REVIEWER: REVIEW DATE: DATE  RETURNED/  REGIONAL OFFICE CONTACT:			
Requirement	Authority/Reference	Met	`
•	,	Yes	No
FACILITY IDENTIFICATION			
Applicant/Licensee Name (Legal Entity)	CDSS Program Statement Guidelines (LIC 9106A)		
Program Name/Name commonly known by (DBA)	CDSS Program Statement Guidelines (LIC 9106A)		
Applicant/Licensee Mailing Address (Headquarters)	CDSS Program Statement Guidelines (LIC 9106A)		
Facility Location(s), including address of each sub-office	CDSS Program Statement Guidelines (LIC 9106A)		
Contact Person (Name, Title, Telephone)	CDSS Program Statement Guidelines (LIC 9106A)		
Facilities/Businesses Agency operates other than STRTP	CDSS Program Statement Guidelines (LIC 9106A)		
Revisions/Comments:			

**GENERAL REQUIREMENTS (LICENSING)** Submitted tabbed in a binder Extra copy submitted to FCRB after approved Special Education Local Plan Area (SELPA) letter sent out? Overconcentration Letter sent out (after completed application accepted) on:\_\_\_\_\_ (must wait a min 45 days for response unless applicant gets letter from city planning) Not required for converting GHs to STRTPs Letter to Board Members sent out on: Credit Report requested: Fire Clearance Requested? Not required for converting GHs to STRTPs unless physical plant altered or now accepting hearing impaired. Fingerprints cleared and associated Exceptions Waivers Revisions/Comments: This section not reviewed by CCR

STRTP REVIEW FORM 2-2-2017

FACILITY NAME: FACILITY NUMBER:

Requirement	Authority/Reference	Met	`
·	-	Yes	No
REASON FOR SUBMITTING PLAN OF OPERATION/PRO	OGRAM STATEMENT	1	
Check Boxes:  License Change (New Licensee, Location, Facility Type, Administrative Operation/Organization), Other Change)	CDSS Program Statement		
Adding New Program Component(s) (Population, Services and Support, Other Change)	Guidelines (LIC 9106A)		
Changing an Existing Program Component(s) (Population, Services and Support, Other Change)			
Revisions/Comments: This section not reviewed by Comments	CR		
APPLICATION AND SUPPORTING DOCUMENT CHECK	LIST (LIC 281E)		
□ Application for a Community Care Facility (LIC 200)			1
□ Orientation Certificate			
<ul> <li>County Letter of Recommendation</li> <li>If letter is not from the host county, in the paragraphed body, it needs to state that the county providing the LOR has contacted the host county.</li> <li>Any correspondence from the host county on the LOR must be included.</li> <li>A list of all Counties the provider sent their program statement to also to be included.</li> </ul>	ILS § 87018		
□ Applicant Information (LIC 215)			1
□ Designation of Facility Responsibility (LIC 308)			
□ Affidavit Regarding Client Cash Resources (LIC 400)			1
□ Surety Bond (LIC 402)			
□ Monthly Operating Statement (LIC 401)			ı
□ Supplemental Financial Information (LIC 401A)			
□ Balance Sheet (LIC 403)			
☐ Balance Sheet supplemental Schedule (LIC 403A)			

Requirement	Authority/Reference	Met	(X)
·	Additionty/Reference	Yes	No
<ul><li>□ Financial Information Release and Verification (LIC 404)</li></ul>			
□ Personnel Report (LIC 500)			
☐ Health Screening Report Facility Personnel (LIC 503)			
□ Criminal Record Statement (LIC 508)			
□ Emergency Disaster Plan (LIC 610C)			
□ Fire Inspection (LIC 9054)			
<ul> <li>□ Board of Directors Statement (LIC 9165) contained in PUB 326)</li> </ul>			
□ Control of Property			
□ Bacterial Analysis of Water			
□ Application or Documentation of Accreditation	ILS § 87089		
Revisions/Comments: This section not reviewed by CO	CR		
PLAN OF OPER ILS § 87022			
A. VISION, MISSION, PURPOSE, GOALS AND PHILOSO	PHIES		
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Vision and Mission In line with the vision of CCR	ILS § 87022(c)(2)		
Purpose, methods, goals, and philosophies of the program (culturally relevant, trauma-informed, and age and developmentally appropriate for the population being served)	ILS § 87022(b)		
Revisions/Comments:			
B. ADMINISTRATIVE ORGANIZATION (LIC 309)			
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Job description of all positions (including the number of employed staff, volunteers, and peer partners) and their respective classifications, qualifications, and duties	ILS § 87022(c)(3)(A)		

Requirement	Authority/Potoronco	Met	(X)
·	Authority/Reference	Yes	No
Information regarding lines of authority and staff responsibilities	ILS § 87022(c)(3)(B)		
Meets minimum regulatory authority (i.e., age, fingerprint, CPR/first aid, etc.			
Verification of employment of administrator, social work, licensed or certified mental health professional, direct care and support staff necessary to perform duties specified in applicable law	ILS § 87065		
Administrator Certificate			
Number of hours per week administrator will spend completing required duties and how the administrator will accomplish such duties	ILS § 87064		
Statement of duties delegated to the administrator by the Board of Directors	ILS § 87063(a)(6)		
Designated administrator substitute when he/she is absent	ILS § 87064(e)		
Capacity around translators and multilingual/multicultural staff, interpretation services/culturally appropriate staff providing services to support program population	ILS § 87022(c)(3)(D)		
Articles of Incorporation with the state seal allowing the corporation to do business within California submitted			
Provide an organizational chart of the corporate structure, including parent organization (LIC 309, Board of Resolution Checklist may be used to satisfy this requirement)	ILS § 87022(c)(3)(E)		
No more than 49% of the board of directors may be particles. Bureau	id/related. Inform Foster care A	udits and	1
Revisions/Comments: This section not reviewed by C	CR		
C. FACILITY SKETCHES (LIC 999)			
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Sketch of the buildings and grounds for each facility.	ILS § 87022(c)(4) and (5)		
Floor plan describing building capacities and room dimensions and their designated use	ILS § 87022(c)(4)		
Designation of rooms to be used for non-ambulatory children/nonminor dependents (NMD), if any	ILS § 87022(c)(4)		
Doors and window exits. Indicate exit routes by number.	LIC 610C		

Paguirament	Authority/Potoronoo	Met	(X)
Requirement	Authority/Reference	Yes	No
Sketch of grounds showing driveways, fences, storage areas, gardens, pools, recreation areas, seclusion rooms, and other space used by population(s) served	ILS § 87022(c)(5)		
Exit routes indicated by number (Review LIC 610C for consistency			
Send facility sketch with STD 850 request to have emergency exits designated			
No more than 2 to a room			
Floor plan matches capacity requested on (LIC 200)			
Compare those group homes facility sketches to those transitioning to STRTPs to verify physical plant is the same			
Revisions/Comments: This section not reviewed by Comments:	CR		
D. STAFF PLAN			
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Detailed plan to hire, supervise, evaluate, and train staff, peer partners, volunteers, and other qualified individuals	ILS § 87022(c)(6)		
Plan to ensure all staff receiving employee orientations, initial and ongoing training, and in-service education	ILS § 87022(c)(17)(h)(1), 87022.1(b)(2)(B), 87065(c)(2)(E), 87065(m), 87065.1		
Types of training that meets regulatory minimum that will be provided, including info as to who are required to attend training, number of training hours required, and who to provide the training	ILS § 87065(h)(1)(E), 87065.1		
Initial 8-hr training for newly hired direct care staff/max 4 hours of shadowing			
16 hours of training for newly hired direct care staff within 90 days of hire			
16 additional hours of training for newly hired direct care staff within a year of hire			
Initial and annual training is in addition to CPR and First Aid			
40 hours of ongoing training for all staff			
Describe organizational strategies to enhance well-being, retention, and resilience of staff	ILS § 87022(c)(6)(C)		
Revisions/Comments:			

Requirement	Authority/Reference	Met	(X)
Roquitoment	Additionally	Yes	No
E. POLICIES REGARDING CHILD ABUSE/NEGLECT RE	PORTING		
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		l
Describe how facility policies, procedures, and practices will be used to ensure that supervisor or administrator does not impede or inhibit reporting duties of child abuse or neglect of a mandated reporter	ILS § 87022(c)(7)		
Reasonable suspicion that a youth is being exploited must be reported.			
Procedures for notifying child's and/or NMD's authorized representative regarding the abuse reporting	ILS § 87061(h), 87095.61, 87095.69(d)		
Ensure the procedure does not violate the law (i.e., require staff to report to a supervisors before reporting to law enforcement)			
STRTPs policy on mandated reporting attached			
Designated staff as mandated reporters and type of training they will receive in orientation and in-service	ILS 87065.1(c)(3)(C)		
Revisions/Comments: This section not reviewed by C	CR		
F. STATEMENT OF ADMISSION POLICIES AND PROCE	EDURES		
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Acceptance/admission policies and procedures	ILS § 87022(c)(9), 87068.1, 87068.11, 87072(c),		
Provide a list of staff position responsible for intake			
Criteria for evaluating and assessing children/NMD upon admission	ILS § 87022.1(b)(8), 87068.1(d), 87068.11(e)		
Process for assessing children to determine commonality of needs			
Process for coordination with placing agency and mental health plans	ILS § 87022(c)(15)		
Process for engaging and collaborating with interagency placement committee and child and family team	ILS § 87022.1(b)(8) and (11)		
Describe the timeframe for responding to referring agencies regarding acceptance or rejection of referral			
Pre-Placement Appraisals for NMDs to include confirmation that the NMD does not pose a threat to children in the facility			
Medical assessment and physical examination requirements including TB results			

Describe the procedures for accepting emergency placements on a time-limited and/or trial basis  Ensure there is no discriminating against a certain population based on sexual orientation, gender identity or expression  Procedures for special services (i.e., CSEC, Special health care needs, Regional Center, Non-ambulatory)  Revisions/Comments: This section not reviewed by CCR  G. ADMISSION AGREEMENT  Cover Sheet with number/letter and name of section Guidelines (LIC 9106A)  Copy of admission agreement  Procedures between placing agency and the STRTP no later than seven (7) days after admission of a child/NMD  Procedures for admission agreements for NMDs including modifying the agreements  LIC 9158, 5/97 for each client who is deaf, hearing impaired, or otherwise disabled (if applicable)  For private placement, admission agreement specifying basic services, payment provisions, basic rate, payment due date, frequency of payment, and refund policies  Revisions/Comments: This section not reviewed by CCR	Paguiroment	Authority/Poforonco	Met	(X)
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health care needs, Regional Center, Non-ambulatory)  Revisions/Comments: This section not reviewed by CCR  G. ADMISSION AGREEMENT  Cover Sheet with number/letter and name of section Guidelines (LIC 9106A)  Copy of admission agreement ILS § 87022 and Generals 80068  Procedures between placing agency and the STRTP no later than seven (7) days after admission of a child/NMD  Procedures for admission agreements for NMDs including modifying the agreements  LIC 9158, 5/97 for each client who is deaf, hearing impaired, or otherwise disabled (if applicable)  For private placement, admission agreement specifying basic services, payment provisions, basic rate, payment due date, frequency of payment, and refund policies  Revisions/Comments: This section not reviewed by CCR				
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basic services, payment provisions, basic rate, payment due date, frequency of payment, and refund policies  Revisions/Comments: This section not reviewed by CCR				
due date, frequency of payment, and refund policies  Revisions/Comments: This section not reviewed by CCR				
Revisions/Comments: This section not reviewed by CCR				
		CR		
H. REMOVAL OR TRANSFER POLICIES AND PROCEDURES (ILS § 87068.4)	H. REMOVAL OR TRANSFER POLICIES AND PROCEDU	JRES (ILS § 87068.4)		
Cover Sheet with number/letter and name of section	Cover Sheet with number/letter and name of section			
Guidelines (LIC 9106A)		Guidelines (LIC 9106A)		
Facilities policies and procedures to develop				
individualized transition plan for each child/NMD, upon				
entry, with well-defined permanency goals and continuity				
of care			_	
Policies and procedures ensuring each child and his/her authorized representative(s) or NMD are offered				
opportunity to participate in the development of				
transition/transfer plan				
Policies and procedures to coordinate with interagency				
placement committee and child and family team				
Policies and procedures ensuring social work staff to				
develop and maintain a written removal or transfer record				
information as specified in the ILS	information as specified in the ILS			

Requirement	Authority/Reference	Met	(X)
Keyunement	Authority/Neierence	Yes	No
Policy for written approval from the child's authorized			
representative prior to transferring child/NMD			
Emergency removal procedures			
Procedures when STRTP can no longer meet a			
child/NMDs needs			
Procedures for a NMD to transfer from an STRTP			
<ul> <li>At least 7 days written notice to the NMD</li> </ul>			
and placement agency			
Transfer shall state the reason for the			
transfer and request the NMD be placed			
elsewhere			
Procedures for appropriately distributing     **NMDa records**			
the NMDs records			
Procedures for NMD to continue receiving     pended continue upon transfer.			
as needed services upon transfer  Procedures for returning personal property and cash			
resources following discharge			
Revisions/Comments: This section not reviewed by Co	CR		
	_		
I. RATE SETTING AND REFUNDS			
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Describe facilities policies and procedures for rate setting			
and refunds for children placed by their parents or Legal			
Guardians			
Revisions/Comments: This section not reviewed by Co	<del>)K</del>		
J. HANDLING MONEY, PERSONAL PROPERTY, & VALU	JABLES		
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
How the program accounts for and handles children's personal funds			
The procedure for issuing allowances, including the			
amount			
Policies and procedures ensuring that a child's cash			
resources are not taken in the form of fines or punishment			
Procedure for maintaining a child/NMDs			
possessions/property during AWOLs			
Revisions/Comments: This section not reviewed by Co	or .		

Requirement   Authority/Reference   Yes   No
Cover Sheet with number/letter and name of section  Provide list of consultants and community resource utilized by facility as part of its program  Describe the role and interaction of each consultant/community resource listed  Describe how facility will engage, coordinate and contract with community resources and partners, which include tribal partners, county placing agencies, law enforcement, schools, courts/attorneys and mental health providers  Revisions/Comments:  L. PLAN FOR USE OF DELAYED EGRESS DEVICES  Cover Sheet with number/letter and name of section  CDSS Program Statement Guidelines (LIC 9106A)  CDSS Program Statement Guidelines (LIC 9106A)  CDSS Program Statement Guidelines (LIC 9106A)  Health and Safety code 1531.1(d), (g) & (h)  Health and Safety code
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utilized by facility as part of its program  Describe the role and interaction of each consultant/community resource listed  Describe how facility will engage, coordinate and contract with community resources and partners, which include tribal partners, county placing agencies, law enforcement, schools, courts/attorneys and mental health providers  Revisions/Comments:  L. PLAN FOR USE OF DELAYED EGRESS DEVICES  Cover Sheet with number/letter and name of section  CDSS Program Statement Guidelines (LIC 9106A)  CDSS Program Statement Guidelines (LIC 9106A)  The facility does not plan to use delayed egress  Describe how facility will be equipped to use egress control devices  Describe how to provide training for staff on device usage  Health and Safety code 1531.1(d), (g) & (h)  Health and Safety code
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control devices 1531.1(d), (g) & (h)  Describe how to provide training for staff on device usage  Health and Safety code
Describe now to provide training for statt on device lisage 1
Ensure protection of children and NMD in the facility  Health and Safety code 1531.1(d), (g) & (h)
Provide emergency evacuation procedures  Health and Safety code 1531.1(d), (g) & (h)
Ensure facility has required fire clearance Generals 80020
Revisions/Comments: This section not reviewed by CCR
M. CONFLICT OF INTEREST MITIGATION PLANS
Cover Sheet with number/letter and name of section CDSS Program Statement Guidelines (LIC 9106A)
Provide a conflict-of-interest mitigation plan as set forth in WIC 11462.02(g)  WIC 11462.02(g)
Revisions/Comments: This section not reviewed by CCR
N. CONTINUOUS QUALITY IMPROVEMENT ILS § 87081
Cover Sheet with number/letter and name of section CDSS Program Statement Guidelines (LIC 9106A)

Paguirament	Authority/Potoronoo	Met	(X)
Requirement	Authority/Reference	Yes	No
Written policies and procedures, and practices concerning			
continuous quality improvement  How the facility shall develop overall mission, vision, and			
values			
Active inclusion and participation of staff, children, NMD,			
families, and community resources			
Specific outcomes, indicators, and practice standards,			
including outcomes associated with trauma informed and			
culturally relevant services			
Qualitative and quantitative data and information related			
to identified outcomes, indicators, and practice standards			
How the facility will review, analyze, and interpret the data			
How the facility will take the data to inform and improve			
policies and procedures			
Describe how the facility will evaluate service delivery and			
assess outcomes associated with trauma informed			
services			
How the facility will evaluate its program's outcomes and			
results and provide them to the Department for review  Facility policies and procedures that will be put in place to			
make positive changes to program			
Revisions/Comments:			
PROGRAM STAT			
ILS § 87022	.1		
1. POPULATION TO BE SERVED			
Cover Sheet with number/letter and name of section	CDSS Program Statement		
Cover Sheet with Humberhetter and hame of section	Guidelines (LIC 9106A)		
Age range, sex, gender, and population of persons to be	CDSS Program Statement		
served by facility	Guidelines (LIC 9106A)		
Practice models or interventions that will be utilized to	CDSS Program Statement		
serve specific populations	Guidelines (LIC 9106A)		
How facility will engage the community, community-based	CDSS Program Statement		
organizations, or providers that work with specific	Guidelines (LIC 9106A)		
population	,		
How facility programs will support differing needs of children, NMD, and their families	CDSS Program Statement Guidelines (LIC 9106A)		
How facility will measure success of supports to verify the	CDSS Program Statement		
effectiveness of its ability to serve differing needs	Guidelines (LIC 9106A)		
(For licensees that intend to specialize in care for children	CDSS Program Statement		
·			
having a propensity for behaviors resulting in harm to self	Guidelines (LIC 9106A)		

Requirement	Authority/Reference	Met	(X)
•	Authority/Reference	Yes	No
and others) Describe how the facility shall take			
precautions to protect child or NMD and others			<u> </u>
Revisions/Comments:			
2. EMERGENCY RESPONSE SERVICES			
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Describe emergency response services provided to children, NMDs, and staff in the facility including during evenings, weekends, and holidays			
Facility's plan to respond to disasters	Emergency Disaster Plan (LIC 610C)		
Protocol for notifying children or NMD's authorized representative(s) of their whereabouts and conditions, including AWOL situations			
Communication protocol among facility staff and local fire, law enforcement, child or NMD's attorney, and other disaster authorities			
Training for facility staff, their duties and responsibilities under the disaster plan			
Revisions/Comments: This section not reviewed by Co	CR		
2 TRANSPORTATION APPANCEMENTS II C C 07074			
3. TRANSPORTATION ARRANGEMENTS ILS § 87074	,		
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Arrangements for transporting children to and from school, activities provided outside the facility(ies) (including attendance at religious services, lesbian, gay, bixesual, transgender, and queer/questioning affirming activities) and medical/dental appointments			
How facility will transport child/NMD back to care who have runaway or left care and contacted facility to return			
How facility will ensure that vehicles used to transport children are maintained in safe operating condition			
How facility will ensure that vehicle registration and			
insurance will be maintained How facility will ensure that only appropriately licensed			
program staff and volunteers will transport children			
How facility will ensure that the facility shall not allow a child to be transported by a person who does not have a			
valid driver's license			

Paguiroment	Authority/Poforonco	Met	(X)
Requirement	Authority/Reference	Yes	No
How the facility will ensure that staff shall not smoke or			
permit smoking in a motor vehicle that is regularly used			
for providing transportation to a child or NMD			
Any other arrangements specified in the needs and services plan or Transitional Independent Living Plan for			
a child or NMD are included in the written placement			
agreement between facility and placement agency			
Procedures for allowing a NMD to transport others and			
arrange to have their own vehicle			
Revisions/Comments: This section not reviewed by Co	CR	<u> </u>	
4 CODE SERVICES AND SUPPORTS II S 8 97079 1			
4. CORE SERVICES AND SUPPORTS ILS § 87078.1			
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Describe the facility's ability to provide access to core			
services directly or through agreements with other			
agencies, or both  Describe all 5 core services and how direct resources and			
programs will be used to provide for the specific core			
services and supports to children, NMDs, and their			
families that are trauma informed, culturally relevant, age			
and developmentally appropriate			
Attach agreement(s) with detailed reasoning for the			
contracting of specific core services and support, the			
relationship between the program and contracting			
agency, and information on how the program will ensure			
core services and supports are being met			
Ensure "active efforts" are in accordance with the Indian Child Welfare Act when providing core services to Indian			
children			
Agreements should detail:			
Reasoning for contracting specific core			
services			
<ul> <li>Relationship between the facility and</li> </ul>			
contracting agency			
<ul> <li>Information on how facility will ensure</li> </ul>			
contracted core services are met			
<ul> <li>And that the services are realistic for the population to be served</li> </ul>			
Revisions/Comments:			

Poquiroment	Authority/Potoronco	Met	(X)
Requirement	Authority/Reference	Yes	No
5. TRAUMA INFORMED INTERVENTIONS AND TREATM	IENT PRACTICES		
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Describe how the facility will provide trauma informed intervention, practices, services, and supports			
Describe how to promote physical and psychological safety for children, NMDs, and families			
How to enhance the well-being and resilience of children, NMDs, and families			
Specify how STRTP staff will be trained to deliver effective trauma informed care, including length of training, position/person that will provide training and their qualifications			
Detail the trauma informed interventions that will be used (evidence-based, promising practices, innovative practices and culturally specific healing practices)			
Identify observable behaviors that will be evaluated pertaining to effects of trauma informed services			
Policy on how trauma informed interventions and treatment practices will be consistent with the needs and services plans, TILPS and CFTs			
Revisions/Comments:			
6. DEVELOPMENT, REVIEW, IMPLEMENTATION AND M PLAN ILS § 87068.2, 87068.22, 87068.3	IODIFICATION OF NEEDS AND S	ERVICE	S
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Describe how procedures ensure services meet the individual treatment needs of the child as assessed and in place at the time of placement			
Describe how procedures identify the anticipated duration of treatment (NSP updated every 30 days) and timeframe and plan for transitioning the child to a less restrictive family environment			
Describe how procedure ensure consistency with the case plan as developed by the county placing agency and recommendations by the child and family team			
How the procedures support reasonable parent standard			
The procedures identifying how children and NMDs will be assessed and the frequency of assessment   Revisions/Comments:			
Novidial Comments.			

Requirement	Authority/Reference	Met	(X)
Kequilement	Admonty/Nererence	Yes	No
7. PLANNED ACTIVITIES ILS § 87079			
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
A written plan for individual child activities and group interaction activities	AB 403 Sec 72 Core Services, WIC 11462		
A written plan for physical activities and leisure time			
Plan that identifies children involved in the activities			
A written plan for education activities			
Plan for activities that meet the training, money management, and personal care and grooming needs identified in the needs and services plan			
Extracurricular, enrichment, cultural, and social activities to include attendance for LGBTQ children/NMDs in community activities			
Describe the program's planned educational activities and services, including but not limited to: special education, use of public/private schools, tutoring, and providing a safe learning environment for children/NMD with various sexual orientation and gender identity/expression and commercially sexually exploited children/youth			
Involvement of the child/NMD in developing the plan			
Refer back to ensure activities meet Core Services			
Provide a SAMPLE DAILY ACTIVITY SCHEDULE for one week, including weekends and holidays			
Revisions/Comments: This section not reviewed by CC	<del>CR</del>		
8. SERVICES DURING PLACEMENT AND POST PERMA	NENCY		
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Describe how the facility will provide or arrange for additional services and support to meet the individual needs of children, NMDs, and families during placement and post-permanency	AB 403 Sec 48 & 72, WIC 361.2 & 11462		
Describe the timelines of when facility starts and stops services post permanency for children/NMDS			
Revisions/Comments:			

Requirement	Authority/Reference	Met	(X)
Kequirement	Authority/Neierence	Yes	No
9. PLAN PARTICIPATION IN CHILD AND FAMILY TEAM			
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Describe facility plan for participation in, collaborate with, and support of goals of the child and family team process	DCFS Policy 0400-504.00		<u> </u>
Describe County's responsibility in the child and family team process			<u> </u>
Policies and procedures for embedding the child and family team into the program; how will the facility be an active member of the CFT, list of who will be participating, debriefing procedures and evaluating CFTs effectiveness to develop better outcomes			
Describe how agency will advocate through the child and family team meetings to include a child/youth's sexual orientation, cultural, or religious advocate			
Describe how agency will advocate through the child and family team meetings to include commercially sexually exploited children/youth and their families so that they will not be re-victimized			
Revisions/Comments:		<u> </u>	
10. IDENTIFICATION OF HOME BASE CARE			
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Describe facility's policies and procedures for working with the County and/or Foster Family Agency in finding permanency for a child or NMD transitioning to home base care			
Describe how the facility will ensure services and supports provided protect the health and safety of children and NMDs and maintain the confidentiality and privacy of information and documentation			
Revisions/Comments:			
11. COMPLAINTS AND GRIEVANCES ILS § 87072.2			
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Procedures by which children/NMDs or their authorized representatives are informed of their rights and permitted to file complaints, includes signed policies and	,		

Requirement	Authority/Reference	Met	(X)
·	Authority/Neierence	Yes	No
procedures by the children/NMDs and authorized representatives			
Procedures on how staff, children, and authorized			
representatives shall receive copies of written			
complaint/grievance procedures			
Location in the facility where such procedures are			
accessible to children, NMDs and their authorized			
representatives Process for providing a follow-up or feedback loop to		1	
communicate the action or inaction for the complaints and			
the rational in a trauma informed and culturally relevant			
manner			
Ensuring children/NMDs rights are not violated			
Revisions/Comments: This section not reviewed by Co	CR	1	
42 DADTICIDATION AND ASSISTANCE IN INITIATIVES	TO IMPROVE THE CHILD WELF	ADE	
12. PARTICIPATION AND ASSISTANCE IN INITIATIVES SYSTEM	TO IMPROVE THE CHILD WELF	AKE	
Cover Sheet with number/letter and name of section	CDSS Program Statement		
	Guidelines (LIC 9106A)	1	
Policies, procedures, and rationale for participating and/or assisting with county/state initiatives such as the Quality	AB 403 Sec 1 & 70, WIC		
Parent Initiative and the Quality Improvement Project to	11461.2		
improve child welfare system			
Revisions/Comments:			
13. FAMILY VISITATION			
Cover Sheet with number/letter and name of section	CDSS Program Statement		
	Guidelines (LIC 9106A)		
When and under what circumstances children or NMDs			
can be visited by family members, friends, and others			
When and under what circumstances the child or NMD is permitted to have home visits with parents and/or			
relatives			
When and under what circumstances the child or NMD is			
permitted to have overnight visits with parents, relatives,			
family members, and friends		<u> </u>	
Policies, procedures, and rationale for visitation			
How the STRTP will support visits for lesbian, gay,			
bisexual, transgender, queer/questioning, and gender			
expansive children/youth sexual orientations and gender		1	

Requirement	Authority/Reference	Met	(X)
·	Addionty/Reference	Yes	No
identity with adults who are affirming of their sexual orientation, gender identity, and gender expression			
How the STRTP will ensure children/youth of various			
sexual orientations, gender identity, and gender			
expression will not be exposed to rejection with those			
they visit with			
(If the adults who are visiting are not affirming of the			
child's/youth's sexual orientation, gender identity, and/or			
gender expression) How the STRTP will work and			
educate them on related issues  How the STRTP will ensure the safety and security of			
commercially sexually exploited children/youth when			
during visitation			
When and under what circumstances other types of visits			
are not permitted			
Ensuring visitation does not violate personal rights of			
children or NMDs			
Revisions/Comments: This section not reviewed by Comments	CR		
14. CHILDREN AND NONMINOR DEPENDENTS PERSO		2	
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Policies and procedures that promote and ensure the personal rights of children and NMDs			
Procedures to discuss personal rights upon intake			
Plan to have Foster Youth Bill of Rights and information			
about the Foster Care Ombudsperson always fully visibly			
posted without obstructions in areas accessible to			
children/NMD and visitors in the facility			
Procedures to discuss personal rights upon intake			
Procedures to periodically check-in with children/NMD to			
remind them of their personal rights			
How children, NMDs, families, and authorized			
representatives will be advised of personal rights as well			
as ability to file complaints  Revisions/Comments: This section not reviewed by Comments.	CR		
This section not retrieved by o			
15. HOUSE RULES FOR CHILDREN/NONMINOR DEPEN	IDENTS		
Cover Sheet with number/letter and name of section	CDSS Program Statement		
Co. C.	Guidelines (LIC 9106A)		

Requirement	Authority/Reference	Met	(X)
Nequilement	Additiontly/Reference	Yes	No
Specify house rules on curfew			
Specify house rules on dating (to include culturally relevant dating)			
Specify house rules on completing homework			
Specify house rules on cleaning bedrooms, laundry, and other areas			
Specify house rules on use of entertainment equipment			
Specify house rules on dress code			
Specify house rules on general prohibited behaviors			
Specify house rules on use of cell phones, computers, tablets, etc.			
Distinctions between NMDs and children's house rules			
Plan is age and developmentally appropriate			
General prohibited behaviors			
Plan applies the Reasonable and Prudent Parent Standard			
Revisions/Comments: This section not reviewed by Co	CR		
16. STORAGE OF MEDICATIONS			
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Procedures for handling, storing, and assisting children and NMDs with self-administration of medications			
Procedures for training staff and NMDs to dispense and destroy medication			
Procedures for identifying staff responsible for dispensing and destroying medication			
Documenting by using (Mediation Administration Record (MAR), over-the-counter, prescriptions, psychotropic,			
logging at intake and labeling accordingly			
Storing medication is the proper temperature, not storing with other items, i.e., food			
Revisions/Comments: This section not reviewed by CC	R	l	

Requirement	Authority/Reference	Met	(X)
Keyanement	Addionty/Reference	Yes	No
17. POSITIVE DISCIPLINE POLICIES ILS § 87072.1			
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106)		
Policies and procedures describing type(s) of discipline permitted			
Conditions under which each type of discipline will be used			
Types of discipline NOT PERMITTED (corporal punishment and violation of personal rights)			
How the agency will ensure a child/NMDs sexual orientation, gender identity, and gender expression is not violated, discriminated against, or punished			
How the agency will handle peer to peer relationships and/or conflicts			
Ensuring commercially sexually exploited children or youth are not re-victimized by the types of disciplinary actions taken			
Provisions for informing the child's or NMD's authorized representative(s) of discipline policies			
Discipline policies and procedures not applicable to NMDs			
Expectations and consequences policies and procedures for NMDs			
Procedures for offering children/NMDs the opportunity to participate in the development and review of these policies and procedures based on individual need and/ability			
Consequences for NMD when they do not comply with reasonable expectations			
Revisions/Comments: This section not reviewed by Co	CR		
18. MEDICAL/DENTAL SERVICES			
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Procedures used to provide routine medical and dental care			
Timeframes for appointments			
Procedures for psychotropic medications			
Procedures used to identify and handle medical, dental and psychiatric emergencies			
Procedures for ensuring that NMDs receive necessary medical care			

Procedures for assisting NMDs in the development of skills necessary to obtain self-sufficiency in the area of medical care  Procedures on how transgender children and NMDs' medical needs will be met and include STRTP's policy on hormone and hormone blocker treatment. Address how those type of medical decisions will be met by a transgender experienced and competent physician only  Procedures used to ensure commercially sexually exploited children or youth are adequately examined and provided specific medical/mental health services to prevent further re-victimized  Access to medical services immediately or as needed  Provide runaway/missing youth offered medical services upon return  Procedure for children/NMDs with special health care needs  Revisions/Comments: This section not reviewed by CCR  19. DOCUMENTATION OF ACCREDITATION ILS § 87089  Cover Sheet with number/letter and name of section  Provided Accreditation Certificate  Submitted documentation of accreditation or application for accreditation with its application for licensure  Received Declaration from applicant  Provide documentation to the licensing agency reporting its accreditation status at 12 months and at 18 months after the date of licensure  Provide a copy of final accreditation summary report to the licensing agency within 30 days of its release date  Provide a copy of their corrected action in response to the final accreditation summary report within 30 days of its completion date to the licensing agency  Attach documentation as required	Requirement	Authority/Reference	Met	(X)
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Revisions/Comments: This section not reviewed by CCR  19. DOCUMENTATION OF ACCREDITATION ILS § 87089  Cover Sheet with number/letter and name of section Guidelines (LIC 9106A)  Provided Accreditation Certificate  Submitted documentation of accreditation or application for accreditation with its application for licensure  Received Declaration from applicant  Provide documentation to the licensing agency reporting its accreditation status at 12 months and at 18 months after the date of licensure  Provide a copy of final accreditation summary report to the licensing agency within 30 days of its release date  Provide a copy of their corrected action in response to the final accreditation summary report within 30 days of its completion date to the licensing agency	Provide runaway/missing youth offered medical services			
19. DOCUMENTATION OF ACCREDITATION ILS § 87089  Cover Sheet with number/letter and name of section  Provided Accreditation Certificate  Submitted documentation of accreditation or application for accreditation with its application for licensure  Received Declaration from applicant  Provide documentation to the licensing agency reporting its accreditation status at 12 months and at 18 months after the date of licensure  Provide a copy of final accreditation summary report to the licensing agency within 30 days of its release date  Provide a copy of their corrected action in response to the final accreditation summary report within 30 days of its completion date to the licensing agency	Procedure for children/NMDs with special health care			
Cover Sheet with number/letter and name of section  Provided Accreditation Certificate  Submitted documentation of accreditation or application for accreditation with its application for licensure  Received Declaration from applicant  Provide documentation to the licensing agency reporting its accreditation status at 12 months and at 18 months after the date of licensure  Provide a copy of final accreditation summary report to the licensing agency within 30 days of its release date  Provide a copy of their corrected action in response to the final accreditation summary report within 30 days of its completion date to the licensing agency	Revisions/Comments: This section not reviewed by CC	R	•	
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final accreditation summary report within 30 days of its completion date to the licensing agency	the licensing agency within 30 days of its release date			
Attach documentation as required	final accreditation summary report within 30 days of its			
	Attach documentation as required			
Revisions/Comments	Revisions/Comments		1	

Requirement	Authority/Reference	Met	(X)
Requirement	Authority/Kererence	Yes	No
<b>20. MENTAL HEALTH PROGRAM APPROVAL</b> ILS § 870	89.1		
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Provide documentation of current mental health program approval as is required by ILS 87089.1	AB 403 Sec 59, WIC 4096.5		
List the specific county Mental health Plans (MHPs) with which the facility has a contract to provide Specialty Mental Health Services (SMHS).			
Describe which mental health service, by county MHP, that the facility is contracted directly to provide:			
~Medication Support Services			
~Intensive Day Treatment Services			
~Day Rehabilitation Services			
~Crisis Intervention Services			
~Target Case Management Services			
~Other Mental Health Services			
Describe the referral, screening and assessment process used to establish eligibility with the county MHP for specific SMHSs.			
Demonstrate an understanding of MHP specific appeal processes and describe facility appeal practices.			
Describe process to ensure MHS identified in the MHP client plan or a child and family team are accurately			
reflected in the needs and services plan.  Describe efforts to reduce the use on psychotropic medications at the facility, including monitoring of clinical side effects and a description of non-pharmacological			
interventions used at the facility  (If the facility has not obtained a mental health program approval or is not contracted to provide some necessary			
services) Describe how the facility will ensure access to integrated, appropriate mental health services			
Describe engagement efforts with county MHPs to identify external organizational providers that will provide SMHS			
Identify whether mental health services provided by external organizational providers are provided onsite or at a alternative location			

Requirement	Authority/Reference		(X)
•	Additionty/Neterence	Yes	No
If STRTP is close to the 12 month mark and has no documentation of mental health program approval discuss with LPS, contact FCARB, may need legal consult			
Revisions/Comments			
21. FOOD AND NUTRITIONAL PLAN/SAMPLE MENUS,	CLOTHING & INCIDENTALS ILS §	87076	
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		
Provide a SAMPLE MENU which includes one week's worth of planned meals, including snacks from the four basic food groups, and their portion sizes			
Provide times that meals are served			
Provisions available for children with special dietary needs			
Information of vendor contracted to provide nutritional services			
Describe any services related to nutritional education and food preparation skills provided to children and/or NMD			
Describe how the program ensures that children have adequate clothing and how the child's and NMD's request for new clothing is handled			
Ensure clothing and incidentals are culturally relevant according to a child/NMDs gender identity or expression, not birth sex			
Describe how the program provides personal hygiene items for children/NMDs are culturally relevant as well	)		
Policies and procedures ensuring that NMDs have an adequate supply of clothing, hygiene items and toiletries			
Policies and procedures to assist the NMDs in maintaining their clothing (loss and theft prevention)			
Follows reasonable and Prudent Parent Policy			
How the program ensures the policies adhere to the Foster Youth Bill of Rights			
Revisions/Comments: This section not reviewed by CC	R		1
22. EMERGENCY INTERVENTION PLAN (RUNAWAY PL	.AN) ILS § 87095.22, 87095.24		
Cover Sheet with number/letter and name of section	CDSS Program Statement Guidelines (LIC 9106A)		

Requirement	Authority/Potoronoo	Met	(X)
·	Authority/Reference	Yes	No
Describe the facility's Emergency Intervention Plan,			
including a Runaway Plan, as specified in ILS 87095.24			
How staff will respond to runaway child/NMD			
Name and qualifications of behavior Management			
Consultant who assisted in plan preparation			
Appropriate to client population i.e., not re-traumatizing,			
not punishing, age and developmental appropriate			
Names of facility personnel trained to use EIP, specific			
job classification with a description of the training plan			
Description of Continuum of Emergency Interventions			
Early interventions			
Techniques, including manual restraints			
Situations in which techniques will be used			
Maximum time limits			
When techniques are NOT used			
Expected outcomes			
Personal rights not violated			
Justification for restrains, reasonably applied to prevent			
assault			
The duration of the restraint ceases as soon as the			
danger of harm has been averted			
The child receiving the restraint does not have any known			
medical or physical condition due to which there is reason			
to believe that the use of restraint would endanger the			
child/NMDs health			
Staff using the restraint has been trained to use the	ILS 87095.65		
Emergency Interventions	/		
Procedures if one or more child/NMD requires the use of			
emergency intervention at the same time			
Procedures for re-integrating the child back into the			
facility routine after an emergency intervention			
Criteria for assessing when EIP needs to be modified/terminated			
Criteria for assessing when the facility does not have			
adequate resources to meet the needs of a specific child/NMD			
Procedures for documenting each use of manual			
restraints in the child/NMDs records			
Procedures for reviewing each use of manual restraints			
with the child/NMD and authorized representative or			
parent			
Admissions Agreement must include written statement			
regarding the types of emergency interventions and must			
regarding the types of emergency interventions and must		1	

Paguirament	Authority/Reference	Met	(X)
Requirement	Authority/Reference	Yes	No
be reviewed with the child/NMD and authorized			
representative or parent at the time of admission			
If the facility will NOT use manual restraints, the plan			
must include the following:			
<ul> <li>Procedures for responding to a crisis</li> </ul>			
<ul> <li>Identified and listed external community</li> </ul>			
resources to be used to assist staff			
<ul> <li>Policies and procedures on when and how</li> </ul>			
to involve law enforcement in response to			
an incident involving a child/NMD			
Procedure for maintaining a monthly log of each use of			
manual restrains to include: Name of child, Date and			
Time of intervention, duration, facility staff in the restraint,			
intervention type and result of licensee review			
Procedures for biannual review of the use of emergency			
interventions and review in the emergency intervention plan			
Procedure for approval by the Board of Directors and			
received a copy of the approved plan			
received a copy of the approved plan			
Protective Separation Room	ILS 87095.23		
Revisions/Comments: This section not reviewed by CO	<del>ZR</del>		
23. NEIGHBORHOOD COMPLIANT PROCEDURES			
Cover Sheet with number/letter and name of section	CDSS Program Statement		
Cover Sheet with number/letter and name of Section	Guidelines (LIC 9106A)		
Describe the facility's procedure for handling	HSC 1524.5, AB 403 Sec 21,		
neighborhood complaints	HS 1524.6		
Revisions/Comments: This section not reviewed by CO	CR		