract, which shall subject the contract to termination if such default is not cured within 90 days.

Failure to comply with the above requirement may be cause for debarment.

\_\_\_\_\_  
Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Signature of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Signature of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Date

**CONTRACTOR'S CERTIFICATION OF COMPLIANCE WITH ALL FEDERAL  
AND STATE EMPLOYMENT REPORTING REQUIREMENTS**

do hereby certify that our

\_\_\_\_\_  
(Name of Prospective Contractor)

organization complies with all Federal and State reporting requirements related to Employment Reporting Requirements for our employees.

We understand that failure to comply with Employment Reporting Requirements will constitute a default under the contract, which shall subject the contract to termination if such default is not cured within 90 days.

Failure to comply with the above requirement may be cause for debarment.

\_\_\_\_\_  
Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Signature of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Date

**VENDOR'S EEO CERTIFICATION**

\_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Internal Revenue Service Employer Identification Number

**GENERAL**

In accordance with provisions of the County Code of the County of Los Angeles, the Vendor certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

<b>CERTIFICATION</b>	<b>YES</b>	<b>NO</b>
1. Contractor has written policy statement prohibiting discrimination in all phases of employment.	( )	( )
2. Contractor periodically conducts a self-analysis or utilization analysis of its work force.	( )	( )
3. Contractor has a system for determining if its employment practices are discriminatory against protected groups.	( )	( )
4. When areas are identified in employment practices, Contractor has a system for taking reasonable corrective action to include establishment of goal and/or timetables.	( )	( )

\_\_\_\_\_  
 Signature of Authorized Person Responsible for  
 Submission of the SOQ to the County

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name and Title of Authorized Person Responsible for Submission of the SOQ to the

EXHIBIT R

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## **SAFELY SURRENDERED BABY LAW**

Posters and Fact Sheets are available in English and Spanish for printing purposes at the following website:

[www.babysafela.org](http://www.babysafela.org)

# *Safely* Surrendered



No shame. No blame. No names.

In Los Angeles County: 1-877-BABY SAFE • 1-877-222-9723

[www.babysafela.org](http://www.babysafela.org)



# Safely Surrendered Baby Law

## What is the Safely Surrendered Baby Law?

California's Safely Surrendered Baby Law allows parents or other persons, with lawful custody, which means anyone to whom the parent has given permission to confidentially surrender a baby. As long as the baby is three days (72 hours) of age or younger and has not been abused or neglected, the baby may be surrendered without fear of arrest or prosecution.

## How does it work?

A distressed parent who is unable or unwilling to care for a baby can legally, confidentially, and safely surrender a baby within three days (72 hours) of birth. The baby must be handed to an employee at a hospital or fire station in Los Angeles County. As long as the baby shows no sign of abuse or neglect, no name or other information is required. In case the parent changes his or her mind at a later date and wants the baby back, staff will use bracelets to help connect them to each other. One bracelet will be placed on the baby, and a matching bracelet will be given to the parent or other surrendering adult.

## What if a parent wants the baby back?

Parents who change their minds can begin the process of reclaiming their baby within 14 days. These parents should call the Los Angeles County Department of Children and Family Services at 1-800-540-4000.

## Can only a parent bring in the baby?

No. While in most cases a parent will bring in the baby, the Law allows other people to bring in the baby if they have lawful custody.

## Does the parent or surrendering adult have to call before bringing in the baby?

No. A parent or surrendering adult can bring in a baby anytime, 24 hours a day, 7 days a week, as long as the parent or surrendering adult surrenders the baby to someone who works at the hospital or fire station.

## Does the parent or surrendering adult have to tell anything to the people taking the baby?

No. However, hospital or fire station personnel will ask the surrendering party to fill out a questionnaire designed to gather important medical history information, which is very useful in caring for the baby. The questionnaire includes a stamped return envelope and can be sent in at a later time.

## What happens to the baby?

The baby will be examined and given medical treatment. Upon release from the hospital, social workers immediately place the baby in a safe and loving home and begin the adoption process.

## What happens to the parent or surrendering adult?

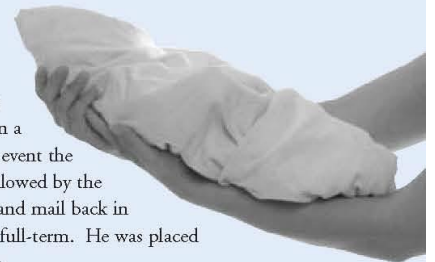
Once the parent or surrendering adult surrenders the baby to hospital or fire station personnel, they may leave at any time.

## Why is California doing this?

The purpose of the Safely Surrendered Baby Law is to protect babies from being abandoned, hurt or killed by their parents. You may have heard tragic stories of babies left in dumpsters or public bathrooms. Their parents may have been under severe emotional distress. The mothers may have hidden their pregnancies, fearful of what would happen if their families found out. Because they were afraid and had no one or nowhere to turn for help, they abandoned their babies. Abandoning a baby is illegal and places the baby in extreme danger. Too often, it results in the baby's death. The Safely Surrendered Baby Law prevents this tragedy from ever happening again in California.

## A baby's story

Early in the morning on April 9, 2005, a healthy baby boy was safely surrendered to nurses at Harbor-UCLA Medical Center. The woman who brought the baby to the hospital identified herself as the baby's aunt and stated the baby's mother had asked her to bring the baby to the hospital on her behalf. The aunt was given a bracelet with a number matching the anklet placed on the baby; this would provide some identification in the event the mother changed her mind about surrendering the baby and wished to reclaim the baby in the 14-day period allowed by the Law. The aunt was also provided with a medical questionnaire and said she would have the mother complete and mail back in the stamped return envelope provided. The baby was examined by medical staff and pronounced healthy and full-term. He was placed with a loving family that had been approved to adopt him by the Department of Children and Family Services.





# *Ley de* Entrega de Bebés *Sin Peligro*



*Los recién nacidos pueden ser entregados en forma segura al personal de cualquier hospital o cuartel de bomberos del Condado de Los Ángeles*

Sin pena. Sin culpa. Sin nombres.

En el Condado de Los Ángeles: 1-877-BABY SAFE • 1-877-222-9723

[www.babysafela.org](http://www.babysafela.org)



# Ley de Entrega de Bebés Sin Peligro

## ¿Qué es la Ley de Entrega de Bebés sin Peligro?

La Ley de Entrega de Bebés sin Peligro de California permite la entrega confidencial de un recién nacido por parte de sus padres u otras personas con custodia legal, es decir cualquier persona a quien los padres le hayan dado permiso. Siempre que el bebé tenga tres días (72 horas) de vida o menos, y no haya sufrido abuso ni negligencia, pueden entregar al recién nacido sin temor de ser arrestados o procesados.

*Cada recién nacido se merece la oportunidad de tener una vida saludable. Si alguien que usted conoce está pensando en abandonar a un recién nacido, infórmele que tiene otras opciones. Hasta tres días (72 horas) después del nacimiento, se puede entregar un recién nacido al personal de cualquier hospital o cuartel de bomberos del condado de Los Angeles.*

## ¿Cómo funciona?

El padre/madre con dificultades que no pueda o no quiera cuidar de su recién nacido puede entregarlo en forma legal, confidencial y segura dentro de los tres días (72 horas) del nacimiento. El bebé debe ser entregado a un empleado de cualquier hospital o cuartel de bomberos del Condado de Los Ángeles. Siempre que el bebé no presente signos de abuso o negligencia, no será necesario suministrar nombres ni información alguna. Si el padre/madre cambia de opinión posteriormente y desea recuperar a su bebé, los trabajadores utilizarán brazaletes para poder vincularlos. El bebé llevará un brazalete y el padre/madre o el adulto que lo entregue recibirá un brazalete igual.

## ¿Qué pasa si el padre/madre desea recuperar a su bebé?

Los padres que cambien de opinión pueden comenzar el proceso de reclamar a su recién nacido dentro de los 14 días. Estos padres deberán llamar al Departamento de Servicios para Niños y Familias (Department of Children and Family Services) del Condado de Los Ángeles al 1-800-540-4000.

## ¿Sólo los padres podrán llevar al recién nacido?

No. Si bien en la mayoría de los casos son los padres los que llevan al bebé, la ley permite que otras personas lo hagan si tienen custodia legal.

## ¿Los padres o el adulto que entrega al bebé deben llamar antes de llevar al bebé?

No. El padre/madre o adulto puede llevar al bebé en cualquier momento, las 24 horas del día, los 7 días de la semana, siempre y cuando entreguen a su bebé a un empleado del hospital o cuartel de bomberos.

## ¿Es necesario que el padre/madre o adulto diga algo a las personas que reciben al bebé?

No. Sin embargo, el personal del hospital o cuartel de bomberos le pedirá a la persona que entregue al bebé que llene un cuestionario con la finalidad de recabar antecedentes médicos importantes, que resultan de gran utilidad para cuidar bien del bebé. El cuestionario incluye un sobre con el sello postal pagado para enviarlo en otro momento.

## ¿Qué pasará con el bebé?

El bebé será examinado y le brindarán atención médica. Cuando le den el alta del hospital, los trabajadores sociales inmediatamente ubicarán al bebé en un hogar seguro donde estará bien atendido, y se comenzará el proceso de adopción.

## ¿Qué pasará con el padre/madre o adulto que entregue al bebé?

Una vez que los padres o adulto hayan entregado al bebé al personal del hospital o cuartel de bomberos, pueden irse en cualquier momento.

## ¿Por qué se está haciendo esto en California? ?

La finalidad de la Ley de Entrega de Bebés sin Peligro es proteger a los bebés para que no sean abandonados, lastimados o muertos por sus padres. Usted probablemente haya escuchado historias trágicas sobre bebés abandonados en basureros o en baños públicos. Los padres de esos bebés probablemente hayan estado pasando por dificultades emocionales graves. Las madres pueden haber ocultado su embarazo, por temor a lo que pasaría si sus familias se enteraran. Abandonaron a sus bebés porque tenían miedo y no tenían nadie a quien pedir ayuda. El abandono de un recién nacido es ilegal y pone al bebé en una situación de peligro extremo. Muy a menudo el abandono provoca la muerte del bebé. La Ley de Entrega de Bebés sin Peligro impide que vuelva a suceder esta tragedia en California.

## Historia de un bebé

A la mañana temprano del día 9 de abril de 2005, se entregó un recién nacido saludable a las enfermeras del Harbor-UCLA Medical Center. La mujer que llevó el recién nacido al hospital se dio a conocer como la tía del bebé, y dijo que la madre le había pedido que llevara al bebé al hospital en su nombre. Le entregaron a la tía un brazalete con un número que coincidía con la pulsera del bebé; esto serviría como identificación en caso de que la madre cambiara de opinión con respecto a la entrega del bebé y decidiera recuperarlo dentro del período de 14 días que permite esta ley. También le dieron a la tía un cuestionario médico, y ella dijo que la madre lo llenaría y lo enviaría de vuelta dentro del sobre con franqueo pagado que le habían dado. El personal médico examinó al bebé y se determinó que estaba saludable y a término. El bebé fue ubicado con una buena familia que ya había sido aprobada para adoptarlo por el Departamento de Servicios para Niños y Familias.



**Procedural Guide**  
**E060-0530**  
**OVERPAYMENT POLICY**

Date Issued: **10/24/12**

- New Policy Release
- Revision of existing Procedural Guide E060-0530, Overpayments, dated: 02/19/02

**Revision Made:** This is a complete re-write of the existing 2/19/02 policy. It has been written in the revised format, and updated to ensure compliance with all State and Federal requirements.

Cancels:

**POLICY/BACKGROUND STATEMENT**

The Department continues to focus on the three priority outcomes. We have identified improved safety for children, reduced reliance on out-of-home care, and improved timelines to permanency. Timely permanence is achieved, with the first permanency option being reunification, followed by adoption and legal guardianship with a relative followed by legal guardianship with an unrelated caregiver.

**APPLICABLE TO**

This Management Directive is applicable to Title IV-E Overpayments Collection.

**WHAT CASES ARE AFFECTED**

The Procedural Guide is an update to the new format, a revision of all sections regarding state regulations applicable to Aid to Families of Dependent Children – Foster Care (AFDC-FC) identification of overpayments and collection of overpayments from foster care providers. This policy is to ensure regulatory compliance standards continue to be met. This policy is applicable to all new and existing referrals and cases in which AFDC-FC overpayments were or have been discovered on or after 7/1/2009 regarding foster care providers.

## OPERATIONAL IMPACT

Welfare and Institutions Code (WIC) Section 11004 requires that overpayments, which occur in public social services programs, be collected. Senate Bill 84 adopted various statutes to implement the Federal Improper Payments Act of 2002. This bill directed the State to update and create regulations defining overpayments and allowing for the collection of overpayments from all forms of foster care providers, including GHs or FFAs. As all forms of foster providers are subject to overpayment collection, this policy will address discovery of overpayments and determinations regarding the collectability of overpayments. The policy will note the different criteria governing the determination regarding collectability of overpayments from single foster homes relatives, non-related family members (NERFM) and non related legal guardians versus the criteria governing collectability of overpayments from GHs and FFAs. The policy will also review the type of due process required for all foster care providers, outlining the rights of the foster providers to request either or both an informal and/or State Fair Hearing (SFH) to dispute the overpayment discovered by the County. Last, the policy will address when an overpayment is collectible and identified for purposes of federal remittance of the 60% share along with the reporting process for uncollectible or uncollected debt to the California Department of Social Services (CDSS).

### Definition of an Overpayment

An “overpayment” will be any amount of aid paid which a foster care provider received on behalf of a child to which the provider was not entitled, or an expenditure made by a Foster Family Agency or a Group Home provider not in conformity with WIC Section 11-404. A “Foster Care Provider” includes, but is not limited to, Group Homes (GHs), Foster Family Agencies (FFAs), Small Family Homes, Foster Family Homes (FFHs), Relative Homes (RHs), Non-Related Extended Family Members (NREFMs), and Non-related Legal Guardians (NRLGs). (See CDSS Eligibility and Assistance Standards (EAS) 45-304.1.11.)

The amount a provider is not entitled to is “an amount paid for any period of time in which the foster child was not cared for in that home” (CDSS EAS 45-304.122). However, if an AFDC FC eligible child is temporarily absent from an eligible facility, not more than 14 days, for school, work or training, hospitalization, visiting, vacationing, emergency circumstance, the County may make payment to the eligible facility in order to continue to meet the child’s needs. (CDSS EAS 45-302). An expenditure made by a Foster Care Provider can include payments in which a child was not in the home and will also include those expenditures not in conformity with the items outlined in Section 11-404 (CDSS EAS 45-304.11, 11-404, 11-403(c) and 11403.8.

## PROCEDURES

### A. WHEN: NEW DETECT LISTING INDICATES A POTENTIAL OVERPAYMENT

#### Overpayment/Recovery Staff Responsibilities:

1. Receive a new Overpayment Detect listing and/or assignment of potential overpayment from Eligibility (ES).
2. Access APPS, CWS/CMS and the Automated Overpayment Collection System – Integrated Financial System (IFS).
3. Review and reconcile the data on the computer systems to verify the reason for the overpayment.
  - a. If APPS, CWS/CMS and the IFS are consistent, proceed with step B. or C.
  - b. If APPS, CWS/CMS and the IFS are not consistent, contact the regional Eligibility Supervisor (ES)/Eligibility Worker (EW)/CSW and resolve the inconsistent information.

### B. WHEN: THERE IS AN INVALID OVERPAYMENT/BUDGET CODING

An invalid overpayment is caused by a budget coding error. All or part of the overpayment may be invalid.

#### Overpayment/Recovery Staff Responsibilities:

1. Review the APPS, CWS/CMS and IFS. Determine if the regional EW's corrective budget action eliminated the overpayment on APPS.
  - a. If the corrective budget action eliminated or decreased the overpayment, enter the overpayment status code, appropriate adjustment code, and comments on the Automated Overpayment Collection System. If there is a legitimate partial overpayment remaining, proceed to step 5.
  - b. b. If the corrective budget action did not function or did not eliminate the overpayment, forward the information to the ES.

#### Eligibility Supervisor Responsibilities:

1. Inform the regional ES/EW/CSW via e-mail to advise them of the need for corrective action to eliminate the overpayment.

**C. WHEN: THERE IS A DISCOVERED OVERPAYMENT**

**Overpayment/Recovery Staff Responsibilities:**

1. Determine the type of foster care provider and if the overpayment is collectible or uncollectible (See section “D” to determine if collectible or uncollectible. The criteria noted in section “D” does not apply to GHs or FFAs. See section “E” regarding uncollectable criteria for GHs and FFAs.
  - a. Access the APPS and IFS and enter the overpayment status code, adjustment and comments. The following must be documented:
    - Amount of the overpayment;
    - Date of discovery of the overpayment;
    - The actual days overpaid and/or identify the expenditure not in conformity with State Regulation 11-404.
    - Aid code for which the overpayment was made;
    - Description of the circumstances that resulted in the payment error.

**NOTE:** Overpayment recovery will not be initiated when it has been more than one year since the initial discovery of an overpayment. The date of discovery is controlling, not the date of the actual overpayment. The initial discovery of the overpayment may occur more than one year after the actual overpayment occurred and recovery will be sought.

**D. WHEN: DETERMINING IF THE OVERPAYMENT IS UNCOLLECTIBLE FROM A FFH, RH, NRLG OR NREFM**

**Overpayment/Recovery Staff Responsibilities:**

1. An overpayment will **not** be collected from a FFH, RH, NRLG or NREFM when any of the following conditions exist:
  - a. The overpayment was exclusively the result of a County administrative error.
  - b. Neither the County nor the provider was aware of the information that would establish that the child was not eligible for foster care benefits in the provider’s home.

- c. The provider did not have knowledge of, and did not contribute to, the cause of the overpayment(s).
- d. The cost of the collection exceeds the amount of the overpayment, i.e. costs which the County will consider when determining the cost effectiveness to collect are total administrative and personnel costs, legal filing fees, investigative costs, and any other costs which are applicable. (This will require a Director's Write-Off. See Management Directive #11-03, dated 11/10/11.)
- e. If the above circumstances in (a), (b), or (c) occur, this is considered an Uncollectible Overpayment. The staff will request a voluntary repayment (SOC 841). If the circumstance is as set forth under (d) above, Director's Write-Off, no further attempts to collect, including voluntary repayment, will occur.
  - Initiate the SOC 841, Notice of Overpayment and Request for Voluntary Repayment. If the provider does not respond, no further collection efforts are to be made. The overpayment remains an "Uncollectible Overpayment."
  - If the caregiver agrees to a voluntary repayment of the overpayment, determine the method of payment:
    1. Voluntary lump sum repayment;
    2. Voluntary repayment agreement; or
    3. Voluntary grant offset.
  - Complete the Voluntary Repayment Agreement as appropriate.
- f. If any of the circumstances listed in 1 a, b, c, or d have occurred and the overpayment remains uncollectible or should not be pursued, the staff will ensure that the documentation required by Management Directive # 11-03 is reviewed and prepared. Further, ensure that the report and supporting documentation are included in the monthly report to the State Department of Social Services regarding uncollectible overpayments.

**NOTE:** Caregiver and Department of Children and Family Services (DCFS) staff must sign the Voluntary Repayment Agreement. Regulations do not prevent counties from collecting an overpayment that results from the payment of aid paid pending.

**E. WHEN: DETERMINING IF THE OVERPAYMENT IS UNCOLLECTIBLE FROM A GH OR FFA**

**Overpayment/Recovery Staff Responsibilities:**

1. An overpayment is not collectible from a GH or FFA under the following conditions:
  - a. The GH or FFA is no longer in business (CDSS EAS 45-304.126).
  - b. The GH or FFA is no longer licensed by the State Department of Social Services (CDSS EAS 45-304.126);
- If the overpayment involved payment to a GH or FFA for periods of time when the child was not in the home, and it is discovered during the process that the agency has gone out of business or is no longer licensed by the CDSS, the County will not take any further action or activity which could lead to the establishment of an overpayment. The County is required to contact the CDSS and seek prior written approval from CDSS to continue to take action to collect. If CDSS denies the County the right to collect, the overpayment will be uncollectible and the Department will be relieved from repayment of the federal share (CDSS EAS 45-304.126); (a) and (b) and WIC 11466.23(c)(1)(C).
- If the overpayment involved a GH or FFA which identified expenditures not in conformity with State Regulation 11-404, the County will not initiate a financial or fiscal audit nor will it take any action in furtherance of an existing financial or fiscal audit. The County will not perform any activity that could lead to the establishment of an overpayment. Again, the County is required to contact CDSS and seek prior written approval of CDSS to continue to take action to collect. If CDSS denies the County the right to collect, the overpayment will be uncollectible and the County will be relieved from repayment of the federal share (CDSS EAS 45-304.126); (a) and (b) and WIC 11466.23(c)(1)(C).
- Again, under these circumstances no voluntary attempts (SOC 841) to collect the overpayment should be attempted, if the CDSS does not authorize collection processes to continue.
- The following will be maintained in DCFS files indefinitely: 1) Letter to CDSS regarding the overpayment and closure or loss of license and requesting direction on collection within 30 days; 2) CDSS written response denying collection or documentation of no response from CDSS authorizing collection within 30 days; 3) All supporting documentation regarding the discovery of overpayments including, but not limited to, signed vouchers, Auditor Controller Reports, documentation on attempts to resolve the amount, information supporting the closure and/or lack of licensure of the GH or FFA; 4)



Any other records developed up to and including the written response or lack thereof, from CDSS denying the ability to take further action to collect.

- c. If the cost of the collection exceeds the amount of the overpayment, (i.e. costs which the County will consider when determining the cost effectiveness to collect are total administrative and personnel costs, legal filing fees, investigative costs, and any other costs which are applicable) see Management Directive #11-03 regarding Director's Write-Off and preparation of the report for documentation and reporting to the CDSS as an uncollected debt (CDSS EAS 45-304.125 and WIC 11466.23(c)(1)(B)).

#### **F. WHEN: THE OVERPAYMENT IS DETERMINED COLLECTIBLE FROM THE FOSTER CARE PROVIDER**

##### **Overpayment/Recover Staff Responsibilities:**

1. GH, FFA, FFH, RH, NRLG, NREFM.

Take the following steps:

- a. Determine from whom the overpayment may be recovered;
  - b. Document the amount of the overpayment;
  - c. Document actual dates of the overpayment and/or the items not in conformity with State Regulation 11-404.
  - d. Document the date the overpayment was discovered. (This is the date it was determined that the amount was a valid, collectable overpayment);
  - e. Enter the Aid code for overpayment;
  - f. Document the reason that the overpayment occurred.
2. Complete the NA 1261, Notice of Action sending two (2) copies to the provider and maintain one copy in the overpayment file. Document by proof of mailing or by cover letter the date the NA 1261 was mailed. If this is a GH or FFA overpayment identified by Audit, ensure that all other necessary documents are also issued with the NA 1261 (Audit Report, FCAP, etc.)
  3. Log the information regarding the NA 1261 into the SB 84, Control Log (in Excel).

4. Set a control date for a 30-day response for request of an Informal Hearing and a 90-day response to verify if a request for SFH has been made to the DCFS Appeals State Hearing Unit.

NOTE: The foster care provider has 30 days from the mailing of the NA 1261 to either fully pay the overpayment, enter into a mutually agreed upon repayment plan or provide a written request for Informal Hearing. If the foster care provider does not request a 30-day Informal Hearing, the foster care provider will have 90 days from the date of mailing the NA 1261 to request a SFH. Failure to request an informal review of the County overpayment determination, either by Informal Hearing or SFH, will result in the overpayment being identified for collection two (2) days after the date the overpaid foster care provider's time frame to request review has elapsed or has been exhausted.

- a. An overpayment will only be collected from a provider who actually received the overpayment. Overpayments will not be collected from subsequent providers who provide care to a child for whom overpayment was assessed.
- b. For recoupment of overpayments made to GHs and FFAs which are not in conformity with State Regulation 11-404, the repayment will reduce any subsequent payments by an amount equal to the amount of the administrative portion of the monthly payment to the provider using an offset methodology indicated in State Regulation 45-305 (CDSS EAS 45-304.33). The Department can consider other forms of grant offset and, by analogy to other regulations, could allow offset up to the amount of 10% of the monthly administrative portion.
- c. If the overpayment is for periods of time when the child was not present in the care of the foster provider, and the child for whom the overpayment was assessed is no longer in the home of the provider, grant adjustment and grant offset will not be used to recover the amount of the overpayment. This applies even if the provider is caring for other foster care children. However, if the child is still in the care of the foster care provider:
  - Determine the appropriate recovery method and the amount to be recovered.
    1. Voluntary lump sum repayment;
    2. Voluntary repayment agreement; or
    3. Voluntary grant offset.

- Explain “voluntary grant offset’ to the caregiver who is still providing foster care to the child for whom the overpayment is assessed.
  1. If the caregiver is willing to voluntarily repay the overpayment, complete a written agreement with the caregiver indicating the amount of the overpayment and include the repayment schedule. Ensure the caregiver signs and dates the agreement.
  2. If this is an overpayment for a GH or FFA and it includes expenditures not in conformity with CDSS EAS 11-404 as a result of an Auditor Controller Report, provide the necessary information to the Treasurer Tax Collector (TTC) if a voluntary settlement agreement has been reached.

**G. WHEN: GH, FFA, FFH, RH, NRLG OR NREFM RESPONDS TO AN OVERPAYMENT NOTICE WITH CASH, CHECK OR MONEY ORDER**

**Overpayment/Recovery Staff Responsibilities:**

DCFS has a “collections account” that provides timely deposits of collected revenue and eliminates the risk of loss of funds. This is an interdepartmental collaboration with the Treasurer-Tax Collector and DCFS. The account is known as the “Sweep Account for Overpayment Collections.”

1. Receive payment in the following manner:
  - a. Cash;
  - b. Check; or
  - c. Money order
2. If paid by check or money order, confirm the following:
  - a. Amount indicated is the same both in written section and the dollar amount section.
  - b. Confirm that it is signed.
  - c. Checks should be made payable to DCFS and/or County of Los Angeles.
3. Complete the payment control log. Annotate the cross-reference to the GH/FFH/relative/foster parent. Photocopy the check or money order. Annotate on the payment control log the following:
  - a. Check number;

- b. Invoice number;
  - c. Amount submitted.
4. Initial the check or money order.
  5. Endorse, by stamping all checks and money orders 'for deposit only' immediately.
  6. If cash is received, ensure that a non-vested designated person witnesses the amount and receipt.

**NOTE:** It is illegal to photocopy cash. All case transactions will be witnessed and verified by staff with non-vested interest.

7. Reconcile the payment control log with the cash, checks and/or money orders received.
  - a. If the list and amounts are not reconciled, proceed with step 2 above until accountability is accomplished.
8. Deliver the cash, checks, and deposit forms to the Finance Deposit Unit.
9. Deliver one copy of the checks, supporting documents and deposit forms to the Overpayment Recovery Unit Clerk.

**NOTE:** The Unit Clerk will enter/post payments to the Automated Overpayment Collection system. The Unit Clerk will forward the copy of the checks, supporting documents and payment control log to the appropriate overpayment Account Clerk.

**Reconciliation Staff Responsibilities:**

1. Finance Deposit Unit identifies inconsistencies on the Deposit Forms.
2. Receive Deposit Permit Report from e-CAPS.
3. Reconcile e-CAPS report to the Cash deposit log.

**Quality Assurance Staff Responsibilities:**

1. Conduct a random sampling of all Overpayment Recovery Unit activities.
2. Complete a report of the findings and deliver the report to the manager.

**H. WHEN: GH, FFA, FFH, RH, NRLG OR NREFM RESPONDS TO AN OVERPAYMENT NOTICE WITH A WRITTEN REPAYMENT PLAN**

**Overpayment/Recovery Staff Responsibilities:**

1. When the County and caregiver reach a mutually agreed upon repayment plan solely related to overpayments of aid when the child was not in the home:
  - a. Access the IFS and review the specific ledger and statement.
  - b. Enter the status and comments.
  - c. Complete and sign voluntary repayment agreement and ensure provider reviews and signs.
  - d. Set a control for receipt of all agreed upon monthly payments.

NOTE: There are no State Appeals Hearing rights regarding overpayments made to foster care providers, including GHs and FFAs where the claimant entered into a voluntary repayment agreement.

**I. WHEN: GH, FFA, FFH, RH, FOSTER PARENT, NRLG OR NREFM RESPONDS TO AN OVERPAYMENT NOTICE WITH A WRITTEN REQUEST FOR AN INFORMAL HEARING AND OR STATE FAIR HEARING**

**Administrative Assistant Responsibilities:**

Informal Hearing Requested

1. When an Informal Hearing Request is received:
  - a. Access the Hearing Control Log entering the status and comments.
  - b. Forward the Informal Hearing request and any attached supporting documentation to the ES for review.
2. Contact the provider and schedule date, time and location of informal hearing. Give the provider a written notice of the time and place of the informal hearing, not less than ten (10) days prior to the hearing date.
3. The notice will provide a scheduled date, time and location information to the Informal Hearing designee. The notice should also provide a contact number for the Informal Hearing designee to assure contact can be made at the location where the Informal Hearing will occur. (See Notice form to

Single Family Foster Home/Relative/Legal Guardian/NERFM and Notice for to Foster Family Agency/Group Homes.)

**Overpayment/Recovery Eligibility Supervisor Responsibilities:**

1. Review for completeness the Informal Hearing Request and any attached documentation.
2. Obtain any additional supporting documentation to confirm the disputed overpayment.
3. Forward the Informal Hearing Request and supporting documentation to the designee who will be conducting the hearing.

**Informal Hearing designee Responsibilities:**

1. The Informal Hearing designee will be a person designated by the County, knowledgeable in the subject area and will not be the person who made the initial overpayment decision or the person who supervised the person who made the initial overpayment decision.
2. At the time of the Informal Hearing the Informal Hearing designee will discuss with the provider and will be limited to considering the following:
  - a. The informal hearing will be limited to consideration of the correctness of the initial overpayment determination for any foster provider. If the foster provider is a Foster Family Home, Relative Home, NERFM or non-related Legal Guardians, the Informal Hearing designee will determine whether any of the following conditions in CDSS EAS 45-304.123 exist: in Section 45-304.123:
    - The overpayment was exclusively the result of a County Administrative error;
    - Neither the County nor the provider was aware of the information that would establish that the child was not eligible for foster care benefits in the provider's home;
    - The provider did not have knowledge of, and did not contribute to the cause of the overpayments.
3. If asked by the provider or questions arise regarding voluntary repayments, the County may discuss methods of voluntary overpayment recovery, as appropriate.
4. After the hearing, the County employee who conducted the informal hearing will prepare a letter, which contains the decision on each issue considered

at the informal hearing and set forth all regulations, which support the written decision. The decision will be mailed to the provider. The written decision will also inform the provider that they can appeal the informal hearing decision at a formal state fair hearing. A copy of the written decision will be retained in the overpayment case.

5. When an informal hearing is requested, it suspends the 90 day period the provider has to request a State Fair Hearing. Therefore, when the written decision regarding the informal hearing is mailed, it restarts the time period for a request for a State Fair Hearing. The provider will have 90 days to request a State Fair Hearing from the date of mailing of the decision. Therefore, DCFS needs to assure that the date of mailing is accurately recorded either by proof of service or verification that the decision was placed in the U.S. mail on a specified date.
6. If a provider requests an informal hearing and withdraws or fails to appear at the informal hearing, the provider will have 90 days from the date of withdrawal or failure to appear, which ever occurs first, to request a State Fair Hearing (CDSS EAS 45-306.3).
  - a. If the Informal Hearing designee receives a telephone call or a letter withdrawing the request for informal hearing, the Informal Hearing designee will send a confirming letter regarding the telephone call or receipt of the letter. The letter will also include a statement that the provider will have 90 days from the date of withdrawal to request a State Fair Hearing.
  - b. If the Informal Hearing designee sets a hearing and the person fails to appear at the set time, date and location, the Informal Hearing designee will attempt to contact the provider by telephone after waiting 45 minutes for their appearance. If the party is reached, the Informal Hearing designee can determine good cause and re-schedule the hearing. If the party is not reached, the Informal Hearing designee will issue a letter. The letter will indicate that an informal hearing was scheduled on the set time, date and location and will attach the notice issued. The letter will further state that the failure to appear concluded the informal process and that the provider will have 90 days from the date of failure to appear to request a State Fair Hearing.

#### **Formal State Fair Hearing Requirements:**

1. The foster care provider can request either or both the informal hearing and State Fair Hearing. The staff tracking the administrative rights of the foster care provider will consider the following, prior to determining the regulatory hearing processes have concluded.

- a. No Request Received for Either Informal or State Fair Hearing: If the foster care provider never requested review of the County determination on an overpayment, either by informal hearing within 30 days of mailing the NA 1261 or a State Fair Hearing within 90 days of mailing the NA 1261, upon the 92<sup>nd</sup> day, the overpayment is identified and the providers time frame to request review has lapsed and the overpayment is collectible.
- b. Request for Informal Hearing: If the foster care provider requests an informal hearing. See Informal Hearing designee above in steps 5 and 6. If no State Hearing is requested within 90 days of the issuance of the Informal Hearing Decision, 90 days after withdrawal or 90 days after failure to appear at the informal hearing, the overpayment will be identified for collection on the 92<sup>nd</sup> day, the date the overpaid provider exhausted administrative processes.
- c. Request for State Fair Hearing after Receipt of Decision in Informal Hearing or absent a request for Informal Hearing: If an informal hearing is requested and conducted, the 90 day period to request a State Fair Hearing is suspended until DCFS issues an informal decision after hearing. The person requesting the informal hearing will have 90 days from the date the decision is mailed to request the State Fair Hearing. (See steps 5 and 6 above.)
- d. DCFS can verify with the DCFS Appeals State Hearing Unit if they have received a request for State Fair Hearing and if so, what date occurred.
  - If a State Fair Hearing has been requested, the amount is not collectible until the administrative process is exhausted. DCFS must await the decision of the Administrative Law Judge and proceed, as ordered.
  - If no request for a State Fair Hearing has occurred, the administrative process will be considered exhausted on the 92<sup>nd</sup> day, and the overpayment will be identified and collectible.

**J. WHEN: NO RESPONSE IS RECEIVED FROM A GH, FFH, RH, NRLG OR NREFM**

**Overpayment/Recovery Staff Responsibilities:**

1. At the control date (30 days), (see step 4 on page 8), if the provider does not return the overpayment, enter into a mutually agreed-upon repayment plan, or has not requested an Informal Hearing. (If the provider requested an Informal Hearing, see Informal Hearing designee Responsibilities, Informal Hearing Request above.) Call the agency and continue to make additional attempts to voluntarily resolve payment issue(s), during the 90



day period. Do not discuss with the agency State Fair hearing rights. If questions are asked, refer them to the NOA 1261 and any other documents, issued regarding their rights to dispute the overpayment.

2. If the provider has requested a 30 day Informal Hearing, contact the person designated to hear the matter regarding the date set. Thereafter, request the date the hearing decision was mailed to the foster care provider. Set a 90 day control date, from the date of mailing to determine if the provider requests a State Fair hearing.
3. If no Informal Hearing was requested, await the control date of 90 days, to determine if the provider returns the overpayment, enters into a mutually agreed upon repayment plan or requests a State Fair Hearing. If by the 92<sup>nd</sup> day, there is no request for review of the County overpayment, the amount(s) will be deemed collectible and identified. (If the provider did request a State Fair Hearing, see Formal State Fair Hearing Requirements on page 14. Do not process collection until exhaustion of the administrative hearing process or the foster provider determines to enter a voluntary agreement.)
4. If payment issue is not resolved and administrative due process has lapsed or been exhausted, 92 days from the date of mailing the NA 1261 or two (2) days after the exhaustion of administrative due process, the overpayment is now identified and an aid claim adjustment for the federal share is required. The overpayment is now collectible and no further options to dispute the County determination of overpayment are required. The County can collect under the involuntary processes set forth in CDSS EAS 45-305.3, if the provider continues to refuse to enter into a voluntary repayment plan.
  - a. Upon the 92<sup>nd</sup> day, two days after the date the overpaid provider's time frame to request administrative review has elapsed, the overpayment is considered identified. The County will remit the federal share to CDSS no later than 20 calendar days after the end of the month in which the overpayment was identified by making an aid claim adjustment in the amount equal to the federal share.
  - b. For voluntary repayment by any type of foster care provider, see Section F. step 4.c.
  - c. For involuntary repayment for foster family homes, relative homes, NERFMs and non-related legal guardianships. These actions will only be used when voluntary agreements to repay have failed or there has been a failure of repayment under the provisions of a voluntary agreement. Below is the priority of involuntary collection.
    - Grant adjustment. The overpayment is due to aid paid when the child was not in the home of the provider agency (CDSS EAS 45-

304.122). The subject child remains in the home or agency of the foster care provider. Grant offset is not available when the provider is caring for different children other than the child for whom the overpayment was assessed. DCFS can deduct no more than 10% of the total monthly grant, each month (CDSS EAS 45-305.321).

- Collection of interest. Interest will be calculated based on principal and interest of 5 percent of the annual income prorated on a monthly basis, with simple interest on the overpayment amount based on the Surplus Money Investment Fund. Interest can not be collected if it will cause financial hardship for the provider to provide adequate care. Interest can not be collected if 1) the payment was made to meet the child's needs while the child was absent from the home; 2) the overpayment was the exclusive fault of the County; or 3) the provider did not contribute to the overpayment. (See CDSS EAS 45-305.331-332.)
  - Civil Judgment. If the provider fails to comply with a voluntary agreement, a demand for repayment and a grant offset is not available as the provider is no longer providing services to the child for whom the overpayment was assessed, the County will, unless the costs exceed the amount of the overpayment by instigating civil action, obtaining a judgment, recording abstract of civil judgment, executing a civil judgment or providing the information that the cost of the above described actions will exceed the amount of the overpayment to allow for a Director's Write-Off of the amount. (See MD #11-03, dated 11/10/11).
- d. For involuntary repayment for Group Homes and Foster Family Agencies. These actions will only be used when voluntary agreements to repay have failed or there has been a failure of repayment under the provisions of a voluntary agreement. The County is to follow the priority of involuntary collection procedures set forth in Administrative Standards for Eligibility and Assistance Programs AFDC-Foster Care Rates (EAS), Section 11-402.66. Per MPP 45-305.34, the term "County" in MPP 11-402.66 (and sub-sections), is to be substituted for the word "Department" wherever it appears in MPP 11-402.66. The priority of collection processes for Group Homes and Foster Family Agencies is as follows:
- Lump sum payment. The GH/FFA can choose one payment or the GH/FFA re-payments over a 12 month period. No interest to be assessed if an amount under \$100,000 is paid in 6 months. No interest to be assessed if an amount over \$100,000 is paid in 12 months. From the date of the executed agreement, interest shall not be assessed. If this is a self reported overpayment by the FFA or Group Home and 30 days have not elapsed, the FFA or GH has the right of reconciliation. If they fail to reconcile the self reported

overpayment within the 30 day period pursuant to 11-402.632(a), speak to county counsel regarding additional activities required by the FFA or GH. Have the county counsel review the regulations and the attempted at reconciliation, prior to determining the GH/FFA was provided the opportunity to reconcile the “overpayment” amount in the audit and failed. A group home provider who fails to reconcile in accordance with Section 11-402.632(a)(1) shall be subject to Sections 11-402.3, 11-402.5, and 11-402.6. This is satisfied by the pre-exit and final exit conference provided by the Auditor Controller’s Office. Further, the County can use a balancing process whenever an amount is owed to a provider by crediting the amount owed towards repayment of a sustained overpayment. (CDSS EAS .11-402.662)

- Demand for repayment agreement. 30 days after overpayment is identified or 30 days from the postmark date of letter notifying the GH/FFA of the demand for overpayment agreement, **after the informal hearing and State Fair Hearing processes have completed**, either by actual hearing in favor of DCFS or failure of the GH/FFA to request either hearing, the GH/FFA can enter into a repayment agreement. This agreement is required to contain specific language set forth in CDSS EAS 11-402.663 (a) thru (g). The repayment agreement will set forth a repayment schedule to repay amounts, which include interest, not to exceed a 9-year period. Interest begins to accrue on the date of issuance of the audit report containing the overpayment amount. The minimum monthly amount, including interest, will be 3% of the program’s monthly income. Interest will be based on simple interest calculations (see calculations set forth in CDSS EAS 11-402.663(c)1-3). This agreement may be re-negotiated if it results in severe harm to children in placement and specified conditions exist (conditions set forth at 11-402.663(g) 1 & 2). (CDSS EAS 11-402.663)
- Mandatory repayment agreement. When the GH/FFA provider fails to enter into the repayment agreement in the above bullet or there are three (3) outstanding payments on a repayment agreement before the overpayment is repaid, the County can set forth a mandatory repayment agreement in accordance with WIC 11466.22(d)(4). The requirements and the amount can be raised to an amount which will assure it is repaid in seven (7) years. Otherwise, the repayment period is not to exceed seven (7) years, minimum monthly amount will be 5% of the monthly income, including interest, and can be collected by off setting against the current group home provider reimbursement rates (CDSS EAS 11-402.664).

- Administrative offsets MPP 45-304.33, the County will employ an offset to the administrative portion of subsequent payments by the method noted MPP 45-305. (See Section J. step 4.c. above).
- Additional Action/Supplements to Rate. In addition to the collection process in the 2<sup>nd</sup> bullet under d. on page 17, when a GH/FFA is subject to mandatory repayment the following requirements apply; a) In addition to the repayment reduction of 11-402.664, 50% of any California Necessities Index (CNI) increases and any adjustments to the Standardized Schedule of Rates in the AFDC-FC program will be withheld and applied and b) The GH/FFA program will be ineligible to receive program change that results in an increased rate classification level (RCL) until the amount is recovered or a waiver is granted by CDSS. (If waiver granted and an increased RCL occurs, it will be subject to 11-402.664 recovery amounts. (See CDSS EAS 1-402.665 and contact county counsel for assistance.)
- Additional Action/Certificate against real or personal property of group home. In addition to collection processes, the County may also file a certificate against the real or personal property of a group home provider, in accordance with WIC 11466.33. The code section contains multiple requirements to review, prior to making the determination to file a certificate. If all requirements are met to file the certificate, it is to be filed with the County Clerk. The County Clerk may then file a lien against the property. The County may bring action within a 10-year period and seek judgment, allowing for the filing of an abstract of judgment. (See CDSS EAS 11-402.666.)
- Additional Action/County action impacting RCL Rate. This section (in conjunction with .668) indicates contact can be made with CDSS regarding the GH/FFA's failure to repay an overpayment and request termination of the RCL. If DCFS determines to take this action, DCFS should only do so after the providers due process has completed in favor of the County by State Fair Hearing or civil judgment. The Initial Statement of Reasons, issued with the emergency regulations, limit the action of the County to "collection". Contact with County Counsel should occur to determine if this action could occur and assure that the requirements of CDSS EAS 11-402.667 have been met.
- Additional Action/County request for RCL rate termination. The County, DCFS, does not have the right to act in the capacity of CDSS for the purpose of terminating a Group Home or Foster Family Agencies' rate as indicated in CDSS EAS 11-402.3.393 and 394. As indicated in the bullet above, the County could request CDSS to consider terminating an RCL rate in conjunction with its collection actions. The Initial Statement of Reasons issued with the emergency

regulations limit the action of the County to “collection.” Contact with County Counsel should occur to determine if this action could occur and assure that the requirements of CDSS EAS 11-402.668 have been met.

5. CONTRACTUAL REMEDIES, in the event CONTRACTOR does not return payment, or enter into an agreement for payment on a mutually agreed upon timeframe:

- Prepare a recommendation to place the home on “Hold”/“Do Not Refer: (DNS)“Do Not Use” (DNU) and submit to the manager for approval process to the Director of DCFS. (See Foster Family Agency or Group Home Contracts regarding the process for “Do Not Refer.”)
- In the event CONTRACTOR does not return an Overpayment, either under the terms of a voluntary agreement or under the terms of an involuntary repayment agreement after exhaustion of due process in favor the COUNTY, COUNTY may place a Hold Status, DNR Status, DNU Status, Corrective Action Plan.
- County will provide written notice of its intention to place CONTRACTOR on a Hold/DNR/DNU Status at least 15 days in advance.
- COUNTY will notify CONTRACTOR in writing within 72 hours of DCFS’ decision to place CONTRACTOR ON Hold/DNR/DNU.
- Verbal notification of such actions will be provided prior to or at the time of CONTRACTOR’S placement on Hold/DNR/DNU Status to the extent possible.

NOTE: When Hold/DNR/DNU Status is recommended, the written notification letter will include the reason(s) for placing Contractor on Hold/DNR/DNU. It will also invite Contractor to participate in a Review Conference to discuss the COUNTY’S decision and include a deadline by which the CONTRACTOR must indicate its intent to participate in the Review Conference. Fax the notification to the GH/FFA, keeping a copy of the confirmation of receipt of FAX.

**SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM**

**COST REPORT – SR3**

**HEALTH AND SAFETY CODE SECTION 1180-1180.6**

1180. (a) The California Health and Human Services Agency, in accordance with their mission, shall provide the leadership and coordination necessary to reduce the use of seclusion and behavioral restraints in facilities that are licensed, certified, or monitored by departments that fall within its jurisdiction.

(b) The agency may make recommendations to the Legislature for additional facilities, or for additional units or departments within facilities, that should be included within the requirements of this division in the future, including, but not limited to, emergency rooms.

(c) At the request of the secretary, the involved state departments shall provide information regarding existing training protocols and requirements related to the utilization of seclusion and behavioral restraints by direct care staff who work in facilities within their jurisdiction. All involved state departments shall cooperate in implementing any training protocols established pursuant to this division. It is the intent of the Legislature that training protocols developed pursuant to this division be incorporated into existing training requirements and opportunities. It is further the intent of the Legislature that, to the extent feasible, the training protocols developed pursuant to Section 1180.2 be utilized in the development of training protocols developed pursuant to Section 1180.3.

(d) The secretary, or his or her designee, is encouraged to pursue federal and private funding to support the development of a training protocol that can be incorporated into the existing training activities for direct care staff conducted by the state, facilities, and educational institutions in order to reduce the use of seclusion and behavioral restraints.

(e) The secretary or his or her designee shall make recommendations to the Legislature on how to best assess the impact of serious staff injuries sustained during the use of seclusion or behavioral restraints, on staffing costs, and on workers' compensation claims and costs.

(f) The agency shall not be required to implement this section if implementation cannot be achieved within existing resources, unless additional funding for this purpose becomes available. The agency and involved departments may incrementally implement this section in order to accomplish its goals within existing resources, through the use of federal or private funding, or upon the subsequent appropriation of funds by the Legislature for this purpose, or all of these.

1180.1. For purposes of this division, the following definitions apply:

(a) "Behavioral restraint" means "mechanical restraint" or "physical restraint" as defined in this section, used as an intervention when a person presents an immediate danger to self or to others. It does not include restraints used for medical purposes, including, but not limited to, securing an intravenous needle or immobilizing a person for a surgical procedure, or postural restraints, or devices used to prevent injury or to improve a person'

s mobility and independent functioning rather than to restrict movement.

(b) "Containment" means a brief physical restraint of a person for the purpose of effectively gaining quick control of a person who is aggressive or agitated or who is a danger to self or others.

(c) "Mechanical restraint" means the use of a mechanical device, material, or equipment attached or adjacent to the person's body that he or she cannot easily remove and that restricts the freedom of movement of all or part of a person's body or restricts normal access to the person's body, and that is used as a behavioral restraint.

(d) "Physical restraint" means the use of a manual hold to restrict freedom of movement of all or part of a person's body, or to restrict normal access to the person's body, and that is used as a behavioral restraint. "Physical restraint" is any staff-to-person physical contact in which the person unwillingly participates. "Physical restraint" does not include briefly holding a person without undue force in order to calm or comfort, or physical contact intended to gently assist a person in performing tasks or to guide or assist a person from one area to another.

(e) "Seclusion" means the involuntary confinement of a person alone in a room or an area from which the person is physically prevented from leaving. "Seclusion" does not include a "timeout," as defined in regulations relating to facilities operated by the State Department of Developmental Services.

(f) "Secretary" means the Secretary of the California Health and Human Services Agency.

(g) "Serious injury" means any significant impairment of the physical condition as determined by qualified medical personnel, and includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, or injuries to internal organs.

1180.2. (a) This section shall apply to the state hospitals operated by the State Department of Mental Health and facilities operated by the State Department of Developmental Services that utilize seclusion or behavioral restraints.

(b) The State Department of Mental Health and the State Department of Developmental Services shall develop technical assistance and training programs to support the efforts of facilities described in subdivision (a) to reduce or eliminate the use of seclusion and behavioral restraints in those facilities.

(c) Technical assistance and training programs should be designed with the input of stakeholders, including clients and direct care staff, and should be based on best practices that lead to the avoidance of the use of seclusion and behavioral restraints, including, but not limited to, all of the following:

(1) Conducting an intake assessment that is consistent with facility policies and that includes issues specific to the use of seclusion and behavioral restraints as specified in Section 1180.4.

(2) Utilizing strategies to engage clients collaboratively in assessment, avoidance, and management of crisis situations in order to prevent incidents of the use of seclusion and behavioral restraints.

(3) Recognizing and responding appropriately to underlying reasons for escalating behavior.

(4) Utilizing conflict resolution, effective communication, deescalation, and client-centered problem solving strategies that



diffuse and safely resolve emerging crisis situations.

(5) Individual treatment planning that identifies risk factors, positive early intervention strategies, and strategies to minimize time spent in seclusion or behavioral restraints. Individual treatment planning should include input from the person affected.

(6) While minimizing the duration of time spent in seclusion or behavioral restraints, using strategies to mitigate the emotional and physical discomfort and ensure the safety of the person involved in seclusion or behavioral restraints, including input from the person about what would alleviate his or her distress.

(7) Training in conducting an effective debriefing meeting as specified in Section 1180.5, including the appropriate persons to involve, the voluntary participation of the person who has been in seclusion or behavioral restraints, and strategic interventions to engage affected persons in the process. The training should include strategies that result in maximum participation and comfort for the involved parties to identify factors that lead to the use of seclusion and behavioral restraints and factors that would reduce the likelihood of future incidents.

(d) (1) The State Department of Mental Health and the State Department of Developmental Services shall take steps to establish a system of mandatory, consistent, timely, and publicly accessible data collection regarding the use of seclusion and behavioral restraints in facilities described in this section. It is the intent of the Legislature that data be compiled in a manner that allows for standard statistical comparison.

(2) The State Department of Mental Health and the State Department of Developmental Services shall develop a mechanism for making this information publicly available on the Internet.

(3) Data collected pursuant to this section shall include all of the following:

(A) The number of deaths that occur while persons are in seclusion or behavioral restraints, or where it is reasonable to assume that a death was proximately related to the use of seclusion or behavioral restraints.

(B) The number of serious injuries sustained by persons while in seclusion or subject to behavioral restraints.

(C) The number of serious injuries sustained by staff that occur during the use of seclusion or behavioral restraints.

(D) The number of incidents of seclusion.

(E) The number of incidents of use of behavioral restraints.

(F) The duration of time spent per incident in seclusion.

(G) The duration of time spent per incident subject to behavioral restraints.

(H) The number of times an involuntary emergency medication is used to control behavior, as defined by the State Department of Mental Health.

(e) A facility described in subdivision (a) shall report each death or serious injury of a person occurring during, or related to, the use of seclusion or behavioral restraints. This report shall be made to the agency designated in subdivision (h) of Section 4900 of the Welfare and Institutions Code no later than the close of the business day following the death or injury. The report shall include the encrypted identifier of the person involved, and the name, street address, and telephone number of the facility.

1180.3. (a) This section shall apply to psychiatric units of general acute care hospitals, acute psychiatric hospitals, psychiatric health facilities, crisis stabilization units, community treatment facilities, group homes, skilled nursing facilities, intermediate care facilities, community care facilities, and mental health rehabilitation centers.

(b) (1) The secretary or his or her designee shall develop technical assistance and training programs to support the efforts of facilities to reduce or eliminate the use of seclusion and behavioral restraints in those facilities that utilize them.

(2) Technical assistance and training programs should be designed with the input of stakeholders, including clients and direct care staff, and should be based on best practices that lead to the avoidance of the use of seclusion and behavioral restraints. In order to avoid redundancies and to promote consistency across various types of facilities, it is the intent of the Legislature that the technical assistance and training program, to the extent possible, be based on that developed pursuant to Section 1180.2.

(c) (1) The secretary or his or her designee shall take steps to establish a system of mandatory, consistent, timely, and publicly accessible data collection regarding the use of seclusion and behavioral restraints in all facilities described in subdivision (a) that utilize seclusion and behavioral restraints. In determining a system of data collection, the secretary should utilize existing efforts, and direct new or ongoing efforts, of associated state departments to revise or improve their data collection systems. The secretary or his or her designee shall make recommendations for a mechanism to ensure compliance by facilities, including, but not limited to, penalties for failure to report in a timely manner. It is the intent of the Legislature that data be compiled in a manner that allows for standard statistical comparison and be maintained for each facility subject to reporting requirements for the use of seclusion and behavioral restraints.

(2) The secretary shall develop a mechanism for making this information, as it becomes available, publicly available on the Internet. For data currently being collected, this paragraph shall be implemented as soon as it reasonably can be achieved within existing resources. As new reporting requirements are developed and result in additional data becoming available, this additional data shall be included in the data publicly available on the Internet pursuant to this paragraph.

(3) At the direction of the secretary, the departments shall cooperate and share resources for developing uniform reporting for all facilities. Uniform reporting of seclusion and behavioral restraint utilization information shall, to the extent possible, be incorporated into existing reporting requirements for facilities described in subdivision (a).

(4) Data collected pursuant to this subdivision shall include all of the data described in paragraph (3) of subdivision (d) of Section 1180.2.

(5) The secretary or his or her designee shall work with the state departments that have responsibility for oversight of the use of seclusion and behavioral restraints to review and eliminate redundancies and outdated requirements in the reporting of data on the use of seclusion and behavioral restraints in order to ensure cost-effectiveness.

(d) Neither the agency nor any department shall be required to

implement this section if implementation cannot be achieved within existing resources, unless additional funding for this purpose becomes available. The agency and involved departments may incrementally implement this section in order to accomplish its goals within existing resources, through the use of federal or private funding, or upon the subsequent appropriation of funds by the Legislature for this purpose, or all of these.

1180.4. (a) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 shall conduct an initial assessment of each person prior to a placement decision or upon admission to the facility, or as soon thereafter as possible. This assessment shall include input from the person and from someone whom he or she desires to be present, such as a family member, significant other, or authorized representative designated by the person, and if the desired third party can be present at the time of admission. This assessment shall also include, based on the information available at the time of initial assessment, all of the following:

(1) A person's advance directive regarding deescalation or the use of seclusion or behavioral restraints.

(2) Identification of early warning signs, triggers, and precipitants that cause a person to escalate, and identification of the earliest precipitant of aggression for persons with a known or suspected history of aggressiveness, or persons who are currently aggressive.

(3) Techniques, methods, or tools that would help the person control his or her behavior.

(4) Preexisting medical conditions or any physical disabilities or limitations that would place the person at greater risk during restraint or seclusion.

(5) Any trauma history, including any history of sexual or physical abuse that the affected person feels is relevant.

(b) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may use seclusion or behavioral restraints for behavioral emergencies only when a person's behavior presents an imminent danger of serious harm to self or others.

(c) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may not use either of the following:

(1) A physical restraint or containment technique that obstructs a person's respiratory airway or impairs the person's breathing or respiratory capacity, including techniques in which a staff member places pressure on a person's back or places his or her body weight against the person's torso or back.

(2) A pillow, blanket, or other item covering the person's face as part of a physical or mechanical restraint or containment process.

(d) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may not use physical or mechanical restraint or containment on a person who has a known medical or physical condition, and where there is reason to believe that the use would endanger the person's life or seriously exacerbate the person's medical condition.

(e) (1) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may not use prone mechanical restraint on a person at risk for positional asphyxiation as a result of one of the following risk factors that are known to the provider:

- (A) Obesity.
  - (B) Pregnancy.
  - (C) Agitated delirium or excited delirium syndromes.
  - (D) Cocaine, methamphetamine, or alcohol intoxication.
  - (E) Exposure to pepper spray.
  - (F) Preexisting heart disease, including, but not limited to, an enlarged heart or other cardiovascular disorders.
  - (G) Respiratory conditions, including emphysema, bronchitis, or asthma.
- (2) Paragraph (1) shall not apply when written authorization has been provided by a physician, made to accommodate a person's stated preference for the prone position or because the physician judges other clinical risks to take precedence. The written authorization may not be a standing order, and shall be evaluated on a case-by-case basis by the physician.
- (f) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 shall avoid the deliberate use of prone containment techniques whenever possible, utilizing the best practices in early intervention techniques, such as deescalation. If prone containment techniques are used in an emergency situation, a staff member shall observe the person for any signs of physical duress throughout the use of prone containment. Whenever possible, the staff member monitoring the person shall not be involved in restraining the person.
- (g) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may not place a person in a facedown position with the person's hands held or restrained behind the person's back.
- (h) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 may not use physical restraint or containment as an extended procedure.
- (i) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 shall keep under constant, face-to-face human observation a person who is in seclusion and in any type of behavioral restraint at the same time. Observation by means of video camera may be utilized only in facilities that are already permitted to use video monitoring under federal regulations specific to that facility.
- (j) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 shall afford to persons who are restrained the least restrictive alternative and the maximum freedom of movement, while ensuring the physical safety of the person and others, and shall use the least number of restraint points.
- (k) A person in a facility described in subdivision (a) of Section 1180.2 and subdivision (a) of Section 1180.3 has the right to be free from the use of seclusion and behavioral restraints of any form imposed as a means of coercion, discipline, convenience, or retaliation by staff. This right includes, but is not limited to, the right to be free from the use of a drug used in order to control behavior or to restrict the person's freedom of movement, if that drug is not a standard treatment for the person's medical or psychiatric condition.

1180.5. (a) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 shall conduct a clinical

and quality review for each episode of the use of seclusion or behavioral restraints.

(b) A facility described in subdivision (a) of Section 1180.2 or subdivision (a) of Section 1180.3 shall, as quickly as possible but no later than 24 hours after the use of seclusion or behavioral restraints, conduct a debriefing regarding the incident with the person, and, if the person requests it, the person's family member, domestic partner, significant other, or authorized representative, if the desired third party can be present at the time of the debriefing at no cost to the facility, as well as with the staff members involved in the incident, if reasonably available, and a supervisor, to discuss how to avoid a similar incident in the future. The person's participation in the debriefing shall be voluntary. The purposes of the debriefing shall be to do all of the following:

(1) Assist the person to identify the precipitant of the incident, and suggest methods of more safely and constructively responding to the incident.

(2) Assist the staff to understand the precipitants to the incident, and to develop alternative methods of helping the person avoid or cope with those incidents.

(3) Help treatment team staff devise treatment interventions to address the root cause of the incident and its consequences, and to modify the treatment plan.

(4) Help assess whether the intervention was necessary and whether it was implemented in a manner consistent with staff training and facility policies.

(c) The facility shall, in the debriefing, provide both the person and staff the opportunity to discuss the circumstances resulting in the use of seclusion or behavioral restraints, and strategies to be used by the staff, the person, or others that could prevent the future use of seclusion or behavioral restraints.

(d) The facility staff shall document in the person's record that the debriefing session took place and any changes to the person's treatment plan that resulted from the debriefing.

1180.6. The State Department of Health Services, the State Department of Mental Health, the State Department of Social Services, and the State Department of Developmental Services shall annually provide information to the Legislature, during Senate and Assembly budget committee hearings, about the progress made in implementing this division. This information shall include the progress of implementation and barriers to achieving full implementation.

**CONTRACTOR'S CERTIFICATION OF COMPLIANCE WITH  
BACKGROUND AND SECURITY INVESTIGATIONS**

\_\_\_\_\_ do hereby certify that our  
(Name of Prospective Contractor)

organization complies with and completes all criminal clearances including arranging to receive subsequent arrest notifications and background checks on all staff, employees, independent contractors, and volunteers as well as all Subcontractors' staff and volunteers, prior to beginning and continuing work under this contract. Such background investigation may include, but shall not limited to criminal conviction information obtained through fingerprints submitted to the California Department of Justice.

Our organization further agrees not to engage or continue to engage the employees or volunteers on contract services of any person convicted of any crime involving harm to children, or any crime involving conduct inimical to the health, morals, welfare or safety of others, including but not limited to the offenses specified in Health and Safety Code, Section 11590 (offenses requiring registration as a controlled substance offender) and those crimes listed in the Penal Code which involve murder, rape, kidnap, abduction, assault, and lewd and lascivious acts.

We understand that failure to comply with the Background and Security Investigations provisions will constitute a material breach and be considered an event of default under the contract, which shall subject the contract to termination if such default is not cured within 3 days.

**In compliance with the False Claims Act (31 U.S.C. §3729-3733), I certify that all the information on this form is true and correct.**

\_\_\_\_\_ (Signature), Title \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ (Signature), Title \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Print Name of authorized signer, Chief  
Executive Officer or Chief Financial Officer, or Authorized Treasurer or other Authorized signed  
of the Board of Directors

**DISCHARGE OUTCOME AND  
PLACEMENT STABILITY REPORT**

**TARGET DEMOGRAPHICS  
WITH CORRESPONDING  
RATE CLASSIFICATION LEVELS**



## CHARITABLE CONTRIBUTIONS CERTIFICATION

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Company Name

---

Address

---

Internal Revenue Service Employer Identification Number

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California Registry of Charitable Trusts "CT" number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

**Check the Certification below that is applicable to your company.**

- Vendor or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Vendor engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

**OR**

- Vendor or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

---

Signature of Authorized Person responsible for  
Submission of the SOQ to the County

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Date

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Name and Title of Signer (please print)

ADMINISTRATION OF CONTRACT  
COUNTY'S ADMINISTRATION

CONTRACT  
NO.

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**COUNTY PROGRAM DIRECTOR:**

Name:

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Title:

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Address:

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Telephone:

---

Facsimile:

---

E-Mail Address:

---

**COUNTY PROGRAM MANAGER:**

Name:

---

Title:

---

Address:

---

Telephone:

---

Facsimile:

---

E-Mail Address:

---

**COUNTY CONTRACT PROGRAM MONITOR:**

Name:

---

Title:

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Address:

---

Telephone:

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Facsimile:

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E-Mail Address:

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## SERVICE DELIVERY SITES

### Short-Term Residential Treatment Center

#### Administrative Office/Headquarters

AGENCY NAME	AGENCY CORPORATE ADDRESS	AGENCY CONTACT PERSON	TELEPHONE NUMBER/ EMAIL ADDRESS

Name of STRTP Administrator: \_\_\_\_\_

#### Licensed Facilities Included in this Contract

FACILITY NAME	YOUTH SERVED (DCFS, Probation, or Dually Supervised)	FACILITY ADDRESS	FACILITY MANAGER	TELEPHONE NUMBER/ EMAIL ADDRESS

*Use additional sheets if necessary.*

## SERVICE DELIVERY SITES

Yes  No

Are any of the facilities listed above on County owned or County Leased property? If yes, please provide an explanation:

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Yes  No

Do any or your agency's Board members or employees, or members of their immediate families own any property leased or rented by your agency? If yes, please provide an explanation.

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On behalf of \_\_\_\_\_ (Contractor's name), I \_\_\_\_\_  
(Name of Contractor's authorized representative), certify that the information contained in this Service Delivery Sites – Exhibit BB is true and correct to the best of my information and belief.

\_\_\_\_\_  
Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Signature of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Date

# FAMILY VISITATION GUIDELINES

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JUVENILE DEPENDENCY COURT PROTOCOL  
FOR DEVELOPING FAMILY VISITATION PLANS

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**INTRODUCTION/SUMMARY**

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In June, 2005, the Los Angeles County Juvenile Dependency Court convened a committee to create visitation guidelines for the County of Los Angeles. The Court recognized the pivotal role that visitation plays in the reunification process, the importance of considering child development issues in relation to visitation, and the lack of a cohesive system for creating effective and appropriate visitation plans.

The Visitation Guidelines Committee reviewed numerous documents in preparing these protocols (see attached bibliography). The Drafting Subcommittee consisted of community stakeholders from throughout the juvenile court system with expertise in policy, social work, and training, including a number of representatives from the Department of Children and Family Services (DCFS).

The resulting protocols provide a cohesive system for creating family visitation plans (consistent with court orders) designed and later re-assessed in team meetings that include all of the people affected by visitation.<sup>1</sup> These plans must be specific in nature (as to time, location, transportation arrangements, and activities), taking into consideration the purpose of the visits, the strengths and needs of the parents and children, the role of the supervisor (if any), alternatives to in-person visitation, and a myriad of other issues that are outlined in detail in this document.

At the time of detention, DCFS needs to evaluate what visitation/contact is appropriate and create an initial plan for such visitation, preferably through a team process. At the initial detention hearing, the Court will usually make general visitation orders. A detailed family visitation plan, consistent with the more general court orders, will need to be created by a Family-Centered Team involving as many participants as appropriate (including parents, relatives, caregivers<sup>2</sup>, children, and service providers). Whenever feasible, this plan should be created prior to the disposition hearing, and a copy should be provided to the Court. As the case progresses and placements change, the plan will be modified, including liberalization of visits, when warranted.

These guidelines are adopted with the understanding that full implementation will require DCFS protocols to be drafted that are consistent with this document, training will have to be developed, forms will have to be created, and resources will need to be identified. Additional efforts of the Visitation Guidelines Committee will focus on identifying resources to help facilitate visitation, and ensuring sufficient training of Children's Social Workers. While DCFS will be responsible for training social workers and caregivers, the Committee currently envisions the creation of a team to design cross-training of the other dependency system stakeholders (e.g. attorneys, judicial officers, CASA staff and volunteers).

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<sup>1</sup>This team based approach was proposed in the Family Reunification Report, the product of a work group convened by the Los Angeles County Commission for Children and Families and DCFS in 2004.

<sup>2</sup> For the purposes of this document, the term "caregiver" includes relative caregivers, foster parents, foster family agency staff, and group home staff.

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**PURPOSE/PHILOSOPHY STATEMENT**

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These guidelines provide specific tools, protocols, and strategies for ensuring that planned and purposeful visitation occurs for children and families served by the Los Angeles County Child Welfare System. Supported by research, best practice standards and legal statutes, visitation serves as the most essential service element for these families towards achieving the outcomes of safety, permanency and well-being. More specifically, visitation is the most critical factor in ensuring and supporting safe and timely re-unification for children and their birth families as the primary permanency option. Its central and fundamental place amid the array of services and supports to at risk families cannot be understated.

The success of visitation is contingent upon every involved party valuing the importance of the visitation's purpose. This document provides guidance to (and sets standards for) those individuals and groups who play key roles in supporting families and is based on the following principles/values and themes:

- The law (Welfare and Institutions Code ("WIC") sections 300 and 308) provides specific guidance for developing, implementing and monitoring visitation plans and shall be the primary point of reference in the development and implementation of visitation plans and protocols.
- While recognizing the statutory authority and mission of the Juvenile Court and DCFS; community stakeholders, partnering agencies and families share responsibility and accountability for outcomes. Consistent with emerging/best practice, such outcomes are more readily achieved through "team based" approaches to decision-making, assessment, planning and support. Therefore, team based approaches to developing and updating *Family Visitation Plans* (FVPs) are strongly referenced in this document.
- In delivering child welfare services, priority consideration should always be given to the delivery of community and family based interventions that allow children to safely remain with their families and in their communities. The provision of out-of-home care is always a last resort when these in-home services and interventions cannot adequately ensure child safety.
- When out-of-home care is needed, it must serve as a goal directed service to achieve safety and permanency for children in environments where essential connections for children are maintained. Therefore, in the placement process, any and all efforts shall be made to maximize and maintain a child's healthy connections with family, culture, community and school-of-origin. This includes the placing of siblings together and supporting healthy sibling bonds, unless in so doing, child safety is compromised.
- When out-of-home care is necessary, visitation should serve as a family-centered, family empowering activity to assess, maintain, strengthen and re-build healthy family and community connections while reducing identified risks. It not only serves to maintain contact/access between parents and children, but allows family members to practice and demonstrate new skills/behaviors that are needed for them to safely be together. As such, visitation plans and activities should be inexorably linked to a uniquely tailored Case Plan that clearly identifies outcomes for the family, builds on their strengths and resources, and meets specific child and family needs. Across time, if re-unification is found not to be possible, visitation allows parents, children and caregivers to be more directly and actively engaged in the concurrent planning process to support timely development and activation of an alternative permanent plan.
- Visitation plans developed with and for family members (including parents, siblings and other



relatives) should reflect the unique child and family situation based on their place in the continuum of service delivery and juvenile court process. They should also include a wide range of contact and access formats from face-to-face visitation to any and all other forms of written, telephonic, email, and/or video contact. Where appropriate, visitation should also include significant others who have a meaningful and supportive relationship with the child and family and who may also play a key role in achieving case goals.

- These guidelines assume that a determination has been made that visitation is in the best interests of each child and will not negatively impact the child's physical and/or emotional well-being. When visitation is appropriate, the visitation plan should be specifically tailored to the particular family and care should be given at all times to protect the child from physical and/or emotional harm.

As Family Visitation Plan are implemented, it is the shared responsibility of those working with the family to monitor implementation, providing feedback and working together to address specific issues and concerns regarding the quality, timeliness and quantity of visitation that occurs for a family.

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**TEAMING PROCESS**

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Family-Centered Team-Decision Making ("FTDM") is a collaborative concept in which the Department of Children and Family Services ("DCFS") staff, family members, caregivers and community service providers work together when any placement decision is contemplated, or when it is determined a team process is appropriate (see FTDM document). Once a child is removed from his/her parents, the CSW is first and foremost required to ensure that the child is safe. At the same time, the CSW is also charged with securing the least restrictive, and most appropriate, out-of-home placement for the child as well as preserving the child's familial and community connections. Under existing DCFS policy, the CSW should call for a TDM or a FGDM to help facilitate a discussion around keeping the child safe and future case planning. Attention to keeping the child in his/her school-of-origin is also part of the placement decision to ensure educational stability and maintain consistency in the child's academic learning. Given these mandates, the CSW is in a unique position, with the information obtained at the team meeting to memorialize and prepare effective Family Visitation Plans ("FVPs"). At the initial TDM, the first visit is arranged and the CSW develops the initial visitation plan based upon the information from the TDM. Similar formats can also be used to modify FVPs.

**Throughout this document, Teaming Process (Team) is a generic term that includes, but is not limited to: (1) Team Decision-Making (TDM); (2) Family Group Decision-Making (FGDM); (3) Permanency Planning Conferences; (4) Family Conferencing, and; (5) Meetings convened to specifically plan visitation. Moreover, Teams are an integral part of such processes as Point of Engagement ("POE") and Multidisciplinary Assessment Teams (MAT). The type of Team utilized will depend on the needs of the family as well as on the nature and stage of the dependency case.**

A team process should be used for discussing, updating and troubleshooting of any FVP. Teams should be convened at each of the below-listed dependency case stages and/or whenever a child is removed or replaced, as such placement decisions directly affect visitation

Each Team, with the exception of FGDM, should include the following members<sup>3</sup>:

- Team Facilitator
- DCFS Children's Social Worker (CSW), Emergency Response Worker and/or Supervising Children's Social Worker.
- Parents/Legal Guardians
- Caregivers (including Residential Facility Representatives and FFA Personnel)
- Children 10 years of age and older, unless inappropriate

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<sup>3</sup> Inability to convene all principle members of the TEAM shall not delay visitation, especially in the early stages of a dependency case. Efforts shall be made to notify these members of the results of the team meeting.

Additionally, every effort should be made to include the following individuals where appropriate:

- Children under 10-years-old
- Siblings
- Relative and Non-Related Extended Family Members and Support People (e.g. clergy, childcare providers, medical or mental health providers, family friends, significant others, or other service providers known to the family.)
- MAT Providers
- HUB Evaluators
- Probation Officers
- Community Service Care Providers
- Public Health Nurses
- Educators
- Regional Center Personnel
- Child Care Providers
- Community Partners
- DMH Personnel
- School Personnel
- Community Family Preservation Network Representatives
- CalWORKS Staff
- Parent Advocates
- Child Advocates or Court Appointed Special Advocates ("CASAs")
- Medical Placement Unit Representatives
- START Supervisors
- Family Preservation Representatives

It is important that Teams include a multitude of players and that the membership of the team is fluid and responds to the needs of the family in relation to the stage and objectives of the dependency case.<sup>4</sup>

Team meetings are arranged by the DCFS Scheduler. The Scheduler is responsible for contacting all parties relevant to the dependency case as well as inviting community members not currently involved with the family to the Team meeting. Meetings should be scheduled in neighborhood locations close to the child's family in order to maximize attendance by family and community support providers.

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<sup>4</sup> For a complete description of TEAM Meeting participants and their respective roles, see *DCFS Procedural Guide 0070-548.03 Team Decision-Making (Released on 12/21/05)*

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**COURT ORDERS**

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Oftentimes, the judicial officer makes general visitation orders, such as “supervised visits approved by a DCFS approved supervisor, at least twice per week, with DCFS discretion to liberalize.” The Court, as often as possible, will provide DCFS with the discretion to liberalize visits including overnights and weekends in order to support reunification and the developmental needs of the children. The FVP is envisioned as a detailed implementation of the Court’s orders. While the Team’s Family Visitation Plan (FVP) at the time of the disposition hearing will be submitted to the dependency court judicial officer, the dependency court is the final decision maker. The FVP must be consistent with dependency court orders (as well as any criminal court orders.) If the dependency court makes orders that are inconsistent with the FVP, then the procedures outlined below, in “Changes to the FVP,” should be followed in order to bring the FVP into compliance with the relevant court orders. The social worker should ensure that visitation is consistent with all court orders until the FVP has been changed.

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**DEPENDENCY CASE STAGES**

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Stage 1: Pre-Detention Hearing Visitation (within the initial 72 hours following removal)

- Team meeting is held either prior to the child's removal from the home or when the child has already been removed, by the end of that business day or within 24 hours prior to the detention hearing.

Stage 2: Detention Hearing/Pre-Disposition Visitation Plan

- A Team meeting is held following the Detention Hearing to update the Family Visitation Plan (FVP) that will be in effect until the Disposition of the case.

Stage 3: Disposition Visitation Plan

- A Team meeting to develop a recommended FVP to be presented at the Disposition Hearing.

**STAGE 1: PRE-DETENTION HEARING FAMILY VISITATION PLAN  
(INITIAL 72 HOURS FOLLOWING REMOVAL)**

Children, parents and siblings shall have access to each other as soon as possible and as frequently as possible following removal from a parent, when safe.<sup>5</sup> This is important to strengthen the family bond and lessen trauma to the child(ren). So that children do not feel isolated from their families upon being placed in protective custody, children should have the opportunity to visit with their families in a face-to-face meeting prior to their first court date, but in any event no later than 72 hours following removal, especially with children under 5 years of age. The CSW shall make a diligent and reasonable effort to ensure regular telephone contact prior to the detention hearing, unless that contact would be detrimental to the child. Such phone calls should take place as soon as practicable, but not later than 5 hours after the child is taken into custody. The child should be permitted to maintain regular phone contact, unless it is determined detrimental to the child or otherwise inappropriate, as discussed below. Hence, when safe, it is the responsibility of the CSW to facilitate both the face-to-face visits and phone calls with the child and his/her family as soon as possible. Siblings should be kept together, where appropriate. If siblings cannot be placed together, every attempt to facilitate visitation during this stage should be made.

Visitation and/or telephone calls should not be facilitated by the CSW if such contact is not in the best interests of the child. Before making any determination to prohibit visitation, the CSW should first evaluate whether a supervised visit would alleviate concerns regarding the contact. The CSW should discuss with parents the parameters of the initial visitation during this stage before the visitation is disallowed. Reasons not to permit visitation or contact may include: (1) the CSW has good reason to believe the parent may coach or otherwise harass the child; (2) the child was subjected to severe physical abuse; (3) the child was the victim of sexual abuse; or (4) the child does not wish to visit. These factors do not necessarily preclude visitation; safeguards that can be put in place and detriment to the child must be considered in making such a decision.

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<sup>5</sup> At this time, DCFS' Point of Engagement process is uniquely suited to provide Team Decision Making in regards to the pre-detention hearing visitation plans.

<b>Protective Custody Family Contact Timeframes</b>	
<i>First 24 Hours</i> Child removed from parent/legal guardian and relocated to placement.	As soon as child is situated in a placement, the CSW should work to immediately facilitate contact between the child and the family. Most likely, this will be in the form of a phone call within 5 hours.
<i>24-48 Hours</i> Child secured in placement.	Telephone contact between the child and family is mandatory for those children old enough to communicate via phone when determined that such contact is safe. Moreover, the CSW shall attempt to arrange for a face-to-face visit. For children not old enough to communicate via phone, extra effort shall be made to arrange for a face-to-face visit.
<i>48-72 Hours</i> Child secured in placement and detention hearing is pending.	The CSW shall facilitate a face-to-face visit when determined that such contact is safe. It is mandatory for children to have the opportunity to visit with their families (parents and siblings) before their first court date when determined that such contact is safe.

Note that special attention should be given to arranging face-to-face visits between younger children and their families. Not only do younger children have a more difficult time communicating by telephone, but children under four years of age are not required to be in court. Thus, they may not have the opportunity to visit with their parents on the day of the hearing.

While the focus at this stage of the dependency case is to ensure family visitation and/or contact as soon as the child is removed from the home, the CSW should be assessing certain factors in anticipation of the development of a Pre-Detention FVP. First, the CSW must evaluate potential visitation supervisors if he/she feels that supervision for family visits is needed. The CSW should pay special attention to the ability of the child's caregiver to supervise visits as well as to provide transportation or a meeting space for the family visits. In addition, the CSW should ensure that the child's placement does not obstruct the family's ability to participate in visitation.

#### **STAGE 2: DETENTION HEARING/PRE-DISPOSITION FAMILY VISITATION PLAN**

A detailed proposed Family Visitation Plan should be attached to the Detention Hearing Report that notes the caregiver's and CSW's statements regarding their ability to transport, supervise or otherwise facilitate visitation and phone calls. During the Detention Hearing, the Court shall evaluate all available information, including the plan developed at the most recent Team meeting, and formulate visitation orders that would be in effect until the Disposition Hearing. Based on these orders, the parties present at court, physically or by phone/email, would develop the most specific visitation plan possible. During this planning time, participants would list any unresolved issues to be addressed at the Family-Centered Team meeting that will occur in the next few days following the Detention Hearing. This process would require more time allotted to Detention Hearings, the possibility of cases being recalled for the parties to provide the Court with the visitation plan, and potentially for CSWs to routinely be on call for Detention Hearings. The visitation plan developed at the Detention Hearing, when appropriate and feasible, shall apply the same framework described below.

DCFS shall convene a Team meeting within five business days of the Detention Hearing. The Team is to further develop a Pre-Disposition Family Visitation Plan that: (1) ensures the child's safety and well-being are not compromised; (2) maintains connections between the removed child and his/her family; (3) allows parents and siblings the opportunity to bond with the child; (4) assesses the risks associated with returning the child to his/her family; (5) builds networks of support to facilitate the child's reunification with the family; (6) addresses resources to facilitate visitation (supervisors, location, transportation, etc.), and (7) considers the scheduling needs of families and other parties.

The Pre-Disposition Family Visitation Plan developed by the Team should include the same factors/considerations discussed below in the "Family Visitation Plan" section. At this stage, it is imperative that the FVP be considered in making placement decisions for the child. For example, the proximity of the child's placement to the parent and the ability of the caregiver to accommodate the FVP should be considered. Given that the Team will most likely be presented with limited information, the FVP produced during this period may not be as comprehensive as the FVP submitted to the dependency court for the Disposition Hearing. However, the Team shall make every effort to thoroughly complete all sections of the FVP.

If the Team finds that visitation is not in the child's best interests, a clear statement regarding why pre-disposition visitation is not permitted must be included in the Pre-Disposition FVP. The Team should consider alternatives to face-to-face family visits (phone calls, e-mail, letters) where such alternatives do not pose a threat to the child's safety and well-being. If such contact is appropriate, the Pre-Disposition FVP shall include a schedule regarding when these contacts are to occur and list any conditions placed on the alternative arrangements.

### **STAGE 3: DISPOSITION FAMILY VISITATION PLAN**

The Disposition Family Visitation Plan developed by the Team must incorporate all of the FVP elements noted below. The Disposition FVP will be submitted to the court for the Disposition Hearing. If the dependency court makes orders that significantly alter the Disposition FVP, the Team must reconvene to modify the FVP (see "Court Orders" section). If reconvening the entire Team is not possible, DCFS must bring together the parties affected by the court order as necessary to modify the FVP. Team meetings can also be called to implement specific recommendations after disposition. Team meetings can move forward without all members in attendance so long as reasonable efforts have been made to contact all parties. The CSW must further attempt to reach all Team members not able to attend the meeting via phone, mail, or e-mail to gather feedback and notify all such parties of the Disposition FVP.

### **FAMILY VISITATION PLAN REVIEW**

The FVP will clearly indicate the date the plan is to be reviewed by the Team, and for any Revised FVP to be developed. The FVP must be reviewed at every Team Meeting. At every review, the Team shall examine all information received from the child, parents/guardian, foster parents, group home staff, FFA Social Worker, CSW and visit supervisors before modifying the FVP. The Team shall also consider changes in the child's or family's circumstances or any request made by the child or family in regards to visitation.

### **POST-JURISDICTION VISITATION PLANS**

For cases in which the CSW is recommending termination of jurisdiction with either a family law court order or with a legal guardianship in place, the Status Review Report submitted to the Court should have an FVP attached which makes specific recommendations (days, times, locations, transportation, supervisors, holidays, birthdays).

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**FAMILY VISITATION PLAN**

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Prior to the disposition hearing, DCFS shall convene a Team meeting to develop an FVP focused on family reunification. Where a no contact order is issued for a parent or party, such parent or party shall not be included in the FVP until the no contact order is vacated. A no contact order placed for one parent or party shall not affect the inclusion of other family members in the FVP plan. The Team must create a plan specific to the family's needs, yet with enough flexibility to facilitate changes made in court. This plan must be made available to the court on the day of the disposition hearing.

The Team will structure the FVP on the information received from the above-noted pre-disposition visitation plan. Hence, information collected regarding the family's strengths and needs (including barriers to reunification) will be crucial in developing a meaningful FVP. **If, after a conscientious and concerted effort, the team cannot reach agreement on a component of the FVP, the final recommendation will be made by DCFS.**

The FVP must provide the following:

- A visitation schedule, detailing the dates and times the family can visit.
- Length, start/end times (see p. 20 re: exception)
- List resources to be used to meet the visitation time frames
- A visitation location(s).
- Transportation arrangements for children (removed children, siblings) and parents/guardians.
- Arrangements for the child to communicate with parents/guardians by phone, mail, etc. (p.20).
- Any conditions placed on the visitation by the Team or Court to ensure the safety and well-being of the child. These conditions may include the requirement that the visits be supervised or that the parent refrain from discussing the upcoming dependency case.
- Limits: Supervising, Phone, Mail, etc.
- Plan for supervising if applicable
- Supervisor contact information and qualifications (link to Objectives)
- Who are visitors and their contact information
- Who are prohibited
- Visitation Objectives
- List of strengths and needs
- Purpose of each visit and who should attend
- How to handle anticipated problems
- Plan for Specific Situations (see p. 24 & 25)
- Safety Plan
- Children's requests
- Sibling visit plan
- Teen Parents and their children
- Adjunct activities
- Agreed upon Do's & Don'ts
- Visitation Plan Review date
- Signatures showing agreement to the plan



**PRELIMINARY CONSIDERATIONS/FACTORS TO CONSIDER**

In developing the FVP, the Team shall examine the following:

- Physical/emotional well-being of the child(ren).
- Parents' strengths and needs. The Team shall list the parents' strengths in the FVP as well as any needs (e.g. mental health, drug addiction, parenting skills, developmental delay) for which they require assistance to reunify with their children.
- Parents' obligations. Parents' work, school, treatment and court-ordered responsibilities must be assessed by the Team in developing an effective visitation plan.
- Child(ren)'s strengths and needs. The Team shall examine the strengths as well as any needs (e.g. medical, mental health, developmental) of the child(ren) that need to be addressed to facilitate family reunification.
- Child(ren)'s desires. The FVP shall include the child(ren)'s requests in regards to participating in visitation and ultimately reunifying with their parents/guardians.
- Child(ren)'s obligations. The Team must consider any school, social, treatment or work-related obligations of the child(ren) in developing the FVP.
- Sibling Visitation. The FVP must assess the appropriateness of sibling visitation and include specific guidelines concerning how sibling visitation will be facilitated. The frequency, duration, location, transportation, and type of contact should be detailed in the FVP.
- Pre-removal family activities. The Team must identify how the family spent time together prior to the child being removed from the home, and where appropriate facilitate visits that incorporate the pre-removal activities. Note that these should include school and preschool activities. It should be made clear to all parties that the parent is the Holder of Education Rights, unless these rights have been limited by the court.
- Available resources. The Team must evaluate all resources at the family's and caregiver's disposal to aid in family visitation/reunification and is encouraged to think creatively in developing additional resources. Note that the parents and family members should be afforded opportunities to participate in the removed child(ren)'s school functions and medical visits.
- Child(ren)'s Placement. The child(ren) should reside in the most appropriate placement that best facilitates the goals and objectives of the FVP.
- Caregiver's Needs. The Team must take into account the caregiver's needs, concerns and resources in developing the FVP.
- Case Plan Goals. The FVP should be utilized to assist the family in reaching case plan goals.
- Resources. Availability and limitations.

**PARTICIPANTS' CONSIDERATIONS AND RESPONSIBILITIES**

In developing the FVP, the Team shall take into account the specific needs of case participants. Moreover, the FVP must clearly define each participant's responsibilities in relation to visitation and clearly connect these responsibilities to the reunification objectives. Such needs and responsibilities should take into consideration the level of supervision required, the continuum of care to be provided to the child and the multitude of parties who can participate in the Team and visitation. The following guidelines, standards, and responsibilities should be considered for each of the following case participants:

In developing the FVP, the Team must assess the following in regards to the child's parent/legal guardian:

- Level of risk posed by parent, if any
- Transportation issues or problems
- Work, school or court-mandated program obligations
- Strengths/weaknesses

- Whether or not the parent is a Regional Center client or otherwise developmentally delayed
- Incarceration
- Institutionalization
- Court-ordered restrictions
- Relationship with caregiver

In developing the FVP, the Team must assess the following in regards to the child(ren):

- School obligations
- Community/extracurricular activities
- Therapy/counseling or other court-mandated sessions
- Child(ren)'s desire to spend time with peers
- Issues with transportation
- Safety with/between proposed visitors, given specific case history
- Child(ren)'s desire to participate in visitation with parents, siblings and other relatives
- Medical appointments or other medical considerations
- Address the child's anxieties and expectations
- Safe environment

In developing the FVP, the Team must consider the following in regards to caregivers:

- Willingness of caregivers to have the visitation occur in the home/facility
- Number of children in the home for whom visitation must be coordinated (not just children of case being reviewed).
- Impact on other children in home
- Transportation
- Space for accommodating visits
- Ability and appropriateness of caregiver to supervise visits
- Restrictions on the visitation the caregiver feels are needed

#### *Team Facilitator*

In relation to visitation, the Team facilitator is required to:

- Remain neutral with respect to all meeting participants.
- Model respectful interaction with the family, staff and other participants.
- Create an inclusive meeting environment.
- Manage the Team meeting, and facilitate the development of the FVP.
- Support DCFS best practices and procedures.
- Recognize and appropriately utilize all available resources.
- Guide the team towards generating creative solutions that address and ensure child safety.
- Work to develop a consensus among all Team participants.
- Focus on family strengths.

#### *Parents/Legal Guardians*

In relation to visitation or other contact with the child, the parent/legal guardian is required to:

- Ensure the emotional/physical safety and well-being of the child.

- Provide a drug/weapon/violence free environment and not be under the influence of alcohol or drugs during the visit.
- Ensure no unauthorized visitors are present.
- Provide transportation where possible (have a valid driver's license, car insurance and, if needed, a car seat.)
- Take parental role during interaction with child (For example, ask about school progress.)
- Plan and engage in the Team meeting and in between visits
- Plan age appropriate activities in the Team meeting and with the social worker and supervisor, making sure to bring specifically listed items such as food, diapers, special toys or games, and engaging the child(ren) throughout the visit.
- Respond to direction from the visitation supervisor, if applicable.
- Follow any pre-established visitation guidelines developed by the Team.
- Attend visits on time.
- Call as soon as possible to cancel a scheduled visit, but no later than twenty-four hours before the visit.
- Make contact with the child to explain cancellation or other visitation problems, if such contact is allowed.
- If incarcerated or institutionalized, initiate communication (i.e. phone calls, letters, e-mails) in accordance with the FVP.

#### *Child(ren)*

The Team will encourage the child(ren) to:

- Participate in the Team meeting to develop the FVP, where appropriate.
- Voice questions or concerns about visitation to the Team.
- List persons who should and should not be included in visitation.
- Discuss visits with the CSW, caregiver, parent, attorney or CASA after the visit.
- Provide information to the Team regarding feelings about on-going visitation and how the FVP should be revised.

#### *Caregivers*

Caregivers include foster parents, relative caregivers, FFA and group home staff, and non-related extended family caregivers.

In relation to visitation, caregivers are required to:

- Ensure the well-being of the child including the provision of emotional support.
- Comply with the finalized and/or court approved FVP.
- Participate in the Team meeting to develop and review the FVP as appropriate.
- Be familiar with the case plan.
- Inform the CSW of any problems in complying with the FVP (scheduling conflicts, etc).
- Respect the importance to the child of his/her family, and make every effort to ensure communication/interaction between the child and the family to the greatest extent possible. Where appropriate, this communication/interaction should include phone calls, mail and e-mail.
- Accommodate adjustments to the FVP to the greatest extent possible.
- Maintain contact with the CSW regarding visitation progress. This should include an objective description of the child's behavior before and after visitation.

- Maintain objectivity, and remain committed to the permanency plan.
- Share with the parent any changes or concerns related to the child's health and education.
- Prepare the child for visits. This should include describing the location of the visit to the child and what type of contact the child can expect during the visit to the greatest extent possible.
- Dress child in accordance with visitation facility (e.g., jails, drug treatment facilities) regulations as informed by the CSW or the facility.
- Provide transportation as negotiated in the FVP.
- Notify CSW of any unplanned contacts between the child and parent or caregiver and parent.

#### *DCFS CSW*

In developing and implementing the FVP, the CSW shall:

- Convene the Team meeting.
- Explain the Team meeting process to parent, caregiver, and child.
- Clearly identify the factors that required DCFS intervention (SDM assessments).
- Determine the need for supervised visitation, the type of supervision required<sup>6</sup>, create a detailed supervision plan, and outline the roles and duties of the person providing the supervision.
- Identify, evaluate and approve visitation supervisors prior to the Team meeting, if need is anticipated.
- Articulate relevant family's strengths to be tapped and/or utilized during the visit, and document in the FVP.
- Collaboratively plan, with the parents, age appropriate activities for the parent(s) and child(ren) to participate in during visits.
- Ensure that the FVP is understood by the parent(s) and implemented as designed by the Team.
- Prepare parents for the range of reactions children may have to visits.
- Address barriers to the FVP's implementation.
- Work with Team to modify the existing FVP to conform to subsequent court orders.
- Explain facility requirements to caregivers if the child(ren) will be visiting incarcerated or institutionalized parents (e.g. dress code, gifts, food).
- When facilitating a visit, prepare the child for the visit. This should include describing the location of the visit to the child and what type of contact the child can expect during the visitation to the greatest extent possible. This is especially important in regard to children visiting incarcerated parents. At the end of the visit, prepare the child to transition back to the caregiver.
- Explain to the caregiver any specific requirements (i.e. dress code, gifts, food) the child must abide by during visits. This is especially important in regard to children visiting incarcerated parents.
- On an ongoing basis, evaluate the FVP through direct interviews with visitation participants and review of the visitation supervisor's logs, including determining whether the objectives are being met and any need to update the objectives.
- Inform the court of visitation progress, as detailed in the Dependency Court Reports memo on the required contents of DCFS reports, and provide the court with a copy of any visitation supervisor's logs.
- Evaluate and review the FVP at all Team meetings.
- Describe specific topics not to be discussed during visitation, such as the court case or making unrealistic promises.

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<sup>6</sup> Throughout this document, the term supervisor is intended to cover the full range of supervisory roles, from a parenting coach to an observer whose only role is to ensure that a parent is not inappropriate during a visit. The level of supervision required may shift along the continuum throughout the course of the case. The TEAM must clearly define what type of supervision is needed at each stage of the case.

- Give parents suggestions for what to say at the beginning and end of the visit and topics to discuss with child(ren) during the visit.
- Ensure caregivers are aware of their role in family reunification, of the parents' strengths and how visitation supports family reunification.
- Contact affected parties in regards to scheduling conflicts and, where necessary, reconvene the Team to resolve these conflicts.
- Provide a copy of the FVP, as well as any changes to the FVP, to all affected parties, including parents, children 10 year of age and older, attorneys, caregivers and the court.
- Provide relative caregivers with referrals to kinship resource centers, as appropriate.

### *Visit Supervisors*

In fulfilling their obligations pursuant to the FVP, visitation supervisors are required to:

- Ensure the physical and emotional safety of the child.
- Comply with the FVP and court orders.
- Understand his/her role as supervisor in regard to the relevant case issues and purpose of visits in relation to the case plan.
- Place no other restrictions on the visitation other than those already established by the Team, except in the case of an emergency when the child's safety is jeopardized.
- Encourage positive interaction between child and family.
- Model appropriate parent-child interactions.
- When outlined in the FVP assist parent with parenting skills. If the FVP requires such coaching, then the coach must be qualified and have sufficient training. Describe any problems with parent's skills (away from the child) where an objective of the visitation is to build parenting skills.
- Develop a signal for the child to use to indicate discomfort or fear during the visit.
- End the visitation session should the child experience undue discomfort or high anxiety.
- Terminate the visit if visiting party will not conform to the guidelines established in the FVP. Give one warning before ending visit, where appropriate.
- Complete Visitation Supervision Log at the end of each visit. Provide a copy of this log to the CSW.

### *Siblings*

Where appropriate, siblings shall:

- Participate in the Team meeting to develop the FVP.
- Voice questions or concerns about visitation to the Team.
- Discuss visits with the CSW, caregiver, parent, attorney or CASA after the visit.

**JUDICIAL OFFICERS' AND ATTORNEYS' CONSIDERATIONS AND RESPONSIBILITIES***Judicial Officers*

Judicial Officers:

- Set minimum standards for visitation.
- Review the FVP and modify if necessary.

*Attorneys*

In regard to the development and implementation of the FVP, all attorneys involved in the dependency proceedings have an obligation to communicate their client's concerns regarding visitation to the dependency court and other parties within the confines of the attorney/client privilege. All attorneys should communicate other parties' concerns to their own client where appropriate and bring their own client's concerns to the court's attention. Additionally, specific attorneys have the following responsibilities in regards to the FVP and visitation:

- Parent's Attorney
  - Maintain contact with client.
  - Communicate visitation plan and guidelines to the parent.
  - Answer any questions the parent may have with respect to the FVP.
  - Review the FVP to ensure it is consistent with court orders.
- Child's Attorney
  - Provide input to the CSW for the development of the FVP.
  - Take an active role in implementing the FVP, when appropriate.
  - Relay court-ordered visitation or responsibilities to both the child and his/her caregiver.
  - Discuss with the child and his/her caregiver the transportation arrangements, visitation location and visitation purpose as outlined in the FVP.
  - Review the FVP for adequacy in meeting the child's needs.
  - Review the FVP to ensure it is consistent with court orders.
- County Counsel
  - Review the FVP to ensure it is consistent with court orders.

**FAMILY VISITATION PLAN ELEMENTS**

*Visitation Objectives (reason for each visit)*

After evaluating the strengths and needs of the family, the Team must identify the family’s barriers to reunification and develop visitation objectives designed to overcome each barrier. For example, possible reasons for visitation may include: (1) establishing and/or strengthening the parent-child relationship and securing the family bond; (2) instructing parents in child care skills; (3) helping parents gain confidence in meeting the child’s needs; (4) identifying and assessing potentially stressful situations between parents and their children; (5) providing time for the family to play together or otherwise spend time with one another; and (6) helping families transition to a family permanency plan.

A statement must be made in the FVP describing the purpose for the family visit and connection to the needs of the family.. Note that the visitation objectives may change over the life of the dependency case.

*Frequency of Visits*

Visitation frequency should correspond to the child’s age and developmental stage and be consistent with the family’s permanency goal. The frequency guidelines in the chart below pertain to face-to-face visits. While additional communicative means such as phone calls, letters, etc. can and should be used to strengthen the bond between parent and child, they are not to be used as an alternative to face-to-face visits. The Team shall utilize the following developmental guidelines in establishing the frequency and duration of visits:

<b>Developmental Visitation Guidelines</b>	
<b>Age</b>	<b>Frequency/Duration of Visits</b>
0 – 6 Months	<ul style="list-style-type: none"> <li>• Daily visits are optimal.</li> <li>• Families should visit at least three times a week for 30-60 minutes.</li> <li>• During this developmental period, the focus should be on short, frequent visits.</li> </ul>
6 – 12 Months	<ul style="list-style-type: none"> <li>• Families should visit at least three times a week for one hour.</li> <li>• Children in this developmental period begin to attach to caregivers. Therefore, visits should be scheduled so as to verify the parent as the child's primary caregiver.</li> </ul>
1 – 4 Years	<ul style="list-style-type: none"> <li>• Families should visit at least twice a week for 1 1/2 hours.</li> <li>• Separation during this timeframe can create developmental problems for the child. Potential separation anxiety necessitates frequent visits for a longer duration to affirm the parent’s role as primary caregiver.</li> <li>• All desires from verbal children should be solicited and considered.</li> </ul>
5 – 12 years	<ul style="list-style-type: none"> <li>• Families should visit at least once a week for two or more hours.</li> <li>• Children in this developmental stage can tolerate more time between visits.</li> <li>• Note that once the child starts school, the visitation plan should be expanded so that the parent can attend school/community-based activities as well.<sup>7</sup></li> </ul>
13 – 15 Years	<ul style="list-style-type: none"> <li>• Families should visit at least once a week for two or more hours.</li> <li>• The Team must take into consideration the child’s desires.</li> </ul>
15 – 18 Years	<ul style="list-style-type: none"> <li>• No recommendation regarding the specific frequency/duration of visits.</li> <li>• Child’s desires should be strongly considered in creating the FVP.</li> </ul>

<sup>7</sup> Note that a parent’s participation in a non-interactive activity (such as watching the child's baseball game or attending a music recital) does not replace a family visitation session and is not considered a visit. However, such activities are strongly encouraged.

Unless the FVP specifically states why the above guidelines are not feasible, the frequency and duration of visits are to be defined by the age of the child, as indicated in the chart. The Team must also take into consideration the developmental level of the child. With all verbal children, the Team is required to solicit the child's desires regarding visitation and to take such desires into consideration as appropriate.

Visitation must include time for the parent to focus exclusively on the child. To supplement this direct focus time, the Team should consider additional contact time during children's extracurricular activities (such as sporting events), doctor's visits, school meeting, preschool sessions and IEP meetings where appropriate. The parents' attendance at such meetings and events does not replace a visitation session.

The FVP should specifically state the date that visitation is to begin, the length of the visits and the start and end time of the visits. If specific times cannot be set, the FVP should list the person responsible for arranging the visits. The FVP should also list the necessary resources to facilitate visitation. **Note that the frequency and duration of the visits should increase as the family moves toward reunification. The FVP should also anticipate the need for flexibility in start and end times (such as giving the supervisor discretion to extend a visit to allow the parent to finish reading a book to the child).**

#### *Additional Visitation Contacts*

The FVP should include additional ways (alternative communication means) to facilitate contact between the child and family members as well as other significant people in the child's life, where appropriate. These means may include, but are not limited to:

- Telephone calls (including the provision of calling cards)
- Letters
- E-mails or instant messaging
- Exchange of photographs and video tapes
- Videophone sessions
- Adjunct activities

Note that these alternatives should only be used in addition to face-to-face visitation or where face-to-face visitation compromises the child's safety or well-being. As with face-to-face visitation, the FVP shall include the times, frequency, duration and supervision level required for these alternative contacts.

In general, children have the right to private telephone calls. In addition, a child's outgoing or incoming mail should not be opened. However, if the Team determines that these contacts are detrimental to the child, they can be specifically limited in the FVP.

#### *Persons to Participate in Visitation*

The FVP must clearly identify who is to participate in the visits. Moreover, the FVP must list contact information for every visitation participant. A list of all persons prohibited from the visitation should be included in the FVP. Note that different participants will attend each visitation depending on the type of visit that is to be facilitated. For example, if a purpose of the visit is to teach parenting skills, the Team may decide that only the parent and the child should visit. However, if the purpose of the visit is to facilitate family bonding, all family members may be encouraged to attend the visit.

#### *Visitation for Teen Dependent Parents and their Children*

When the parent is a dependent of the court, and the parent and child are either not residing together or are residing together with restrictions placed on the parent's contact with the child, the FVP should address



issues specific to teen parents. The FVP must provide for both access and opportunity for meaningful visitation, as appropriate.

The FVP for teen parents should take into consideration the existing or planned Shared Responsibility Plan, pursuant to WIC 362.1.

The supervisors for teen parent visits should understand that often teens interact with their children differently than older parents and that the behavior of teen parents should be evaluated with that understanding.

### *Sibling Visitation*

Given the strong bond between most siblings, the Team must facilitate sibling visits and the FVP must provide for regular and frequent visitation between siblings, unless inappropriate. Reasons to not permit visitation or contact with a sibling may include: (1) the CSW is concerned that the sibling may coach or otherwise harass the child; (2) the child was subjected to severe physical abuse at the hands of the sibling; or (3) the child was the victim of sexual abuse by the sibling. Before making any determination to prohibit visitation, the CSW should first evaluate whether a supervised visit would alleviate concerns regarding the contact. In cases where one child of the sibling group is placed in an adoptive home, sibling contact should be attempted, as appropriate.

The FVP must include a statement regarding how sibling visitation will be facilitated. Whenever possible, siblings should visit together within the context of whole family visitation. However, where parents cannot visit with the removed child, then sibling only visits shall be scheduled. The Team can help to maintain on-going contact between siblings by recommending:

- that one CSW be assigned to the sibling group
- placement of the child within his/her home neighborhood or home school district
- placement of the sibling group with the same caregiver whenever possible
- that children be permitted to take shared vacations
- joint therapy sessions for siblings
- siblings be enrolled in the same childcare or after school programs.

### *Type of Supervision*

The FVP shall include the type of supervision, if any, required during the visitation. Unless the FVP specifically states the reasons why supervised visits are required, or the court otherwise orders visits to be supervised, all visits should be unsupervised. Where the Team finds that supervised visits are necessary, the Team shall document in the FVP how supervision will ensure the child's safety and support the objectives of the FVP. The reasons for requiring supervised visits may include the need to: (1) facilitate interactions between the parent and the child; (2) model positive parenting behavior; and (3) mediate conflicts between the parent and child. Visits should be supervised where the child's safety and well-being are compromised. Specifically, supervised visits should be considered where: (1) a family member is physically/emotionally abusive to a child; (2) a parent makes unrealistic or inappropriate promises to the child; (3) the child is afraid of being alone with the parent; (4) the child was removed for sexual abuse and/or severe physical or emotional abuse, and a therapist or social worker has not indicated that unsupervised visitation is appropriate; (5) the child is at risk of being abducted; (6) a parent has previously coached the child, (7) a parent tests positive for drugs; and (8) the child reacts negatively to visitation.

Where supervised visitation is required, the FVP shall include arrangements for the supervision, and, when possible, list the name and contact information of the supervisor. The supervisor shall be an unbiased person. The FVP shall describe the qualifications of an approved supervisor and link these qualifications to

the visitation objectives. In addition, the FVP should set forth any negotiated and/or required visit conditions established by the Team and include any agreed upon "do's and don'ts" (including issues around food, candy, gifts, books and toys). Every effort should be made to ensure that the same supervisor is used at every visit. Finally, at the end of every visit, the supervisor shall assist the parent in preparing for the next visitation session (e.g., time, location, restrictions in FVP, items to bring, etc.).

#### *Visit Location*

The visit location should be as family-like as possible. The visitation environment should be the least restrictive, most appropriate setting to carry out the activities toward achieving the objectives of the FVP. The Team should first consider the family home. Where children cannot visit in the home, other locations may include the caregiver's home, relatives' homes, parks or shopping malls, and FFA or DCFS offices (only when no more suitable location can be identified).

When selecting a location for visits, the Team must consider the suitability of the environment for developmentally related activities and the required transportation involved. The Team should take into account the parents' attitudes and feelings about the child's caregivers as well as the caregiver's willingness and capacity to be involved in visitation.

#### *Visitation Problems*

The FVP shall establish procedures for handling circumstances in which problems arise with the visitation. For example, in the case where parents are uncooperative visitation participants (this may include times in which the parent is absent frequently from visits or exhibits destructive behavior during the visits), the FVP should outline procedures to mitigate the effects on children (such as terminating the visits or, in the case of absenteeism, scheduling future visits within the child's daily activities or at the home of a relative so the child can still visit with family). Also, the FVP must take into consideration the ramifications of cancelled visits. **Visitation may never be used as a punishment or reward.** For example, if a parent cancels a visit or is late, does the parent lose a visitation session, or is the parent allowed to reschedule? What happens when a caregiver cancels a visit? All such circumstances and appropriate consequences shall be described in the FVP.

When conflicts in scheduling, time or location occur, the Team shall consider solutions and alternatives that best facilitate successful visitation between parents and children. At all times, the importance of the partnership between the caregivers and birth parents shall be underscored.

#### *Visiting in Specific Situations*

Certain situations may require the Team to structure the visitation sessions, or to disallow any visitation between the child and certain family members. The following chart outlines common circumstances in which the Team must pay additional attention to the design of the FVP.

Circumstance	Team Response in FVP
Incarcerated Parent	<ul style="list-style-type: none"> <li>• The Team shall carefully consider what visitation/contact is appropriate.</li> <li>• Visitation must be facilitated if the facility at which the parent is placed is a reasonable distance from the child's residence, unless such contact would be detrimental to the child.</li> <li>• If face-to-face visits are not feasible or are otherwise inappropriate, the Team shall consider phone calls and/or other communicative means.</li> <li>• The CSW must investigate what the particular facility requires to secure permission for the child to visit, who can accompany the child to visits, and how frequently the child is allowed to visit the parent. The CSW should also inquire as to the facility's policies regarding dress code, gifts and food. Such information shall be brought to the Team. The CSW should also investigate programs in which the parent can remain with the child.</li> <li>• The CSW must explain to the child what he or she should expect during the visit to the facility.</li> <li>• At all times, the Team shall examine the child's feelings in visiting the parent in jail or prison.</li> <li>• The CSW and caregiver shall prepare the child to comply with facility regulations.</li> </ul>
Chemical Treatment Program	<ul style="list-style-type: none"> <li>• The Team shall assess the child's feelings about visiting the parent in such an institution.</li> <li>• The CSW shall investigate the facility's visitation policies in order to assist the Team in structuring the FVP. The CSW shall investigate programs where the child can be with the parent during the treatment.</li> </ul>
Mental Health Placement or Hospitalization	<ul style="list-style-type: none"> <li>• In determining whether or not visitation is appropriate when the parent is placed in a mental health facility, the Team shall consider the child's desires and needs, the parent's desires and needs, the parent's level of functioning, the specific mental disorder being treated, and the recommendation of the parent's therapist.</li> <li>• Where visitation is appropriate, the CSW shall investigate the facility's visitation policies in order to assist the Team in structuring the FVP.</li> </ul>
Domestic Abuse	<ul style="list-style-type: none"> <li>• In cases of violent confrontation between parents, the Team should not schedule visits with both parents together until an intervention or treatment specialist determines that such visits do not pose a threat to any family member.</li> <li>• Safety should be the Team's paramount concern in regard to the child and the domestic violence victim, especially upon initial contact.</li> <li>• Confidentiality regarding residences and contact information should be maintained where a danger is posed by a parent.</li> <li>• The FVP must be consistent with any criminal court orders. Also, the Team shall abide by any restraining orders placed on a family member in developing the FVP.</li> <li>• The Team can arrange for different visiting schedules for both parents and safe drop-off/pick-up locations.</li> <li>• A safety plan should be in place should a batterer who is excluded from family visits unexpectedly appears at visitation.</li> </ul>

Sexual Abuse	<ul style="list-style-type: none"> <li>• Visits should not commence between the child and his/her abuser if the Court determines that such visits would be detrimental. To assist the Court in determining whether or not visitation would be detrimental, the Team should obtain input from the abuser’s therapist.</li> <li>• Visits should occur with therapist or other support person present.</li> </ul>
Permanency	<ul style="list-style-type: none"> <li>• Visitation should not necessarily end once reunification services are terminated. In recommending termination of family reunification services, DCFS should make a recommendation to the juvenile court as to whether visitation should be modified.</li> <li>• The Team shall consider whether or not to permit visitation when a freed minor is an older child in a non-adoptive home and the parents have matured or their circumstances have otherwise changed.</li> </ul>

*Transportation*

The FVP shall clearly delineate who is responsible for transporting the child to the visit location. Where the parent is responsible to transport him/herself, the Team will ensure that the visitation location is as convenient as possible for the parent and that the parent has adequate means of transportation. Transportation funds should be made available as necessary and where appropriate.

*Safety Planning*

Every FVP should include an action plan in the event that an emergency arises. Such a plan must state the responsible party to be contacted and what further steps should be taken by all relevant parties.

*Team Agreement*

The FVP shall contain a signature page listing the names and contact information of the persons participating in the FVP development. All participants shall sign the page indicating their consent to, approval of, or receipt of the plan. Once signed, the FVP will be distributed to parents, caregivers, supervisors, attorneys, the dependency court and children ten years of age or older.

*Changes to the FVP*

Visits can be limited or terminated immediately, without consulting the Team or the court, where there is imminent danger to the child's life, safety, health or well-being of any of the visit participants. Such action must be well documented, and an Team meeting shall be convened as soon as possible, unless DCFS is requesting a no contact order from the court.

Other than the above-described situation, any changes to the FVP must be made with the Team members, most likely during the FVP Review. However, changes can also be initiated by the CSW without convening a Team meeting by calling/emailing all affected parties regarding the changes and obtaining their input and consent. In modifying the FVP, the Team shall also consider any problems with visitation indicated by parents. All changes should take into consideration the best interest of the child, any ongoing risk associated with the child's contact with the family, and the family's progress towards reunification. The revised FVP must be distributed to parents, caregivers, supervisors, attorneys, the dependency court and children ten years of age or older. It is important to note that visitation objectives will evolve based on the family's success in reaching prior objectives. So long as reunification is the goal, the Team should work towards liberalizing and increasing visitation when the parent is in compliance with the case plan.

The CSW shall report to the child’s attorney any significant changes to the visitation plan that deviate from the current Court order. Further, unless the Court specifically provided discretion to DCFS to make such visitation plan changes in a particular case, the CSW shall file the appropriate motion or petition to request the court order the change.

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**SUBCOMMITTEE MEMBERS**

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The Drafting Subcommittee consisted of the following members:

Jackie Acosta, DCFS Deputy Director  
Susie Barkley-Jones, Relative Caregiver, KEPS/FKCE Trainer  
William Bedrosian, DCFS, Assistant Regional Administrator  
Rose Belda, Deputy County Counsel  
Maria Camarillo, DCFS, Training Manager  
Mary Jo Cysewski, DCFS, Policy Analyst  
Valerie Grab<sup>8</sup>, Superior Court, Research Attorney  
Helen Kleinberg, Commission for Children and Families  
Mark Miller, DCFS, Training Director  
Marilyn Mordetsky, Juvenile Courts Bar Association  
Brenda Robinson, Children's Law Center of Los Angeles  
Joi Russell, DCFS Division Chief  
Nina Aguayo Sorkin, Commission for Children and Families  
Jenna Valentine, Child Welfare Policy Assistant, Association of Community Human Service Agencies  
Judge Emily A. Stevens, Visitation Guideline Committee Co-Chair  
Judge D. Zeke Zeidler, Visitation Guideline Committee Co-Chair

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<sup>8</sup>Special thanks to Valerie Grab for her work in drafting this document.

EXHIBIT DD

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**DISCHARGE SUMMARY**  
**SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM**

**CONTRACTOR'S ADMINISTRATION**

**CONTRACTOR'S NOTICES SHALL BE SENT TO CONTRACTOR'S CORPORATE ADDRESS. PLEASE ENTER YOUR ORGANIZATION'S CORPORATE ADDRESS AS INDICATED ON THE ORGANIZATION'S CERTIFIED STATEMENT OF INFORMATION (SOI). THE DESIGNATED CONTACT PERSON(S) WILL RECEIVE ALL CORRESPONDENCE TO THIS CONTRACT.**

Organization Name:

Contact Person:

Street Address:

City, State, Zip:

Telephone:

Facsimile:

E-Mail Address:

Contact Person:

Street Address:

City, State, Zip:

Telephone:

Facsimile:

E-Mail Address:

**CONTRACTOR'S AUTHORIZED OFFICIAL(S)**  
**(Individuals authorized by the Board to bind Contractor in a Contract with the County)**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**IF THERE ARE ANY CHANGES, A NEW CERTIFIED SOI MUST BE SUBMITTED TO:**

**DCFS Contracts Administration Division  
Attn: Contracts Division Manager  
425 Shatto Place, Room 400  
Los Angeles, CA 90020**

I hereby certify that the above information is correct. If any changes occur an updated Contractor's Administration Form and a new certified SOI will be submitted to DCFS Contracts Administration Division at the above address.

\_\_\_\_\_  
Print Name of Individual Authorized to Bind Contractor in a Contract with the County

\_\_\_\_\_  
Signature of Individual Authorized to Bind Contractor in a Contract with the County

\_\_\_\_\_  
Date

Title 2 Administration  
Chapter 2.206  
DEFAULTED PROPERTY TAX REDUCTION PROGRAM

**CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S  
DEFAULTED PROPERTY TAX REDUCTION PROGRAM**

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract For _____ Services:		

The Proposer/Bidder/Contractor certifies that:

- It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

**- OR -**

- I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

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*I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.*

Print Name:	Title:
Signature:	Date:

Date: \_\_\_\_\_

## REPORT ON OUTSIDE EMPLOYMENT ACTIVITIES

- Any [insert Contractor name] employee or independent contractor who is providing services under a contract with the Los Angeles County Department of Children and Family Services is required to complete a Report on Outside Employment Activities and to consult with his or her supervisor for approval.
- The Report on Outside Employment Activities must be completed on an annual basis and submitted to [insert Contractor name].
- Outside employment includes any gainful profession, trade, business or occupation for any person, firm, corporation or governmental entity and includes self-employment.

<b>EMPLOYEE/INDEPENDENT CONTRACTOR INFORMATION</b>		
Name:	Title:	Work Location:
Duties:	Employee Number:	Telephone Number:

### I. DECLARATION – *[Please mark the statement that applies to your situation.]*

- I am not presently engaged and will not be engaged in the future in any outside employment (including self-employment). If I decide to engage in outside employment in the future, I understand I must immediately complete a new Report on Outside Employment Activities and provide the updated report to my supervisor.
- I am presently engaged or will be engaged in the future in outside employment (including self-employment). This outside employment:
- Is not in conflict with my official duties for [insert Contractor name];
  - Does not involve advisory or consultant services which might conflict with interests of the County of Los Angeles; and
  - Does not involve work using a professional license such that, when combined with my work for [insert Contractor name], will exceed the allowable caseload or hours under applicable rules and regulations.

*[Please complete the attached description of outside employment.]*

### II. ACKNOWLEDGMENT

I certify the accuracy of the information I have provided and acknowledge that the information I have provided may be subject to verification.

In addition, I agree that if there is any change in my outside employment status, I will immediately report this to my supervisor. I understand that failure to do so may result in disciplinary action, up to and including termination of my services as an employee or independent contractor.

Print Name: \_\_\_\_\_

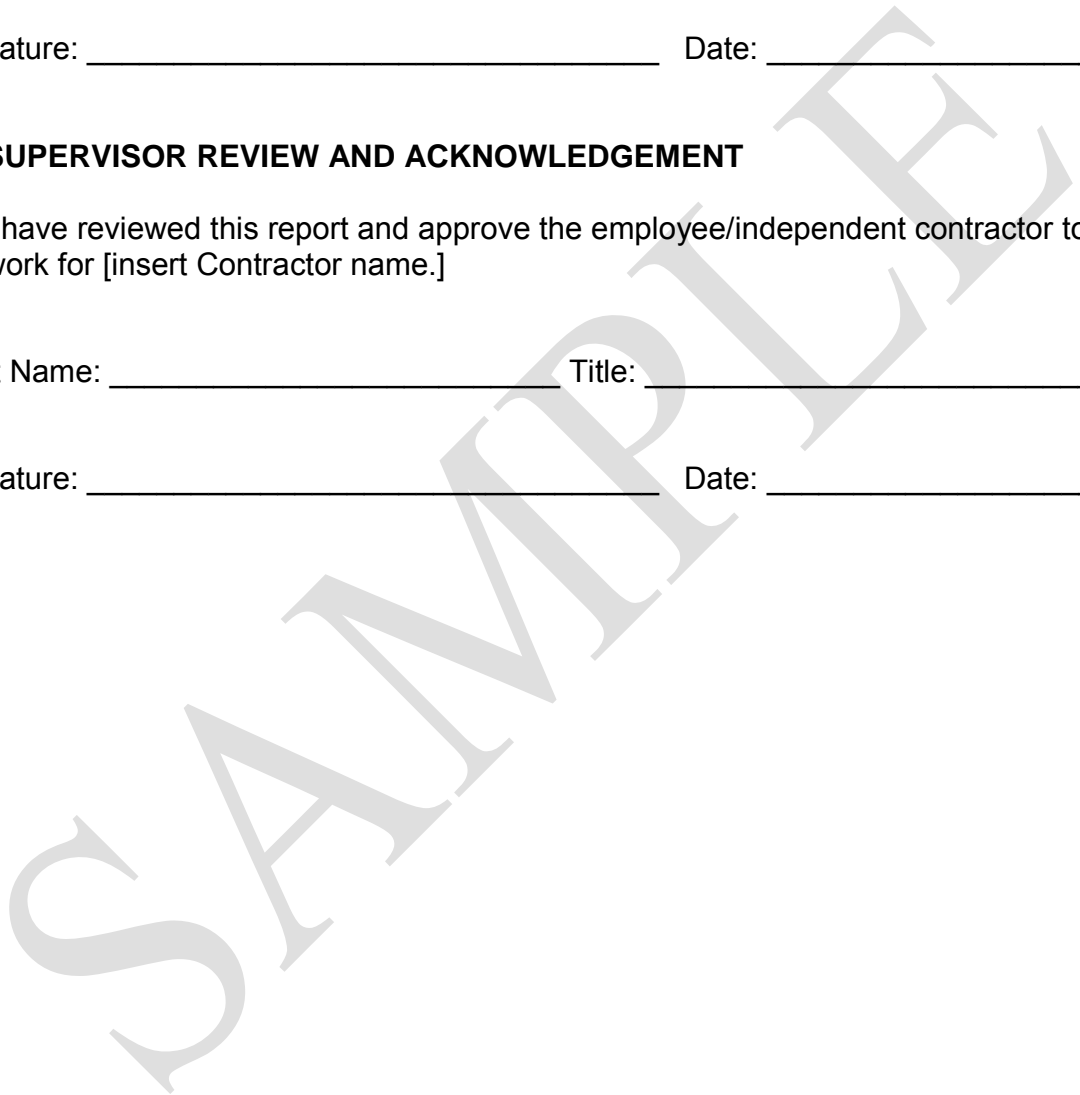
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. SUPERVISOR REVIEW AND ACKNOWLEDGEMENT**

I have reviewed this report and approve the employee/independent contractor to work for [insert Contractor name.]

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DESCRIPTION OF OUTSIDE EMPLOYMENT**

Employer Name:
Employer Address:
Employer Telephone Number:
Employee Title:
Employee Duties:
Hours Worked (Per Week)*:

\*Hours Worked must be declared to the best of your ability. "Hours vary" will not be accepted for approval.

Employer Name:
Employer Address:
Employer Telephone Number:
Employee Title:
Employee Duties:
Hours Worked (Per Week)*:

\*Hours Worked must be declared to the best of your ability. "Hours vary" will not be accepted for approval.

Employer Name:
Employer Address:
Employer Telephone Number:
Employee Title:
Employee Duties:
Hours Worked (Per Week)*:

\*Hours Worked must be declared to the best of your ability. "Hours vary" will not be accepted for approval.

**REPORT ON CONFLICT OF INTEREST**

- Any [insert Contractor name] officer, Board of Directors member, or volunteer who is providing services under a contract with the Los Angeles County Department of Children and Family Services is required to complete a Report on Conflict of Interest.
- The Report on Conflict of Interest must be completed on an annual basis and submitted to [insert Contractor name].
- Outside employment includes any gainful profession, trade, business or occupation for any person, firm, corporation or governmental entity and includes self-employment.

**I. DECLARATION**

I am not presently engaged nor plan to be engaged in any outside employment (including self-employment):

- Which is in conflict with my official duties for [insert Contractor name]; or
- Which involves advisory or consultant services which might conflict with interests of the County of Los Angeles.

**II. ACKNOWLEDGMENT**

I certify the accuracy of the information I have provided and acknowledge that the information I have provided may be subject to verification.

In addition, I agree that if there is any change in my conflict of interest status, I will immediately report this to [insert Contractor name]. I understand that failure to do so may result in termination of my services as an officer, Board of Directors member, or volunteer.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## FEDERAL DEBARMENT AND SUSPENSION CERTIFICATION

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Company Name

---

Address

---

Internal Revenue Service Employer Identification Number

This certification is required by the regulations implementing Executive Order 1259, Debarment and Suspensions, 7 CFR Part 3017, 45 CFR Part 76 and 2CFR 200.212 Part C.

Prospective Contractor certifies to the best of its knowledge and belief that its principals or affiliates or sub-contractor utilized under this contract are not:

- (a) Debarred or suspended from federal financial assistance programs and activities;
- (b) Proposed for debarment;
- (c) Declared ineligible or;
- (d) Voluntarily excluded from participation in covered transactions by any federal department or agency.

**I declare that the information herein is true and correct and that I am authorized to represent this company.**

---

Signature of Authorized Person Responsible for  
Submission of the SOQ to the County

---

Date

---

Name and Title of Authorized Person Responsible for Submission of the SOQ to the  
County

**CONTRACTOR'S COMPLIANCE WITH ENCRYPTION REQUIREMENTS**

Contractor shall provide information about its encryption practices by completing this Exhibit. By submitting this Exhibit, Contractor certifies that it will be in compliance with Los Angeles County Board of Supervisors Policy **5.200**, Contractor Protection of Electronic County Information, at the commencement of any contract and during the term of any contract that may be awarded pursuant to this solicitation.

<b>COMPLIANCE QUESTIONS</b>	<b>DOCUMENTATION AVAILABLE</b>			
	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
1). Will County data stored on your workstation(s) be encrypted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2). Will County data stored on your laptop(s) be encrypted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3). Will County data stored on removable media be encrypted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4). Will County data be encrypted when transmitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5). Will Contractor maintain a copy of any validation/attestation reports generated by its encryption tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6). Will County data be stored on remote servers*?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*cloud storage, Software-as-a-Service or SaaS*

---

Agency Name

---

Name of Authorized Person Responsible for Submission of the SOQ

---

Authorized Person Official Title

---

Authorized Person Official's Signature

**ZERO TOLERANCE HUMAN TRAFFICKING  
POLICY CERTIFICATION**

Agency Name:		
Agency Address:		
City:	State:	Zip Code:
Telephone Number:	Email address:	
Solicitation/Contract for _____ Services		

**CONTRACTOR CERTIFICATION**

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero tolerance human trafficking policy that prohibits contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County contract.

Prospective Contractor acknowledges and certifies compliance with Part II - Standard Terms and Conditions, Section 44.0 (Compliance with County's Zero Tolerance Human Trafficking Policy) of the proposed Contract and agrees that Contractor or a member of his staff performing work under the proposed Contract will be in compliance. Prospective Contractor further acknowledges that noncompliance with the County's Zero Tolerance Human Trafficking Policy may result in rejection of any SOQ, or cancellation of any resultant Contract, at the sole judgment of the County.

**I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.**

Print Name:	Title:
Signature:	Date: