Dear Applicant(s):

Enclosed is the paperwork you need to begin your journey to become a resource parent with Koinonia. This paperwork includes our **Portability Policy & Procedures.** Please review this document carefully as it contains important information regarding our portability process.

If you wish to port your resource parent approval to Koinonia, please complete and return the following:

- **Resource Family Approval Portability Application-RFA 10 (includes Application Addendum and Meeting the Expectations)**: this form is required to apply to transfer your resource family approval to Koinonia; please complete Section I
- **Resource Family Application-Confidential-LIC 01C, if applicable**: this document is completed to identify any placed children/youth currently in the home of a resource family seeking to port to Koinonia
- **Firearms and Ammunition Safety Policy & Procedures:** this policy outlines the strict requirements for the safe use and storage of firearms and ammunition in homes approved by Koinonia
- **Video Camera Policy & Procedures-Resource Family Homes:** this policy states the requirements for video cameras, monitoring devices, or other recording devices installed inside or outside Koinonia's facilities
- **Pet Policy & Procedures and Pet Safety Plan:** this policy states the vaccination guidelines and safety requirements for keeping pets and animals within a resource home
- **Consent & Authorization for RFA Written Report/Adoption Home Study:** this form authorizes Koinonia to obtain information about the person listed on the form
- **Out-of-State Disclosure & Criminal Record Statement-LIC 508D:** this form is completed by all adults living in the home or on the property or adults regularly present in the home to state whether they have lived in a state other than California within the last five years and if they have ever been convicted of a crime
- **RFA Complaint Policy & Procedures:** this policy outlines a structured, step-by-step grievance process for resource families to resolve complaints
- **Denial or Rescission of Resource Family Approval Policy & Procedures:** this policy outlines clear guidelines for when Koinonia may deny an application for resource family approval or rescind an existing approval

Please contact your Family Services Outreach Coordinator if you have any questions.

"All kids need is a little help, a little hope and somebody who believes in them." ~ Earvin "Magic" Johnson

☐ Bakersfield District & Tehachapi Extension Offices Claudia Pariso 661.823.9738 cpariso@kfh.org	☐ Fresno District & Visalia Extension Offices Mona Kuhlemeier 559.635.8926 mkuhlemeier@kfh.org	
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☐ Temecula District Office Genee Johnson 951.587.4165 gjohnson@kfh.org	☐ Tustin District Office Natalie Binette 714.777.5540 nbinette@kfh.org	

Policy & Procedures Memo

To: California FFA Program
From: Jared Raddigan, Executive Director
Date: November 12, 2025
Re: Portability Policy & Procedures
Version: 1.06 **Last review date:** November 12, 2025

Policy: Koinonia's policy is that we will not contact, actively recruit, or solicit a Resource Family currently approved by an agency/county.

Porting In Procedures for Resource Family: In the event a Resource Family currently approved by a county or another agency contacts Koinonia and requests information regarding our program, the following steps are to occur:

1. The inquiring Resource Family will be provided with basic information regarding Koinonia's program, and their questions will be answered to the best of our ability.
    a. The inquiring Resource Family will be encouraged to attempt to resolve any issues they may have with their current agency/county.
    b. If this is unsuccessful, the inquiring Resource Family will be directed to notify their current agency/county regarding their intent to transfer their approval to Koinonia.
2. Once Koinonia is reasonably certain an inquiring Resource Family intends to transfer to our agency, and it has been determined that the family is likely to meet our standards, the following steps will be taken.

    Koinonia will send the Resource Family a Portability Packet. The packet includes the Resource Family Approval Portability Application-RFA 10 (Section I must be completed by the Resource Family), which is used to obtain information from their current agency/county. The RFA 10 includes the Application Addendum and Meeting the Expectations forms. (An RFA 10 may be submitted while a Resource Family is on inactive status with the county or another agency.)
    a. Upon receipt of the signed RFA 10, Koinonia will complete Section II and forward the application to the Resource Family's current agency/county for completion of Section III. The current agency/county has 20 days to return to Koinonia: Section III, and a copy of the Resource Family's file or case record including, but not limited to, any former or current complaints and investigations, any background information regarding currently placed children/youth and the current agency's/county's opinion regarding the best interest of the placed children/youth. The current agency/county will not send to Koinonia any criminal offender record information documents they received from the California Department of Justice or copies of unfounded complaint investigation reports.
    b. Koinonia will contact any Community Care Licensing office and/or Licensing Program Analyst who may have investigated complaints or incidents involving the Resource Family.
    c. Koinonia will accept references that were previously provided to the current agency/county. If the current agency/county does not have references, Koinonia will request some.
    d. At the discretion of the Koinonia District Administrator, updates may be required.
    e. In all cases where children/youth are currently placed prior to the Resource Family's transfer to Koinonia, a review and discussion with the current licensing or approval agency and placing agency representative must occur in order to assess the following:

i. Is the transfer of the Resource Family to Koinonia in the best interest of the placed children/youth?
ii. Is there a plan for an orderly, agreed-upon transition of the placed children/youth and Resource Family?
iii. Is it understood the current agency/county will support and help facilitate a smooth transition to Koinonia? This transition must include a promise from the current agency/county there will be no verbal or implied threat to remove the placed children/youth due to the pending portability process.
iv. A Resource Family currently under investigation by any law enforcement agencies, for any violation(s) of state or federal laws, statutes, or California Community Care Licensing regulations will not be transferred until the investigation(s) is finalized, and Koinonia is satisfied with the outcome of said investigation(s).
v. Koinonia will notify the current agency/county **at least seven days prior** to the anticipated portability date.

f. In the case of an Indian child/youth, Koinonia shall contact and collaborate with the child's/youth's Tribe(s).

Submission of a portability application to Koinonia ***does not*** guarantee the agency will accept a Resource Family. ILS 88441.2 states, "A Resource Family approved by a foster family agency or county may be approved by a subsequent foster family agency pursuant to Health and Safety Code Section 1517.5 and Article 2.1."

Porting Out Procedures for Koinonia Resource Family: In the event a currently-approved Koinonia Resource Family wishes to port to another agency/county:

1. The Koinonia Resource Family will be encouraged to resolve any issues (if there are any) with their Koinonia social worker, district administrator, or program director.
    a. If this is unsuccessful or the Resource Family is choosing to port for other reasons, the Resource Family will ensure Sections I and II of the Resource Family Approval Portability Application-RFA 10 are completed before sending the document to Koinonia for completion of Section III. In the event a Resource Family is on inactive status, they may submit an RFA 10: Resource Family Approval-Portability Application if they wish to port to another agency.
    b. Within 20 days of receipt of the RFA-10, Koinonia will complete Section III and send it to the other agency/county with a copy of the Resource Family's file or case record including, but not limited to, any former or current complaints and investigations, any background information regarding currently placed children/youth along with Koinonia's opinion regarding the best interest of any placed children/youth residing in the Resource Family's home. Koinonia will not send any criminal offender record information documents received from the California Department of Justice or copies of unfounded complaint investigation reports.
    c. In all cases where children/youth are currently placed prior to the Resource Family's transfer to another agency/county, a review and discussion with the new licensing or approval agency/county and placing agency representative must occur in order to assess the following:
        i. Is the transfer of the Resource Family to a different agency/county in the best interest of the placed children/youth?
        ii. Is there a plan for an orderly, agreed-upon transition of the placed children/youth and Resource Family?

iii. Koinonia will support and help facilitate a smooth transition to another agency/county. There will be no verbal or implied threat on Koinonia's part to remove the placed children/youth due to the pending portability process.
iv. A Resource Family currently under investigation by any law enforcement agencies, for any violation(s) of state or federal laws, statutes, or California Community Care Licensing regulations will not be transferred until the investigation(s) is finalized.
v. The other agency/county will notify Koinonia **at least seven days prior** to the anticipated portability date.

For youth currently in placement, a successful transition requires a carefully coordinated sequence of events. Specifically, the following must occur simultaneously:

1) The family's voluntary rescission/surrender of approval from the initial agency;
2) The family approval by the new agency;
3) The youth's discharge from the initial agency, and
4) The youth's intake into the new agency.

Adhering to these steps is crucial for a smooth transition and the well-being of the youth.

RESOURCE FAMILY APPROVAL PORTABILITY APPLICATION

Instructions: *Section I is to be completed by the Resource Family and provided to the subsequent agency. Section II is to be completed by the subsequent agency, and provided to the current agency. Section III is to be completed by the current agency that maintains the Resource Family's approval and returned to the subsequent agency within 20 business days.*

I. REQUEST BY RESOURCE FAMILY

For the purpose of portability, pursuant to Welfare and Institutions Code Section 16519.58 or Health and Safety Code 1517.5,

I/We, _____ and _____
(Resource Parent Name) (Resource Parent Name)

☐ am/are interested in transferring my/our Resource Family Approval to: _____
(County Name)

☐ am/are interested in subsequent Resource Family Approval by: _____
(Subsequent FFA Name)

My/Our current agency is:

Current Agency Name:	RFA Program Staff Name:	Telephone Number:
Mailing Address:		

I/We understand that as part of this process:

- The current agency must share a copy of my/our Resource Family file with the subsequent agency.
- The subsequent agency must share a copy of my/our update with the current agency if my/our portability application is denied.

Resource Parent Signature:	Date:	Telephone Number:	Email:
Resource Parent Signature:	Date:	Telephone Number:	Email:

II. SUBSEQUENT AGENCY (FOSTER FAMILY AGENCY OR COUNTY) INFORMATION

Agency Name:	Date of Request:
Agency Representative:	Email Address:
Telephone Number:	Fax Number:
Mailing Address:	

III. CURRENT AGENCY (FOSTER FAMILY AGENCY OR COUNTY) RESPONSE

Has the Resource Family informed you of their intent to transfer their approval to a county or be approved by a subsequent foster family agency and the reason?	☐ Yes ☐ No
If yes, for what reason?	
Is the Resource Family currently approved?	☐ Yes ☐ No
How long has the Resource Family been approved with your agency?	
Is the approval of the Resource Family for a specific child or nonminor dependent?	☐ Yes ☐ No
Are there conditions placed on the approval of the Resource Family?	☐ Yes ☐ No
If yes, please describe:	
Is an administrative action for rescission of approval, criminal record exemption denial or rescission, or exclusion pending against the Resource Family or any person residing or regularly present in the home, or are you or the Department currently considering such an action?	☐ Yes ☐ No
If yes, for what reason?	
Has the Resource Family or any person residing or regularly present in the home been the subject of a child abuse or neglect report, a complaint, or an investigation?	☐ Yes ☐ No
If yes, please describe:	
Has the Resource Family ever been under a corrective action plan with your agency?	☐ Yes ☐ No
If yes, for what reason, and has the Resource Family corrected the identified deficiencies?	
Does the Resource Family currently have children or nonminor dependents in placement?	☐ Yes ☐ No
If yes, please answer the following questions:	
Has the placing agency been notified of the request to transfer?	
List all placing agencies:	

Agency Representative:	Date:
Agency Representative Signature:	Email Address:
Telephone Number:	Fax Number:
Agency Name and Mailing Address:	

RESOURCE FAMILY APPROVAL PORTABILITY APPLICATION ADDENDUM

An approval or denial is based on the suitability of the family and home, which includes many factors.

Please write in ink. Do not leave any blank sections. Write N/A for areas that do not apply to you on all pages of this application. Use separate sheet of paper if additional space is needed for any responses.

Were you referred to the RFA program by a Tribe? ☐ **Yes** ☐ **No**

If "Yes," provide name of the Tribe and contact information if known: _____

_____

APPLICANT(S)
Applicant 1 Full Legal Name:
Applicant 2 Full Legal Name:

APPLICANT(S) INFORMATION	
Applicant 1	**Applicant 2**
Address: Street address City State Zip	**Address:** Street address City State Zip
Cell Phone:	**Cell Phone:**
Email:	**Email:**
Date of Birth (DOB):	**Date of Birth (DOB):**
Birthplace:	**Birthplace:**
Gender:	**Gender:**
Race/Ethnicity: ☐ **American Indian or Alaska Native** ☐ **Asian** ☐ **Black or African American** ☐ **Hispanic or Latino** ☐ **Native Hawaiian or Other Pacific Islander** ☐ **White** ☐ **Other:**	**Race/Ethnicity:** ☐ **American Indian or Alaska Native** ☐ **Asian** ☐ **Black or African American** ☐ **Hispanic or Latino** ☐ **Native Hawaiian or Other Pacific Islander** ☐ **White** ☐ **Other:**
Religion:	**Religion:**
Tribal Affiliation:	**Tribal Affiliation:**
California ID Number if not licensed:	**California ID Number if not licensed:**
Social Security Number:	**Social Security Number:**
Highest Level of Education Completed:	**Highest Level of Education Completed:**
Are you currently serving or have you served in the military? ☐ **Yes** ☐ **No**	**Are you currently serving or have you served in the military?** ☐ **Yes** ☐ **No**
Tribal Affiliation: ☐ **Member** ☐ **Descendant** **Name of Tribe:**	**Tribal Affiliation:** ☐ **Member** ☐ **Descendant** **Name of Tribe:**

MOTIVATION
Why are you interested in becoming a resource parent?
Have you inquired at Koinonia before? ☐ **Yes** ☐ **No** **If yes, when?**
How did you hear about Koinonia?
Child desired (if not current placements):

MARITAL/DOMESTIC PARTNER INFORMATION		
If currently married or in a domestic partnership with the other applicant:		
Date: _____	**Place (City and State):** _____	☐ **N/A**

Applicant 1		
Marital Status: ☐ **Married; how many times?** _____	☐ **Never Married**	
☐ **Separated; how long?** _____	☐ **Divorced**	☐ **Widowed**

Applicant 2		
Marital Status: ☐ **Married; how many times?** _____	☐ **Never Married**	
☐ **Separated; how long?** _____	☐ **Divorced**	☐ **Widowed**

MINOR CHILDREN RESIDING IN THE HOME

Full Legal Name	Relationship to Applicant(s)	DOB	Gender	Do you financially support this child?	Adopted?
				☐ Y ☐ N	Y ☐ N ☐
				☐ Y ☐ N	Y ☐ N ☐
				☐ Y ☐ N	Y ☐ N ☐
				☐ Y ☐ N	Y ☐ N ☐

MINOR CHILDREN NOT RESIDING IN THE HOME

Are there any minor children of the applicant(s) that do not reside in the home?

Full Legal Name	Relationship to Applicant(s)	DOB	Gender	Do you financially support this child?	Adopted?
				☐ Y ☐ N	Y ☐ N ☐
				☐ Y ☐ N	Y ☐ N ☐
				☐ Y ☐ N	Y ☐ N ☐
				☐ Y ☐ N	Y ☐ N ☐

ADULTS RESIDING OR REGULARLY PRESENT IN THE HOME

List any adult resident (AR) or adult regularly present (ARP) in the home. **Do not list applicant(s) in this section.**

Full Legal Name	DOB or Unknown	Relationship to Applicant	Adult Resident or Adult Regularly Present
			AR ☐ ARP ☐
			AR ☐ ARP ☐
			AR ☐ ARP ☐
			AR ☐ ARP ☐
			AR ☐ ARP ☐
			AR ☐ ARP ☐

ADULT CHILDREN OF APPLICANT(S) NOT REGULARLY PRESENT/NOT RESIDING IN THE HOME

Full Legal Name	DOB	Gender	Living Situation	Deceased
				☐
				☐
				☐
				☐

EXTENDED FAMILY MEMBERS

Include Applicant's birth parents, adoptive parents, stepparents, siblings, and other prominent extended family members (living or deceased). If deceased, check box. Enter city/state of residence.

Applicant 1

Full Legal Name	DOB or Unknown	Relationship to Applicant	Deceased	City/State of Residence
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	

Applicant 2

Full Legal Name	DOB or Unknown	Relationship to Applicant	Deceased	City/State of Residence
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	
			☐	

BACKGROUND DISCLOSURE

All adults in the home/on the property will be required to complete Live Scan clearances. If any box is checked yes, attach a signed statement indicating nature/circumstances of the original incident(s). Include date, place, and name of individual the incident applies to.

Has ANY household member or adult regularly present ever been arrested, cited, convicted or is currently facing charges for ANY law enforcement violation/offense? (Include all arrests, even where charges were dismissed, never filed, or the record was later expunged. Even if an attorney or judge told you that you do not have to list an incident, you must disclose the incident to our office.) Copies of police reports may be requested. Your Koinonia representative will inform you if a copy is needed.

☐ **Yes** ☐ **No**	**Name:**	**Relationship:**

Is ANY household member currently or previously on parole or probation for an offense?

☐ **Yes** ☐ **No**	**Name:**	**Relationship:**

Has ANY household member ever been investigated for child abuse or neglect by child protective services or law enforcement?

☐ **Yes** ☐ **No**	**Name:**	**Relationship:**

Has ANY household member had any child removed from their care due to abuse or neglect?

☐ **Yes** ☐ **No**	**Name:**	**Relationship:**

Has ANY household member ever been deprived of parental rights or had their rights restricted?

☐ **Yes** ☐ **No**	**Name:**	**Relationship:**

Has ANY household member ever had their driver's license suspended? If yes, enter the date their license was reinstated.

☐ **Yes** ☐ **No**	**Date:**	**Name:**	**Relationship:**

APPLICANT(S)'S RESIDENCE AND COMMUNITY

Type of residence: ☐ **Single Family Dwelling** ☐ **Duplex** ☐ **Apartment**
Square Footage: **# of Bedrooms:** **# of Bathrooms:**

Are you planning to move? ☐ **Yes** ☐ **No** **If yes, when?**

Special features of home and property (fenced-in areas):

Do you own, rent, or lease? ☐ **Own** ☐ **Rent** ☐ **Lease**

Weapons in the home? ☐ **Yes** ☐ **No**

Bodies of water? ☐ **Yes** ☐ **No**

Does any person not listed in this document use the residence as their mailing address? ☐ **Yes** ☐ **No**
Name:

Languages spoken in the home:

How many dogs? **How many cats?**

Does anyone on the property use tobacco? ☐ **Yes** ☐ **No** **Name:**

Does anyone under the age of 21 retain a medicinal marijuana prescription? ☐ **Yes** ☐ **No**
Name:

Does anyone on the property use marijuana or THC products recreationally? ☐ **Yes** ☐ **No**
Name:

Will any household member require interpretation services during the assessment process? ☐ **Yes** ☐ **No**
Name:

EMPLOYMENT/INCOME

One of the requirements for approval is the ability to financially support your family. Are you able to? ☐ **Yes** ☐ **No**

List your employment for the past 10 years.

APPLICANT 1

Name/Address of Current Employer	Work Phone Number	Occupation	Annual Income

Dates of Employment	Job Title	Reason for Leaving

APPLICANT 2

Name/Address of Current Employer	Work Phone Number	Occupation	Annual Income

Dates of Employment	Job Title	Reason for Leaving

MENTAL HEALTH

Has any household member received therapy/mental health services within the last 3 years? ☐ Yes ☐ No

Name:		**Name:**	

Is any household member currently receiving any therapy/mental health services? ☐ Yes ☐ No

Name:		**Name:**	

Declarations:

- I/We have the financial ability to ensure the stability and financial security of the family.
- In signing this application, I/we understand the completion of routine forms will or may be required by my/our references, physician, and employer, that my/our financial status will be verified, and a background check will be conducted.
- I/We affirm that the information provided on this addendum is true, correct, and contains no material omissions of fact to the best of my/our knowledge and belief.
- I/We understand any false or misleading statements willfully or knowingly made to the foster family agency or Department, or failure to disclose material facts to obtain portability to Koinonia, can result in a denial.
- I/We understand submission of a portability application to Koinonia *does not* guarantee the agency will accept a resource family.
- ILS 88441.2 states, "A Resource Family approved by a foster family agency or County may be approved by a subsequent foster family agency pursuant to Health and Safety Code Section 1517.5 and Article 2.1."
- I/We understand that personal information contained on this application may be shared with the following:
  1. A placement agency or juvenile court for the purpose of determining whether to place a child or nonminor dependent.
  2. Any approval agency to which a Resource Family applies for subsequent approval.
  3. A tribal agency.
  4. The State Department of Social Services.
  5. A member of a child welfare agency in the sending state for placement pursuant to the Interstate Compact on the Placement of Children.
  6. As otherwise required by law.
- I/We understand I am/we are beginning a portability assessment update, consisting of regulatory paperwork, clearances, training, and interviews to mutually determine if working with Koinonia is suitable for me/us.
- I/We agree to share my/our feelings about my/our life in order to participate in a meaningful decision.
- I/We understand that additional requirements to determine my/our suitability and the suitability of those residing or frequently in my/our home may include, but are not limited to: attending counseling; undergoing a psychological evaluation; and attending parenting or other required classes/training.
- I/We understand the Koinonia social worker and/or appropriate agency representatives agree to share openly with me/us their professional judgment concerning my/our assessment update and supporting information.
- I/We understand I/we will sign an acknowledgment that I/we have received a copy of the written assessment update affirming that all statements are true and correct to the best of my/our knowledge.
- I/We understand that any significant life changes (e.g., marital/relationship change, death, pregnancy/birth, adoption, a new resident in the home, move, health) during the assessment update may require additional paperwork and/or prolong the process.
- I/We understand an assessment update will be necessary at a minimum of biennially, and/or when returning from inactive status and/or if there are any significant life changes. This may require additional paperwork.
- I/We understand homes are selected which best meet the needs of the child/youth and/or approximates the wishes of the birth parents or county.
- I/We understand that if I/we do not accept placement within one year of porting, Koinonia may choose to hold a meeting to discuss my/our placement preferences. Potential outcomes of this meeting may include the rescission of my/our Resource Family approval with Koinonia.
- I understand that SB 407 requires a resource family to demonstrate an ability and willingness to meet the needs of a child, regardless of the child's sexual orientation, gender identity, or gender expression, as specified. https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2024/CRP/PIN24-14-CRP_ACL24-69.pdf

I/We understand that my/our comprehensive written assessment is the property of Koinonia Family Services. This assessment will not satisfy the state requirements for a private adoption home study and is only to be used for Resource Family approval and the approval to care for a child placed in foster care.

I/We affirm that the information provided on this addendum is true and correct and contains no omissions of fact to the best of my/our knowledge.

Applicant(s) Signature	City & County Where Signed	Date
Applicant 1:		
Applicant 2:		

MEETING THE EXPECTATIONS

Applicant 1: _____ **Date:** _____

Applicant 2: _____

This questionnaire allows you to develop a plan to address the needs of any placed child/youth in your home. Please be as detailed as possible when entering your information in each area.

Who will enroll the placed child/youth in school? Which school?
If needed, what is the day care plan for the child/youth?
What is the after-school plan (other than day care)?
What is the plan if the placed child/youth cannot go to school/day care if ill, suspended or during school breaks?
What is the plan for emergencies when the placed child/youth is sick or suspended?
Who will provide supervision during illness, suspensions or school breaks?
Who will transport placed child/youth to medical, dental or therapy appointments or family visits?
Who will handle medical emergencies?
When are you available during the week for your Koinonia social worker to meet with you and your placed child/youth?
What arrangements can be made if a CCL representative or your social worker needs to meet with you during the day?
Which holidays, if any, do you *not* celebrate?
How will you ensure that a placed child/youth participates in their holiday (e.g., Chanukah, Christmas, Kwanzaa) and their birthday celebrations?
Do you have any vacation plans in which you do not expect to include a placed child/youth? ☐ Yes ☐ No If yes, what are those plans?
How will you ensure that a placed child/youth participates in family vacations?
How will you ensure that a placed youth who identifies as L/G/B or Transgender experiences compassion and affirming care?
What are some resources available to L/G/B or Transgender youth in your local community?

AGENCY USE ONLY
RFID #: _____
FFA: _____

RESOURCE FAMILY APPLICATION-CONFIDENTIAL

VII. CHILD DESIRED (to be completed only if a child has been identified prior to approval)

- Has a child been identified? Check one: ☐ Yes ☐ No
- Is the child currently in your home? Check one: ☐ Yes ☐ No

NAME OF CHILD	DATE OF BIRTH OF CHILD	GENDER	COUNTY OF JURISDICTION	DATE OF PLACEMENT	RELATIONSHIP TO APPLICANT(S)	EDUCATION (GRADE, NAME & ADDRESS OF SCHOOL)

Policy & Procedures Memo

To: All Koinonia Parents
From: Tiffany Sickler, Executive Director
Date: April 10, 2025
Re: Firearms and Ammunition Safety Policy & Procedures
Version: 1.02 **Review date:** April 10, 2025

Purpose

This policy outlines the strict requirements for the safe use and storage of firearms and ammunition in homes approved by Koinonia Family Services (Koinonia) in compliance with California law and to ensure the safety of all children/youth/NMDs in our care.

Policy

A. Prohibition: Koinonia parents are prohibited from keeping firearms and ammunition in any area accessible to children/youth/NMDs.

B. Exceptions

1. **Locked Storage:** Firearms and ammunition may be kept in the Koinonia-approved home only if they are unloaded and stored in separate, locked containers that are inaccessible to children/youth/NMDs.
    - **Firearm:** A device designed to be used as a weapon, from which is expelled through a barrel, a projectile by the force of an explosion or other form of combustion (CA Penal Code § 16520). Firearms must be stored in a locked gun safe, lock box, or other secure container that meets California's safety standards.
    - **Ammunition:** One of more loaded cartridges consisting of a primed case, propellant, and with one or more projectiles (CA Penal Code § 16150). Ammunition must be stored in a separate locked container.
    - In lieu of locked storage, the caregiver must utilize trigger locks or has removed and locked the firing pin(s) separately from the firearm(s).
2. **Compliance with Law:** All storage and use of firearms must comply with all applicable federal, state, and local laws, including California Penal Code Section 27545 and 25100. For approved resource family homes, storage of firearms and ammunition must also comply with Interim Licensing Standards (ILS) Section 88487.3(c)(1&2).

C. Koinonia Parent Responsibilities

1. **Notification:** Koinonia parents must notify Koinonia immediately if they possess or acquire any firearms.
2. **Secure Storage:** Ensure all firearms and ammunition are securely stored according to this policy at all times.
3. **Supervision:** Provide strict supervision of any children/youth/NMDs in the presence of a firearm, even if the firearm is unloaded and secured.

4. **Agreement:** Koinonia parents must sign this document acknowledging their understanding and commitment to this policy.
5. **Carry Concealed Weapon (CCW):** Koinonia parents with CCW licenses will adhere to all applicable California laws and maintain a valid CCW license. Parents will remove the firearm and lock the firearm separately from the ammunition upon returning to the home. When a parent has a CCW license, they will ensure that the firearm is always on their person and inaccessible to children/youth/NMDs.

D. Koinonia Responsibilities: Prior to a family's approval by Koinonia, a home inspection will take place to ensure compliance with this policy. Regular home inspections will be conducted in approved resource family homes to ensure ongoing compliance with this policy, and annual or biennial safety inspections will take place in all approved Koinonia homes.

E. Enforcement: Failure to comply with this policy may result in the removal of the placed children/youth/NMDs from the home and/or rescission of approval by Koinonia.

F. Review and Updates: This policy will be reviewed annually and updated as needed.

G. Resources: California Department of Justice: https://oag.ca.gov/firearms

Acknowledgement

I acknowledge that I have read, understood, and agree to abide by this Firearms and Ammunition Safety Policy.

Koinonia Parent Name (please print)

Koinonia Parent Signature Date

Koinonia Parent Name (please print)

Koinonia Parent Signature Date

Koinonia Representative Name (please print)

Koinonia Representative Signature Date

Policy & Procedures Memo

To: RFA Staff and Resource Parents
From: Jared Raddigan, Executive Director
Date: November 12, 2025
Re: Video Camera Policy & Procedures - Resource Family Homes
Version: 1.02 **Review date:** November 12, 2025

Policy: Koinonia's policy is that video cameras, monitoring devices, or other recording devices installed inside or outside Koinonia facilities shall be used for the purposes of security, safety, and regulatory compliance. In addition, video cameras cannot be used to monitor the behavior or actions of foster children or nonminor dependents (NMDs) in the home. For this policy, "video camera" has the same meaning as "monitoring device," "surveillance camera" and "video surveillance." A video camera is defined as an electronic recording device used for observing a specific area with video (including video with or without audio capability), inside or outside a home, wired or wireless, and includes, but is not limited to, security cameras, doorbell cameras, "nanny cameras," and "pet cameras." All resource families that have video/monitoring devices must complete the Resource Family Approval-Video Camera Agreement Form-RFA 13. Both resource parents (if there are two in the home) must sign the acknowledgement on page 3 of the document.

Procedures: If monitoring devices have been installed inside or outside the home, please follow the guidelines outlined below and on the Resource Family Approval-Video Camera Agreement Form-RFA 13.

1. Foster youth, NMDs and/or their authorized representatives, and/or an Indian child's Tribe(s) will be thoroughly informed about Koinonia's policy regarding monitoring devices:
    a. Video camera location and positioning should be based upon genuine security purposes for the home. For this policy, "genuine security purpose" is defined as the security of the home and valuables concerning potential violence or crime within the neighborhood or community.
    b. Surveillance cameras, or other recording devices are to be used for security only; they should never serve as a substitute for care and supervision.
    c. All visitors, including all children's authorized representatives and an Indian child's tribe(s), must be notified through verbal or written notification or exterior signage. Signage shall be legible and visible from the outside (a paper sign in a window will suffice).
    d. Cameras should be located in common areas and pointed at either entry points or windows.

2. A floor plan indicating the locations of all cameras and the direction they are pointed will be kept on file in FAST (Koinonia's database).
    a. A video camera may be allowed in a child's or NMD's bedroom under the following conditions:
        - The child or NMD must have a medical condition requiring the use of a video camera in the bedroom.
        - Documentation (such as a prescription, note, or letter) of the recommendation for a video camera in a bedroom must be written and signed by a physician with the title of MD (medical doctor) or DO (osteopathic doctor) of any appropriate medical specialty, including a psychiatrist.
        - Documentation must include the times when the camera should be used and an end date.
        - The physician's documentation must be kept in the child's or NMD's record.

- The licensee must report the use of a camera in a child's or NMD's bedroom to Community Care Licensing within the next business day, including a copy of the physician's documentation.
- Baby monitors shall only be used for their intended purpose of monitoring the safety of an infant in a crib or an approved safe sleeping area. Other than baby monitors, any video camera inside the home shall not be equipped with audio capability.

3. Video camera recordings are not to be used to intimidate or coerce a foster child or NMD.

Allowable Video Camera Use: Video cameras may also generally be used in common areas inside the home, such as kitchens, hallways, living rooms, dining rooms, recreation rooms, external doors or windows, garages, and other shared spaces, provided the video camera is pointed solely at either entry doors and windows. Please be aware there is no reasonable expectation of privacy in common areas.

If any video camera is used in the home - whether the video camera is used on the exterior, the interior or both - the home must comply with the requirements described below.

Requirements and Considerations for Video Camera Usage

The resource family must inform placement workers, authorized representatives, visitors, and an Indian child's Tribe(s) of the presence and location of all video cameras before accepting any placement. The child or NMD must also be notified about the presence and location of each video camera before placement in the home, or while they are being informed of their personal rights.

It is important to incorporate trauma-informed care practices into the assessment of the use of video cameras in resource family homes. It is not uncommon for children or NMDs in the child welfare or juvenile justice systems to have negative associations with video cameras. Video cameras may represent aspects of a child's or NMD's trauma history and could trigger them, so the use of cameras should be trauma-informed.

Koinonia will request a Child and Family Team (CFT) to address a child's or NMD's objection to video cameras in a resource home. Through this collaborative and youth-centered approach, information from all parties involved will be gathered. The discussion will center on open communication, prioritizing the child's or NMD's voice, and exploring alternative solutions such as adjusting camera placement or establishing usage guidelines. The CFT will make a decision that prioritizes the child's well-being, potentially involving compromise, phased implementation, and ongoing review. Throughout the process, the child or NMD will receive support through counseling, advocacy, and regular monitoring to ensure their well-being and the effectiveness of the solution.

When there are video cameras in resource family homes, RFA workers, social workers, child welfare placement social workers and probation officers need to consider the foster child's or NMD's culture and their specific trauma history to determine whether the use of video cameras is consistent with the child's or NMD's right to live in a safe, comfortable, trauma-informed home. For a foster child or NMD who identifies as an Indian child or NMD, the evaluation of video cameras in the home shall consider, in collaboration with a child's Tribe(s), whether video cameras are consistent with the prevailing social and cultural standards of the Indian community with which the foster child or NMD identifies.

The CFT can be used to help address the impacts of video cameras in the home and to determine whether the use of video cameras in the home is consistent with the needs and the rights of the child or NMD. It is best to hold a CFT meeting to discuss the issue or make the discussion part of an already occurring CFT meeting.

A foster child's or NMD's history of trauma and feelings that they may express about having video cameras at the resource home should be taken into consideration and assessed as a trauma-informed care practice to ensure a positive physical and emotional environment.

Koinonia Parent Name (please print)

Koinonia Parent Signature Date

Koinonia Parent Name (please print)

Koinonia Parent Signature Date

Koinonia Representative Name (please print)

Koinonia Representative Signature Date

Policy & Procedures Memo

To: Koinonia Social Workers and Resource Parents
From: Jared Raddigan, Executive Director
Re: Pet Policy & Procedures
Date: February 12, 2026
Version 1.05 Last review date: February 12, 2026

Policy

It is Koinonia's policy never to place children/youth where dangerous pets or animals are owned by a resource family and/or kept on the same property as the approved resource family home. Through this policy, it is Koinonia's explicit goal to ensure the safety of placed children/youth and agency/county/state staff.

Some counties may require that Koinonia collect rabies vaccination records and/or pet license copies, if applicable. There may also be counties that require proof of rabies vaccination to qualify as an approved resource parent.

Procedures

1. Prospective resource families will be informed of Koinonia's pet policy during the initial interview or "Getting To Know You" (GTKY) phase of the approval process. The policy is also included in Koinonia's Information Packet.
2. The number of pets must be appropriate to the size of the home. Koinonia has the right to make the ultimate decision regarding the number of pets allowed in the home.
3. Potential parents and resource parents must verbally attest that all dogs and cats living in the home or on the property are vaccinated against rabies.
4. Koinonia will not approve or retain a resource home where there are "domesticated" wild animals (raccoons, opossums, skunks, monkeys, wolves, etc.) or outlawed animals are kept as pets.
5. Koinonia will not approve or retain a resource home if a pet is poisonous, aggressive, or deemed to be dangerous and/or unsafe.
6. The following applies to pets with any past or present aggressive behavior (unprovoked biting, attacking, assaultive, etc.):

    a. If a pet bites and/or shows aggression toward a placed child/youth or any resident or visitor, the resource parents and Koinonia will, at a minimum, develop and agree to a Pet Safety Plan. The plan will be conspicuously posted in the home and reviewed at least monthly by the KSW, resource parents and all placed children/youth.

    b. Dog Bites

        i. Any dog residing anywhere on the property of an approved resource home (includes granny flats, rental homes, etc.) that has bitten anyone (not including "playful nips" or "warning nips" such as when a child is antagonizing a pet) must immediately be quarantined from all placed children/youth.

        ii. Koinonia will require a certificate of training from an accredited and/or certified dog trainer for any dog that has bitten someone before allowing placed children to reside in

the home with that dog. If this is a first-time biting incident for the dog, the dog must be trained and receive a certificate of training from an accredited/certified dog trainer.

iii. Vaccination records will be reviewed to ensure there have been no lapses in vaccinations that would be cause for health concerns.

iv. None of these provisions guarantee an offending dog will be allowed near any placed child/youth again, and Koinonia and/or the county or state may require the offending dog or placed child/youth to be removed from the approved resource home. This determination will be made solely at the discretion of Koinonia (and/or the county/state).

The placing county agency will be made aware of the presence of any resource home pets.

All San Bernardino County resource homes must complete the Pet Analysis and Child Safety Plan - San Bernardino County if they have pets in the home or within two (2) weeks of adding a pet to the home.

PET SAFETY PLAN

This plan outlines procedures to ensure the safety of all residents and visitors in a Koinonia resource home with pets. Koinonia's goal is to minimize the risk of bites and aggressive behavior from pets towards children/youth and other occupants as well as visitors to the home. The agency focuses on immediate safety, identifying triggers, and preventing any incidents that pose a danger to placed children/youth. Koinonia staff will consider the placed child's/youth's age, their experience with animals, and any pet-related anxieties or fears.

1. **Management Strategies**
   - **Supervision:** Direct supervision is crucial. An adult must be present whenever a placed child/youth interacts with the pet.
   - **Safe Introductions:** Supervised introductions between the placed child/youth and the pet will be conducted gradually in a calm and controlled environment.
   - **Communication:** Teach children/youth appropriate ways to interact with the pet, including body language cues and avoiding rough play.
2. **Contingency Plan**
   - **Injury Protocol:** A clear arrangement will be established for responding to an injury, including first-aid steps or medical care for the injured individual, reporting to Koinonia staff, and potential veterinary care for the animal.
   - **Relocation Plan:** If determined necessary for safety, a plan will be developed for the temporary or permanent relocation of the pet to a shelter, boarding facility, or a suitable alternative home.
3. **Review and Updates**
   - Koinonia staff and resource parents will review and update this animal safety plan annually and update as needed.
   - Any incident involving the pet's behavior will necessitate a review and potential adjustments to the plan on a monthly basis.

By implementing this animal safety plan, Koinonia staff and resource parents can work together to create a safe and harmonious living environment for all who reside in or visit the home.

Specific plan items for this home: Date: _____

_____

_____

_____

_____

_____

_____

_____

CONSENT AND AUTHORIZATION FOR RFA WRITTEN REPORT/ADOPTION HOME STUDY

This form authorizes Koinonia to obtain only such information deemed necessary for the resource family approval and/or adoption home study assessment process. This consent ends when you are no longer affiliated with Koinonia, or you revoke this consent in writing. This information may include, but is not limited to, information about:

- LIS/AARS
- Child abuse allegations, investigations, and conclusions
- Criminal records
- Driving records
- Medical records
- Megan's Law (registered sex offender) check
- Out-of-State Disclosure and Criminal Record Statement-LIC-508D (Adam Walsh Act)
- Police reports
- Personal history
- Reference checks

Name:_____ DOB:_____

Address: Street address

City, State, Zip Code: City State Zip

Phone Number:_____

By signing this form, I do hereby waive, discharge, and release Koinonia Family Services and/or its officers, employees, and agents from any and all actions, claims, and demands whatsoever of any kind of nature that now exist or may hereafter accrue against said parties as a result of any information given and/or supplied pursuant to and in accordance with this authorization. I have the right to revoke this authorization, in writing, at any time by providing written notification to Koinonia Family Services, Attn: Adoption Admin, P.O. Box 1403, Loomis, CA 95650.

I also acknowledge that a scan or copy of this authorization bearing my signature shall have the same force and effect as the original.

When completing an RFA or adoption Live Scan, I understand that Koinonia will continue to receive all subsequent criminal and arrest information until my fingerprints are disassociated and I am no longer an approved home with Koinonia. Any adult resident or adult regularly present who leaves a resource family or adoption-approved home must contact background support services at cori@kfh.org to disassociate their fingerprints from the home. Failure to do so will result in Koinonia's continued receipt of criminal and arrest information.

_____ _____

Signature Date

CONSENT AND AUTHORIZATION FOR RFA WRITTEN REPORT/ADOPTION HOME STUDY

This form authorizes Koinonia to obtain only such information deemed necessary for the resource family approval and/or adoption home study assessment process. This consent ends when you are no longer affiliated with Koinonia, or you revoke this consent in writing. This information may include, but is not limited to, information about:

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- Police reports
- Personal history
- Reference checks

Name:_____ DOB:_____

Address: Street address

City, State, Zip Code: City State Zip

Phone Number:_____

By signing this form, I do hereby waive, discharge, and release Koinonia Family Services and/or its officers, employees, and agents from any and all actions, claims, and demands whatsoever of any kind of nature that now exist or may hereafter accrue against said parties as a result of any information given and/or supplied pursuant to and in accordance with this authorization. I have the right to revoke this authorization, in writing, at any time by providing written notification to Koinonia Family Services, Attn: Adoption Admin, P.O. Box 1403, Loomis, CA 95650.

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_____ _____

Signature Date

RFA Type ☑ 16519.5 WI Applicant ☐ 16519.5 WI Adult Resident ☐ 16519.5 WI Adult Regularly Present

California Health & Human Services Agency | California Department of Social Services

OUT-OF-STATE DISCLOSURE & CRIMINAL RECORD STATEMENT

Foster Family Homes, Certified Family Homes, Resource Families, Tribally Approved Homes

Complete all pages and sign on page 2.

I. INSTRUCTIONS

State law requires that a person associated to a licensed foster family home, certified family home or a resource family home be fingerprinted and sign a declaration under penalty of perjury regarding any prior criminal conviction other than an infraction. A conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere (no contest). The fingerprints will be used to obtain a copy of the individuals criminal history from the Department of Justice.

You must disclose convictions, including reckless and drunk driving convictions, even if:

- They happened a long time ago;
- They were only a misdemeanor;
- You didn't have to go to court (your attorney went for you);
- You had no jail time, or the sentence was only a fine or probation;
- You received a certificate of rehabilitation; or
- The convictions were later expunged, dismissed, set aside, or the sentence was suspended.

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, any infractions, or any convictions for which relief has been granted pursuant to Penal Code section 1203.49.

II. CRIMINAL RECORD STATEMENT

A. Have you ever been convicted of a crime, not including an infraction, in California? ☐ YES ☐ NO

B. Have you ever been convicted of a crime, not including an infraction, in another state, federal court, military, or a jurisdiction outside of the U.S.? (Criminal convictions from another state or federal court are considered as if they occurred in California) ☐ YES ☐ NO

C. For Foster Family and Certified Family Homes & Resource Families only: **Have you ever been arrested for a crime against a child** (including child pornography) **or spousal/cohabitant abuse** (including domestic violence, battery, or willful infliction of corporal injury)**?** ☐ YES ☐ NO

D. For all questions above, please provide details regarding the type of offense(s), location(s), and date(s) in which each crime occurred.

1. What was the offense?

2. In which state and city did you commit the offense?

3. When did this happen?

Senate Bill 354 (Chapter 687, Statutes of 2021) Exemptions: Are you associated to a resource family home or an application for resource family approval (RFA) where the applicant or resource family is seeking or has placement of a child who is their relative? ☐ YES ☐ NO

If **YES**, please check the box that best describes the reason you are fingerprinting and provide the child(ren)s full legal name:

- ☐ I'm an Applicant
- ☐ I'm an adult resident in the applicant's home
  If you are a resident in the home, please provide the applicant(s) full legal name:
  _____
- ☐ I'm regularly present in the RFA applicant's home or a resource family home.

III. OUT-OF-STATE DISCLOSURE

Have you lived in a state other than California within the last five years? ☐ YES ☐ NO
If YES, complete section below. (This question is **not** required for adults regularly present but **not** residing in the home.)

OUT OF STATE ADDRESSES IN THE PAST 5 YEARS

Date From	Date To	Street	City	State

IV. SUBSTANTIATED REPORTS OF CHILD ABUSE OR NEGLECT

Have you ever had a substantiated finding of child abuse or neglect made against you in this state or any state? (For adults regularly present but not residing in the home, please disclose **only** substantiated reports that occurred in California.)

☐ YES (Complete section below)

☐ NO, I have not had a substantiated finding against me in any child abuse or neglect report.

Date	City	State	County	Circumstances (Attach separate page if necessary)

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT IN AN EXEMPTION DENIAL, APPLICATION DENIAL, LICENSE REVOCATION, DECERTIFICATION, RESCISSION OF APPROVAL, OR EXCLUSION FROM A LICENSED FACILITY, CERTIFIED FAMILY HOME, OR THE HOME OF A RESOURCE FAMILY, OR TRIBALLY APPROVED HOME.

Licensed Facility, Certified Family Home, or Resource Family Name: Koinonia Family Services		Facility Number:
Your Name (Print Clearly):		
Your Address (Street, City, State, Zip): Street address	City State Zip	
Social Security Number: *(See Privacy Statement on Page 3)*	Driver's License Number/State:	Date of Birth:

V. DECLARATION

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct to the best of my knowledge.

*Signature:*_____ *Date:*_____

If you have any questions about this form, please contact your local licensing regional office or approval agency.

INSTRUCTIONS TO LICENSEES ONLY:
If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

INSTRUCTIONS TO REGIONAL OFFICES AND FOSTER FAMILY AGENCIES:
If the person discloses that they have lived in another state within the last five (5) years, send this form to the Care Provider Management Bureau, 744 P Street, MS T9-15-62, Sacramento, CA 95814.

PRIVACY NOTICE

As Required by Civil Code § 1798.17

Collection and Use of Personal Information: The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) and the Care Provider Management Branch (CPMB) in the California Department of Social Services (CDSS) collects the information requested on this form as authorized by Penal Code sections 11100-11112; Health and Safety Code sections 1522, 1522.1, 1569.10-1569.24, 1596.80-1596.879; Family Code sections 8700-8720; Welfare and Institutions Code sections 16500-16523.1; and other state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled, or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information: All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request. Notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

Access to Your Information: You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information: In order to be licensed, work at, or be present at, a licensed facility/organization, or be placed on a registry administered by the Department, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including personal information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.).

IMPORTANT INFORMATION

Under the California Public Records Act (Government Code section 7920.000 et seq.), the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters (news media).

In addition, the Department is required to tell people who ask, including the news media, if someone in a licensed facility/ organization has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption. This does not apply to Resource Family Homes, Small Family Child Care Homes, or the Home Care Aide Registry. The Department shall not release any information regarding Home Care Aides in response to a Public Records Act request, other than their Home Care Aide number.

The information you provide may also be disclosed in the following circumstances:

- To other persons or agencies where disclosure is necessary for them to perform their legal duties, and their use of your information is compatible and complies with the law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

QUESTIONS ABOUT NOTICE AND RECORD INFORMATION

For questions about this notice, CDSS programs, and the authorized use of your criminal history information, please contact your local licensing regional office. Regional offices can be found by visiting the Community Care Licensing Division (https://cdss.ca.gov/inforesources/community-care-licensing) and choosing the appropriate option under Quick Links - Regional Contacts.

For further questions about this notice or your criminal records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at: https://www.fbi.gov/services/cjis/identity-history-summary-checks.

FEDERAL PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Noncriminal Justice Applicant's Privacy Rights: As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.[2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.[3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) You can find additional information on the FBI website at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

1 Written notification includes electronic notification but excludes oral notification.
2 https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
3 See 28 CFR § 50.12(b)
4 See U.S.C. § 552a(b); 28 U.S.C. § 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

RFA Type ☑ 16519.5 WI Applicant ☐ 16519.5 WI Adult Resident ☐ 16519.5 WI Adult Regularly Present

California Health & Human Services Agency | California Department of Social Services

OUT-OF-STATE DISCLOSURE & CRIMINAL RECORD STATEMENT

Foster Family Homes, Certified Family Homes, Resource Families, Tribally Approved Homes

Complete all pages and sign on page 2.

I. INSTRUCTIONS

State law requires that a person associated to a licensed foster family home, certified family home or a resource family home be fingerprinted and sign a declaration under penalty of perjury regarding any prior criminal conviction other than an infraction. A conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere (no contest). The fingerprints will be used to obtain a copy of the individuals criminal history from the Department of Justice.

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- They happened a long time ago;
- They were only a misdemeanor;
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- You had no jail time, or the sentence was only a fine or probation;
- You received a certificate of rehabilitation; or
- The convictions were later expunged, dismissed, set aside, or the sentence was suspended.

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, any infractions, or any convictions for which relief has been granted pursuant to Penal Code section 1203.49.

II. CRIMINAL RECORD STATEMENT

A. Have you ever been convicted of a crime, not including an infraction, in California? ☐ YES ☐ NO

B. Have you ever been convicted of a crime, not including an infraction, in another state, federal court, military, or a jurisdiction outside of the U.S.? (Criminal convictions from another state or federal court are considered as if they occurred in California) ☐ YES ☐ NO

C. For Foster Family and Certified Family Homes & Resource Families only: **Have you ever been arrested for a crime against a child** (including child pornography) **or spousal/cohabitant abuse** (including domestic violence, battery, or willful infliction of corporal injury)**?** ☐ YES ☐ NO

D. For all questions above, please provide details regarding the type of offense(s), location(s), and date(s) in which each crime occurred.

1. What was the offense?

2. In which state and city did you commit the offense?

3. When did this happen?

Senate Bill 354 (Chapter 687, Statutes of 2021) Exemptions: Are you associated to a resource family home or an application for resource family approval (RFA) where the applicant or resource family is seeking or has placement of a child who is their relative? ☐ YES ☐ NO

If **YES**, please check the box that best describes the reason you are fingerprinting and provide the child(ren)s full legal name:

☐ I'm an Applicant

☐ I'm an adult resident in the applicant's home

If you are a resident in the home, please provide the applicant(s) full legal name:

_____

☐ I'm regularly present in the RFA applicant's home or a resource family home.

III. OUT-OF-STATE DISCLOSURE

Have you lived in a state other than California within the last five years? ☐ YES ☐ NO
If YES, complete section below. (This question is **not** required for adults regularly present but **not** residing in the home.)

OUT OF STATE ADDRESSES IN THE PAST 5 YEARS

Date From	Date To	Street	City	State

IV. SUBSTANTIATED REPORTS OF CHILD ABUSE OR NEGLECT

Have you ever had a substantiated finding of child abuse or neglect made against you in this state or any state? (For adults regularly present but not residing in the home, please disclose **only** substantiated reports that occurred in California.)

☐ YES (Complete section below)

☐ NO, I have not had a substantiated finding against me in any child abuse or neglect report.

Date	City	State	County	Circumstances (Attach separate page if necessary)

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT IN AN EXEMPTION DENIAL, APPLICATION DENIAL, LICENSE REVOCATION, DECERTIFICATION, RESCISSION OF APPROVAL, OR EXCLUSION FROM A LICENSED FACILITY, CERTIFIED FAMILY HOME, OR THE HOME OF A RESOURCE FAMILY, OR TRIBALLY APPROVED HOME.

Licensed Facility, Certified Family Home, or Resource Family Name: Koinonia Family Services		Facility Number:
Your Name (Print Clearly):		
Your Address (Street, City, State, Zip): Street address City State Zip		
Social Security Number: *(See Privacy Statement on Page 3)*	Driver's License Number/State:	Date of Birth:

V. DECLARATION

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct to the best of my knowledge.

*Signature:*_____ *Date:*_____

If you have any questions about this form, please contact your local licensing regional office or approval agency.

INSTRUCTIONS TO LICENSEES ONLY:
If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

INSTRUCTIONS TO REGIONAL OFFICES AND FOSTER FAMILY AGENCIES:
If the person discloses that they have lived in another state within the last five (5) years, send this form to the Care Provider Management Bureau, 744 P Street, MS T9-15-62, Sacramento, CA 95814.

PRIVACY NOTICE

As Required by Civil Code § 1798.17

Collection and Use of Personal Information: The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) and the Care Provider Management Branch (CPMB) in the California Department of Social Services (CDSS) collects the information requested on this form as authorized by Penal Code sections 11100-11112; Health and Safety Code sections 1522, 1522.1, 1569.10-1569.24, 1596.80-1596.879; Family Code sections 8700-8720; Welfare and Institutions Code sections 16500-16523.1; and other state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled, or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information: All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request. Notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

Access to Your Information: You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information: In order to be licensed, work at, or be present at, a licensed facility/organization, or be placed on a registry administered by the Department, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including personal information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.).

IMPORTANT INFORMATION

Under the California Public Records Act (Government Code section 7920.000 et seq.), the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters (news media).

In addition, the Department is required to tell people who ask, including the news media, if someone in a licensed facility/ organization has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption. This does not apply to Resource Family Homes, Small Family Child Care Homes, or the Home Care Aide Registry. The Department shall not release any information regarding Home Care Aides in response to a Public Records Act request, other than their Home Care Aide number.

The information you provide may also be disclosed in the following circumstances:

- To other persons or agencies where disclosure is necessary for them to perform their legal duties, and their use of your information is compatible and complies with the law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

QUESTIONS ABOUT NOTICE AND RECORD INFORMATION

For questions about this notice, CDSS programs, and the authorized use of your criminal history information, please contact your local licensing regional office. Regional offices can be found by visiting the Community Care Licensing Division (https://cdss.ca.gov/inforesources/community-care-licensing) and choosing the appropriate option under Quick Links - Regional Contacts.

For further questions about this notice or your criminal records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at: https://www.fbi.gov/services/cjis/identity-history-summary-checks.

FEDERAL PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Noncriminal Justice Applicant's Privacy Rights: As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.[2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.[3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) You can find additional information on the FBI website at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

1 Written notification includes electronic notification but excludes oral notification.
2 https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
3 See 28 CFR § 50.12(b)
4 See U.S.C. § 552a(b); 28 U.S.C. § 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

Policy & Procedures Memo

To: RFA Staff, Applicants and Resource Parents
From: Jared Raddigan, Executive Director
Date: December 5, 2025
Re: RFA Complaint Policy & Procedures
Version: 1.09 **Last review date:** December 5, 2025

The agency strives to exercise fairness, impartiality and accountability in its endeavors to resolve complaints. If resource families have a complaint they wish to resolve, they may proceed with the following options:

1. Contact and discuss the problem with your Koinonia social worker. If this is not resolved to your satisfaction, then;
2. Contact and discuss the problem with the District Administrator or Supervising Social Worker. If this is not resolved to your satisfaction, then;
3. Contact and discuss the problem with the Program Director. If this is not resolved to your satisfaction, then;
4. Contact and discuss the problem with the Executive Director. If this is not resolved to your satisfaction, then;
5. Contact the Community Care Licensing representative.

Community Care Licensing:

Bakersfield/Gardena/Lancaster - 1000 Corporate Center Drive, Suite 200A, MS 31-08,
Monterey Park, CA 91754, 323.981.3300
Tustin - 770 The City Drive, Suite 7100, MS 29-28, Orange, CA 92868, 714.703.2840
San Bernardino/Temecula - 3737 Main Street, Suite 600, MS 29-26, Riverside, CA 92501, 951.782.4207
San Diego - 7575 Metropolitan Drive, Suite 109, MS 29-06, San Diego, CA 92108, 619.767.2300
Fresno/Modesto - 1314 East Shaw Avenue, MS 29-02, Fresno, CA 93710, 559.243.8080
Loomis - 2525 Natomas Park Drive, Suite 260, MS 19-36, Sacramento, CA 95833, 916.263.2000

State Foster Care Ombudsman:

744 P Street, MS 9-025, Sacramento, CA 95814, 877.846.1602 or fosteryouthhelp@dss.ca.gov

Koinonia Family Services:

Central Region - 406 Motor City Court, Suite F, Modesto, CA 95356, 209.577.3737

Northern Region - 3725 Taylor Road, Suite 1, Loomis, CA 95650, 916.652.5814

Southern Region - 1225 W. 190th Street, Suite 255, Gardena, CA 90248, 310.217.0930

Koinonia Family Services will acknowledge receipt of and/or respond to non-health and safety-related complaints within 72 hours or three (3) business days of receipt. If the matter is regarding an alleged violation of statute or regulation, Koinonia must consult with and seek direction from the appropriate county and or state personnel regarding timelines, responsibilities, direction, and agency limitations. If so directed by county or state oversight, Koinonia will either: 1) conduct further investigation, discussion, analysis, and response with the initiator of the complaint and related parties, or 2) await further action by and direction from county and state oversight. All complaints will be addressed and completed as soon as possible within the goal of ten (10) business days of receipt. If more time is warranted or necessary to properly address the situation, Koinonia will notify all necessary parties of the extension and will give an approximation of time required.

I have read, understood and had explained to me any questions I had regarding the above policy and procedures.

_____

Applicant/Resource Parent Name (please print)

_____ _____

Applicant/Resource Parent Signature Date

_____

Applicant/Resource Parent Name (please print)

_____ _____

Applicant/Resource Parent Signature Date

Policy & Procedures Memo

To:	All Koinonia Resource Parents or Resource Parent Applicants		
From:	Jared Raddigan, Executive Director		
Date:	September 25, 2025		
Re:	Denial or Rescission of Resource Family Approval Policy & Procedures		
Version:	1.00	**Review date:**	N/A

Purpose

To establish clear guidelines for when Koinonia Family Services may deny an application for Resource Family Approval (RFA) or rescind an existing approval, in compliance with California Department of Social Services (CDSS) regulations, Foster Family Agency Interim Licensing Standards, other laws or company policies, as applicable.

Policy Statement

Koinonia evaluates all applicants and Resource Families on a nondiscriminatory basis and will deny or rescind approval when necessary to protect the health, safety, and well-being of children and nonminor dependents, when required by law or directive from CDSS, or when deemed appropriate by the agency.

Reasons for Denial or Rescission

Koinonia may deny an application or rescind approval of a Resource Family for any of the following:

1. **Legal and Regulatory Violations**
    - Violation of any applicable law or FFA Interim Licensing Standards.
    - Aiding, abetting, or permitting such violations.

2. **Risk to Child Safety**
    - Conduct that poses a risk or threat to the health, safety, or well-being of a child, nonminor dependent, or others.

3. **Criminal Convictions and Clearances**
    - Conviction of crimes as defined in Health and Safety Code §1522.
    - Failure to obtain or maintain criminal record clearance or exemption.

4. **Fraudulent or Misleading Conduct**
    - False or misleading statements made to Koinonia or CDSS to obtain or maintain approval.

- Acts of financial malfeasance, including misuse or misappropriation of funds or property.

5. **Failure to Meet Standards or Requirements**
    - Failure to meet application requirements or Resource Family qualifications.
    - Inability to provide adequate references.
    - Refusal to participate in required interviews.
    - Failure to complete pre-approval, ongoing, or specialized training (including CPR/First Aid).
    - Failure to meet home environment assessment standards.
    - Family evaluation results indicating inability to provide reasonable and prudent parenting.
    - Failure to cooperate with the approval process, approval update, or agency requirements.

6. **Character and Conduct Concerns**
    - Conduct indicating the individual is not of reputable or responsible character.

7. **Departmental Action**
    - CDSS orders denial or rescission.
    - Exclusion of an individual from presence in any Resource Family home.
    - Denial or rescission of a criminal record exemption.

Non-Discrimination

Koinonia shall not deny or rescind approval based on:

- Age, sex, race, ethnicity, religion, color, political affiliation, national origin, disability, marital status, gender identity or expression, sexual orientation, medical condition, genetic information, citizenship, primary language, immigration status, or ancestry.
- Applicant's reliance on foster care funding to meet household expenses.
- Applicant's permanency preference (adoption, guardianship, relative placement).
- Certain unfounded or inconclusive child abuse/neglect allegations (unless upheld).

Resolution of Concerns

- Koinonia shall make reasonable efforts to resolve areas of concern prior to denial or rescission, including identifying supports or services that may help the applicant or family meet approval requirements.
- For Indian children, Koinonia shall collaborate with the child's Tribe to ensure prevailing social and cultural standards are considered before denial or rescission.

Documentation and Grievance Process

- All denials and rescissions will be documented in the case record.
- Applicants and Resource Families have the right to submit a grievance if they are not in agreement with Koinonia's decision.
- Individuals subject to denial or rescission will be notified in writing of the decision.

I have read and fully understand this policy regarding the denial or rescission of Resource Family Approval. I acknowledge that Koinonia may deny or rescind approval for the reasons outlined in this document, which are in place to ensure the health, safety, and well-being of children. I also understand that I have the right to a grievance process if I disagree with the agency's decision.

_____ _____

Resource Parent/Applicant Signature Date

_____ _____

Resource Parent/Applicant Signature Date

Medication Administration and Monitoring Policy & Procedures

Purpose of the Policy

Koinonia Family Services affirms all children/youth/NMDs (nonminor dependents) served have the right to safe care, active involvement, and decision making regarding the use of medications, including the safe management of medications in their environment. Koinonia has a duty to provide all staff and caregivers with guidelines to enable safe medication management and administration.

Medication policies and procedures shall comply with federal, state, local, licensure, regulatory, and accreditation requirements. The implementation of this policy is intended to minimize and address errors in the control and administration of medication. Koinonia does not prescribe or dispense medication.

Principles Underpinning the Safe Use of Medication

1. Children/youth/NMDs, and women of childbearing age or who are currently pregnant, have the right to safe care and appropriate information of the benefits and risks associated with any medication therapy in order to promote the best possible recovery and desired outcomes. The means of this active involvement and decision-making regarding medication use is supported through attending medication appointments, obtaining feedback and documenting the desired, expected or unexpected, effects of medications. The communication between persons served, family members, caregivers, guardians, Persons Legally Responsible (PLR) and prescribing physicians shall be carried out as part of the individualized needs and services plan of the child/youth/NMD.

2. Caregivers must be provided with information relating to a child's/youth's/NMD's medication requirements prior to entering the care setting.

3. Those responsible for the care of children/youth/NMDs must act reasonably to avoid any foreseeable risk of injury or harm.

4. Koinonia staff and caregivers share responsibility for providing the best care possible to children/youth/NMDs placed in Koinonia's care.

5. In the event of any uncertainty regarding medication administration, the caregiver is required to consult with the child's/youth's/NMD's PLR and/or guardian, their medical practitioner, or another qualified health professional prior to administering the medication.

Training and Education Regarding Medication

Koinonia staff and caregivers will receive an initial training (within 60 days). Annual training will be provided to all staff. Ongoing training on policies and procedures for medication administration will be assigned annually to staff of residential facilities (STRTP, CRC, and BHP). Training on policies and procedures for medication administration will be required (a maximum of once a year) for resource parents and Special Health Care Needs

caregivers if a medication record for a child/youth/NMD is uploaded to FAST. All staff and caregiver training will be documented in FAST and Relias and tracked to ensure required annual training occurs and is completed. In addition, training regarding the administration of medication will be provided to the person served and family members or others identified by the person served, as needed. Koinonia staff and caregivers must feel confident in their understanding and ability to administer medication to children/youth/NMDs in their care. Koinonia staff and caregivers must understand the limits of their authorization and how to administer medication effectively.

Staff and caregivers must follow the instructions of the pharmacist applicable to the specific prescribed medications, including:

- The purpose of the medication
- The benefits and potential risks associated with medication
- Contraindications and potential drug reactions when combining prescription and nonprescription medications
- PRN medication
- Alternative medication or supplement
- Side-effects
- What to do in the event of missed doses and other medication errors
- How the medication relates to diet and exercise
- The importance of taking medication as prescribed
- The need for laboratory studies, tests, or other monitoring procedures
- Monitoring for expected, unexpected or desired outcomes, adverse reactions or early signs that medication efficacy is diminishing
- Signs of nonadherence to medication prescriptions and identification of obstacles to adherence
- Instructions on self-administration, when applicable
- The expected course of use of medication, including discontinuation
- The availability of financial supports and resources to assist the persons served to obtain needed medication
- How the person served can obtain medication to promote the desired treatment service outcomes
- What to do in the event there is a question or concern about a medication the person served is taking or has been prescribed
- The telephone number(s) for the Poison Control Center will be readily accessible to staff and caregivers, as well as to the children/youth/NMDs served

Training may be conducted by a medical practitioner, community health nurse, pharmacist or health professional to support staff and caregivers with the education and skills necessary to administer medication.

Resource parents who receive placements of children/youth/NMDs with special health care needs must complete additional training provided by the child's/youth's/NMD's health care professional, as required by the child's/youth's/NMD's individualized healthcare plan.

If staff or resource parents have missed the routine Medication Management Training, Koinonia will follow up within the prescribed deadline to ensure the annual training has been completed.

Best Practices for FFA and Residential Care

Storage of medication

All medications (including staff's, caregivers' and/or family members') will be stored in a lockable container or in a lockable cupboard designated to the storage of medicines and poisons. This will include:

- Prescription drugs

- Nonprescription drugs
- Topical treatments
- Vitamins, nutritional supplements and homeopathic remedies

All medications requiring refrigerated storage will be stored in a locked container within the refrigerator.

Children/Youth/NMDs who are self-administering as outlined in the child's/youth's/NMD's treatment plan must store their medication in a lockable container for which the child/youth/NMD and the staff or caregiver each have access. The container should be kept in a safe and accessible location. Where it is judged that allowing a child/youth/NMD to self-administer creates unacceptable risk to themselves or others, such as in residential facilities, the medication will be stored and administered in the same way as other medications.

Emergency medication (inhalers, EpiPens, injectables, etc.)

A child/youth/NMD who has a medical condition requiring the immediate availability of emergency medication may maintain the medication in their possession when:

- The prescriber/physician has ordered the medication and has determined that the child/youth/NMD is capable of determining their need for a dosage of the medication and the possession of the medication by the child/youth/NMD is safe.
- The prescriber's/physician's determination clearly indicates the dosage and quantity of medication that should be maintained by the child/youth/NMD.

An NMD may store emergency medication in their possession in a resource home, but a caregiver should ensure that such storage maintains the safety of other children/youth/NMDs in the home and ensure the emergency medication is stored properly by the NMD. A child/youth/NMD in a facility may maintain medication in their possession if CCLD has approved an exception request to 22 CCR sections 80075(k)(1) and 84075(b).

Injectable medication

If a child/youth/NMD requires an injectable medication, a Resource Family should ensure the following:

- Caregivers/staff shall assist children/youth as needed and NMDs upon request with the administration or self-administration of prescription medication injections.
- Caregivers/staff who have been trained to administer injections by a licensed health care professional may administer emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock to a minor child/youth/NMD.
- The prescriber's/physician's medical assessment contains documentation of the need for injectable medication.
- Sufficient amounts of medication, test equipment, syringes, needles, and other supplies should be maintained in the home/facility and stored properly.
- Syringes and needles are disposed of in a "container for sharps," and the container is kept inaccessible to children/youth/NMDs.
- Insulin and other injectable medications are kept in the original containers until the prescribed single dose is measured into a syringe for immediate injection.
- Pre-measured doses of insulin or other injectable medications are packaged in individual syringes prepared by a pharmacist or the manufacturer.
- Injectable medications that require refrigeration should be kept locked.

Facility care only

A child/youth/NMD may maintain the medication in their possession when CCLD has approved the facility's request for an exception to 22 CCR sections 80075(k)(1) and 84075(b).

If a child/youth/NMD in a facility requires an injectable medication, the facility must ensure the following:

- If the child/youth/NMD is unable to self-administer an injection, a licensed health care professional must administer the injection to the child/youth/NMD.
- In the event of an emergency, a staff member who has been trained to administer injections by a licensed health care professional may administer emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock to a child/youth/NMD.
- The prescriber's/physician's medical assessment contains documentation of the need for injectable medication.
- Only the child/youth/NMD or a licensed health care professional can mix medication to be injected or fill the syringe with the prescribed dose.

Child/Youth/NMD arrives with prescription medication

Prescription medication must be prescribed by a licensed medical practitioner. Medication must be given only to the child/youth/NMD for whom it has been prescribed from its original package and only in the prescribed dosage.

Prior to accepting placement, including placement changes from previous agencies, the following information must be provided to the caregiver by the placing agency representative:

- Details about the child/youth/NMD
- Prescription and over-the-counter medication consent by the PLR for the child/youth/NMD
- Reason the medication is being used
- Proper dosage instructions
- Allergies, including allergies or adverse reactions to any medication
- Sensitivities the child/youth/NMD experiences
- Special dietary needs and restrictions with medication use
- Effectiveness of current and past medications
- Side-effects of current or past medications
- Identification of alcohol, tobacco and other drug use
- Identification of potential biohazards associated with administering medication in order to establish proper handling and disposal of such biohazardous material
- Name and contact details of the child's/youth's/NMD's primary care physician, specialist physician, pharmacist, local after-hours medical service, and the emergency department of the local hospital
- A Medication Transfer Sheet/Release of Responsibility form will be completed documenting the medications received with dosage, instructions, quantity, prescriber, and signatures of all parties releasing and receiving the medications
- When a child/youth/NMD is discharged from Koinonia, the above listed information will be provided to the next caregiver with accompanying consents, medications and Medication Transfer Sheet/Release of Responsibility form
- Prescription medication no longer needed must NOT be transferred to the next caregiver. It must be destroyed and documented on the Medication Disposal Form
-

PRN (nonprescription/over-the-counter) medication

The PLR must authorize and be notified of any medication provided. Any PRN (nonprescription or over-the-counter) medication must be administered only for the purpose indicated by the manufacturer on the label of the medication, as prescribed, or as recommended in writing by a licensed medical practitioner. Koinonia will obtain documented consent through the Authorization to Consent to Treatment of Minor and PRN Authorization (Pages 1 & 2) forms.

PRN medication may **not** be administered without approval from the attending physician and consent of the legally responsible entity in order to avoid possible contraindications with other prescribed medications. When a PLR administers an **approved** PRN (over-the-counter) medication, it must be recorded on the Monthly Medication Record.

A copy of the treating orders from the physician, medication consents, and notifications from the legally responsible entity will be kept in the child's/youth's/NMD's file.

Documentation of medication

All placements, programs, and home visits where medication will be administered, contractual medication consent form(s), monthly medication administration record(s) and a Medication Transfer Sheet/Release of Responsibility form must be established, provided and maintained for each medication administered to a child/youth/NMD at the time of placement.

The corresponding monthly medication administration record(s) will be completed according to the physician's orders, PLR/guardian consent forms, and pharmacy labels as instructed on the form for each occasion that any type of medication, prescription or over-the-counter, is administered or self-administered. For self-administered medications such as inhalers or epinephrine pens, verification from the child/youth/NMD should be obtained and documented on the medication administration record. The medication administration record(s) will include:

- Initials of the staff or caregiver and time/date when medication is observed properly taken (i.e., not cheeked or saved/stockpiled by the child/youth/NMD)
- Documentation if the medication was refused, discontinued, not administered, or on order
- Documentation of any medication error with applicable error code and explained below on the form
- Documentation of medication effects (desired, expected or unexpected effect)
- Documentation of effectiveness of medication, any side effects, allergies, adverse reactions or abnormal involuntary movements especially with antipsychotic medications
- The patient prescription information (printout provided by the pharmacy) for each medication should be kept with the Monthly Medication Record

The medication administration record(s) should be stored in the same secure location as the medication, such as a locked cupboard or container that stores the medication, or in the locked file which contains the child's/youth's/NMD's HIPAA protected notes.

Upon its completion, the medication administration records (including all records from respite, school, school program[s], or home passes/visits), internal handling forms and documentation of any physician overrides and notes must be provided to the Koinonia social worker.

The completed medication administration record(s) including the medication reactions, and any medication errors and accompanying written notification or incident reports, medication consent form(s) and Medication Transfer Sheet/Release of Responsibility forms will be kept in each child's/youth's/NMD's file.

Administration of medication

Prescription medication must only be administered to the person for whom the medication is prescribed according to physician's instructions AND the PLR's and/or guardian's consent(s).

When instruction and permission allow for the administration of new/additional non-prescribed medication, the correct dosage as stated on the original packaging must be administered according to age and weight guidelines unless there is a written override by the physician.

Medication must never be administered without the original prescription doses on the correct packaging. There are a number of medications that will also have the prescribed dose on the bottle or container, as well as on the box or outer packaging.

Medications are to be administered to one child/youth/NMD at a time. When administering medications, focus on one youth at a time. Ensure the first youth has successfully taken their medication before retrieving or preparing medication for any other youth. Medications should never be left unsecured or unattended on counters or other surfaces while attending to a different individual.

Check that the correct child's/youth's/NMD's name is on the packaging.

Check the expiration date of the medication on the label of the container, especially for PRN medications.

Place the medication in the appropriate administering container – tablets should not be handled by hand unless gloves are used, and a graduated measure must be used for liquids.

Recheck the medication in the administering container against the medication record before administering. The medication administration record(s) should be checked against the physician's orders, the PLR's and/or guardian's authorization, the medication label, and the blister pack or other administering unit that has been provided by the pharmacist. The information must correspond in all of the above places. If the information does not correspond, do not administer the medication; return it to the pharmacist.

Supervise the child/youth/NMD to verify the medication was properly taken and not concealed in the mouth. (Finger sweeps will not be performed on any child/youth/NMD.)

For medication administered associated with biohazards including items contaminated with blood or other bodily fluids such as needles, gloves, bandages etc., utmost care must be taken to avoid contamination of individuals and the household. Proper disposal units will be procured for each placement where such medication administration takes place.

Medication is refilled

Staff and caregivers will routinely monitor inventory of medications and the number of times a prescription can be refilled before a new prescription must be obtained from the prescribing physician. Staff and caregivers will notify appropriate person(s) or schedule appointments with the prescribing physician in order to provide stable, routine medication management and avoid any foreseeable lapse in medication. When possible, coordination with the primary care physician will occur.

For all new medications prescribed, the prescription must be filled and administered within 3 days of the written prescription.

When a limited supply of medication remains (this should be no less than 3 days), caregivers must notify the pharmacy for a refill of prescription.

If a medication is unable to be refilled due to insurance authorization and the child/youth/NMD is therefore unable to take the next dose of medication, the PLR/guardian will be contacted and advised. The caregiver or PLR/guardian will obtain instructions from the doctor who prescribed the medication. If the prescribing physician deems a detriment to the child/youth/NMD having a lapse in a medication, considerations will be made regarding available resources to purchase medication.

If a pharmacy has limited quantities of prescribed medications, the social worker and resource parents will take the limited quantities on hand to ensure medication is administered timely and routinely and then follow up with the pharmacy within 48 to 72 hours to ensure the medication refill can be completed.

If the pharmacist is not available to refill the medication and the child/youth/NMD is, therefore, not able to take the next dose of medication, another pharmacist should be contacted to obtain an emergency supply of medication. In this case, the PLR/guardian will be contacted and advised. The caregiver or PLR/guardian will obtain instructions from the doctor who prescribed the medication.

All instructions from the physician must be in writing, signed by the physician, and must be followed. If after hours and the physician is unavailable, the emergency department of the local hospital or an after-hours medical service must be contacted.

Medication needs to be destroyed (for any reason)

Prescription medication no longer needed must NOT be transferred to the next placement. It must be destroyed and documented on the Medication Disposal Form (maintain record for at least 1 year).

Medication expires or needs to be disposed of

Once a medication has been discontinued by the physician, the caregiver will inform Koinonia. Documentation of a discontinued medication will be noted on the Monthly Medication Log. The assigned caregiver will make arrangements for the proper disposal of the medication, including biohazard materials in accordance with local regulations. The transfer of medications to be disposed of will be documented on the Medication Disposal Form and signed off by the caregiver and the staff as a witness. A copy of the Medication Disposal Form will be kept in the child's/youth's/NMD's file.

Koinonia staff will dispose of discontinued or expired medications through medicine disposal programs if available (such as pharmacies and police or fire stations), services through local trash services including biohazard materials, or by throwing them away after being removed from their original containers and mixed with unpalatable substances such as kitty litter or coffee grounds and placed in a sealable bag. Child/Youth/NMD information will be scratched out on original packaging or made unreadable before disposal. The final disposal will also be documented on the Medication Disposal Form.

For medications administered associated with biohazards including items contaminated with blood or other bodily fluids such as needles, gloves, bandages etc., utmost care must be taken to avoid contamination of individuals and the household. Proper disposal units will be procured for each placement where such medication administration takes place.
A copy of the Medication Disposal Form will also be kept with the Monthly Medication Log in the resource home.

Medication is permanently discontinued

Written documentation is needed if the medication was discontinued.

Child/Youth/NMD missed or refused medications

Children/Youth/NMDs have the legal right to refuse medications without punitive actions being taken against them. They cannot be required to take medications, be made to feel fearful for not taking medications, or be threatened with retribution if they do not comply with taking their medications. Koinonia supports these rights, the decision making and the active involvement of the persons served and/or family members, when appropriate, regarding the use of medication. Koinonia will help facilitate this process through communication and documentation between the persons served, caregivers, PLRs and the prescribing physician.

If a child/youth/NMD refuses to take medication, the staff or caregiver should:

- Assure the child/youth/NMD it is okay to refuse the medication.
- Talk with them about the reason why he or she may benefit from the medication and seek the child's/youth's/NMD's "buy-in."

Wait 15 minutes and offer the medication again and every 10-15 minutes thereafter for up to one hour. If they still refuse the medication, the following steps should be made:

- Contact the Koinonia social worker immediately for child/youth/NMD in a Koinonia placement.
- Immediately contact the child's/youth's/NMD's PLR and/or guardian verbally within 24 hours and in writing within 2 working days (this may be done by the Koinonia social worker).
- If there is reason to believe that any delay in medicating the child, youth or NMD will cause acute symptoms unless the medication is taken, secure medical assistance immediately and then contact the Koinonia social worker and/or the PLR/guardian as described above.
- The Koinonia social worker will inform the child's/youth's/NMD's PLR and/or guardian and physician of the child's/youth's/NMD's refusal to take the medication and follow advice/instructions given by the physician. A note will be placed in the child's/youth's/NMD's file detailing the physician's advice and the actions taken.

Child/Youth/NMD experiences side effects from a medication

Careful monitoring of effectiveness of medication (desired, expected, or unexpected) including side effects, allergies, any adverse reactions of medications or abnormal involuntary movements specifically with antipsychotic medications will be made by the assigned caregiver and reported on the medication administration record. In the event of a minor reaction to medication, the following must take place:

- The child's/youth's/NMD's PLR and/or guardian must be notified.
- The child's/youth's/NMD's physician must be notified.
- Document the reactions reported by the child/youth/NMD or observed by the caregiver.

In the event of an adverse or severe reaction to a particular medication, the following must take place:

- If a child/youth/NMD is in a Koinonia placement, the Koinonia social worker must be contacted.
- The child's/youth's/NMD's PLR and/or guardian must be notified verbally within 24 hours and in writing within 2 working days (this may be done by the Koinonia social worker).
- The child's/youth's/NMD's physician or pharmacist must be notified. The physician may order necessary laboratory studies, tests, or require other monitoring procedures.
- If the physician or pharmacist is not available, immediate contact must be made with the emergency department of the local hospital or after-hours medical service. Telephone numbers of the Poison Control Center will be readily accessible for staff and caregivers as well as children/youth/NMDs served.
- Document the reactions reported by the child/youth/NMD or observed by the caregiver or staff on the medication administration record including abnormal and involuntary movements (this may be done on the back of the medication record).
- The Koinonia social worker must report the incident to the District Administrator and/or Program Director.
- Koinonia staff must document any severe reaction to medication in an Incident Report within 24 hours.

Children/Youth/NMDs must always be observed for a short time after taking medication for any adverse effects of medication. If any adverse reactions are observed, these should be carefully documented and reported to the medical service or physician who attends to the child/youth/NMD.

Concern of alcohol/drug use while taking medication

If there is suspicion that a child/youth/NMD has consumed alcohol or other medications/drugs, do not administer any medication prior to receiving written advice or instruction from a physician, an after-hours medical service, or the emergency department of the local hospital and the child's/youth's/NMD's caregiver or PLR.

Any concern regarding possible overdose or poisoning of a child/youth/NMD must receive immediate medical attention by calling 911, and the PLR must be contacted immediately.

Medications are transferred for home visits, outings, etc.

Medication must remain in the original packaging with its original unaltered label as supplied by the pharmacist or accompanied by written administration changes as supplied by the prescribing physician. A duplicate empty prescription bottle may be obtained through the pharmacy for medication administration outside the home.

Medication labels must match the physician's orders as well as the PLR consent to ensure there are no discrepancies and the child/youth/NMD is receiving the correct medication as prescribed by the physician and approved by the PLR.

Medication must be under the direct control of the staff or caregiver during transportation until it is safely secured by another caregiver. Although not required as policy, suggested practice would be to transport medications and pertinent medication administration documentation in a lockable container.

Medication consent form(s) and Monthly Medication Record(s) will be accompanied with all medications for children/youth/NMDs entering any respite, home visit, facility or program where medication will be administered.

A Medication Transfer Sheet/Release of Responsibility form will be completed in its entirety when transferring medication to another agency or placement. One of the intents of a Medication Transfer Sheet/Release of Responsibility form is to reduce the risk of medications being diverted - transferring medications to someone other than the intended recipient for use or distribution. The medication name, instructions, quantity, prescriber and signatures of release and receipt must be included.

The Medication Transfer Sheet/Release of Responsibility form will also be completed in its entirety for all respite, home visits, school or other programs where medication(s) will be administered and completed upon return to Koinonia. Medication name, instructions, quantity, prescriber and signatures of release and receipt must be included.

If the original packaging or label is lost or destroyed, the medication must not be administered until a new label can be obtained from the dispensing pharmacy.

Alternative caregivers

A Medication Transfer Sheet/Release of Responsibility form will be completed in its entirety for all respite, home visits, schools or other programs where medication(s) will be administered and completed upon return to Koinonia. Medication name, instructions, quantity, prescriber and signatures of release and receipt must be included.

If there is an error in medication administration

According to reporting guidelines for medication errors with the following definition from the U.S. Pharmacopoeia, a medication error is any preventable event that may cause or lead to inappropriate medication use or client harm while the medication is in the control of the healthcare professional, client, or consumer. Such events may be related to professional practice, healthcare products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; administering; distribution; administration; education; monitoring; and use (U.S. Pharmacopoeia, 1997). Examples of medication errors include:
Prescribing Error = Incorrect drug selection (based on indication, contraindications, known allergies, existing drug therapy and other factors), dose, dosage form, quantity, route, concentration, the rate of administration, or instructions for use of a drug product ordered or authorized by a physician (or other legitimate prescriber); illegible prescriptions or medication orders that lead to errors that reach the recipient.

Omission or Missed Dose Error = The failure to administer an ordered dose to the recipient before the next scheduled dose, if any.

Wrong Time Error = Administration of medication outside a predefined time interval from its scheduled administration time (medication should be given within plus or minus one hour of time ordered).

Unauthorized Drug Error = Administration to the recipient of medication not authorized by a legitimate prescriber for the recipient.

Improper/Wrong Dose Error = Administration to the recipient of a dose that is greater or less than the amount ordered by the prescriber or administration of duplicate doses to the recipient; e.g., one or more dosage units in addition to those that were ordered.

Deteriorated Drug Error = Administration of a drug that has expired or for which the physical or chemical dosage-form integrity has been compromised.

Pharmacy Error = An error made by the pharmacy; e.g., the wrong medication or dosage is prescribed.

Transcription Error = The prescription does not match the medication on the Medication Administration Record.

Documentation Error = An error made regarding documentation; e.g., administering the medication but staff failing to initial the Medication Log.

Consent Administration Error = Administering medications without legal consent.

Medication Location Error = Finding the child's/youth's/NMD's medication in an inappropriate area; e.g., in the child's/youth's/NMD's clothing, on the floor, packaged with a meal, in a non-secure area, in an unmarked open container or dish, or mixed together in a container, etc.

Medication Supply Error = Failing to ensure that an adequate supply of medication is available or new prescriptions are obtained within a reasonable time.

Prior Authorization Error = Inability to obtain prior authorization from third party payer.

Obtaining Consent Error = Inability to obtain legal consent.

Security/Storage Error = Security/storage safeguards are not followed.

Client Refusal = Failure to provide medication because of the refusal of the child/youth/NMD to take the medication.

Other Medication Error = Any medication error that does not fall into one of the above predefined categories.

Overdose and poisoning can occur accidentally or as a deliberate attempt to self-harm. Vigilance regarding the storage and administration of all medications is necessary to minimize the risk of harm to the child/youth/NMD and any other person.

If the caregiver makes a mistake in administering the medication or notices a mistake in self-medication (i.e., dosage error), the following instructions must be followed:

- For children/youth/NMDs in a Koinonia placement, the assigned staff or caregiver must immediately notify the Koinonia social worker of any severe reactions or medication errors.
- The child's/youth's/NMD's PLR/guardian must be notified verbally within 24 hours and in writing within 2 working days (this may be done by the Koinonia social worker).
- The Koinonia social worker must report the incident to the District Administrator and/or Program Director.
- Inform the physician immediately and follow the physician's instructions. Where the physician's instructions involve a change to the original medication schedule, the instructions from the physician must be in writing, even if verbal instructions have been given over the phone.
- If the physician cannot be contacted, another physician, the emergency department of the local hospital, or an after-hours medical service must be contacted.
- The assigned staff or caregiver must document the severe reaction or medication error on the medication administration record.
- Koinonia staff must document all medication errors.
- Koinonia is responsible for providing written notification to CCL for medication administration errors and every medication management incident or reaction, if it results in any adverse health effects for the child/youth/NMD.

A Koinonia representative will review the Monthly Medication Log on a monthly basis to ensure the administration of medications are recorded properly and to identify and address any medication errors.

A copy of the Monthly Medication Log will be kept in the child's/youth's/NMD's file(s).

Child/Youth/NMD transfers, leaves medication behind when they have left the resource home, leaves medication behind after discharge or AWOL, or dies

- Ensure that all medications, including PRN medications, go with the child/youth/NMD whenever possible.
- Document when medication is transferred with the child/youth/NMD.
- Account for the quantity of medication being transferred.
- Obtain the signature of the person accepting the medication (i.e., the authorized representative).
- If the child/youth/NMD is AWOL, their medication should be retained until they are discharged.
- Destroy medications if the child/youth/NMD dies.

Psychotropic medication

Psychotropic medication cannot be initiated or changed without the consent of the PLR and/or the presence of a JV-220. For more information regarding psychotropic medication, please review the Psychotropic Medication Policy & Procedures.

Policy & Procedures Memo

To: CA FFA Staff
From: Sandy Arguello, Interim Executive Director
Date: August 15, 2025
Re: Psychotropic Medications Policy
Version: 1.01 **Review date:** N/A

POLICY PURPOSE
Koinonia Family Services is committed to the safe and effective use of psychotropic medications on the treatment of mental health conditions. This policy outlines the guidelines, procedures, and responsibilities related to the management of psychotropic medications within our programs. Koinonia has a duty to provide all staff and caregivers with guidelines to enable safe medication management and administration. Medication policies and procedures shall comply with federal, state, local, licensure, regulatory, and accreditation requirements. Koinonia does not prescribe or dispense medication.

SPECIAL CONSIDERATIONS FOR PSYCHOTROPIC MEDICATIONS
Psychotropic medications are medications prescribed to affect the central nervous system to treat psychiatric disorders or illnesses. These medications may include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, hypnotics, and psychostimulants. As a chemical substance designed to affect the central nervous system, psychotropic medications affect the brain and have the potential to change a child's/youth's/nonminor dependent's (NMD's) perception, mood, consciousness, cognition, and/or behavior. For these reasons, psychotropic medications must be treated with special consideration.

Resource Family home training must include training on the authorization, uses, risks, benefits, assistance with self-administration, oversight, and monitoring of psychotropic medications, trauma, and substance use disorder and mental health treatments, including how to access those treatments. Psychotropic medication shall be used only in accordance with the written directions of the prescribing physician and as authorized by the juvenile court. In California, a juvenile court must authorize the administration of a psychotropic medication for a minor child/youth/NMD.

The process begins when the social worker submits the completed Application Regarding Psychotropic Medication (JV-220) form to the juvenile court on behalf of the child/youth. The court order authorizing psychotropic medication is the Order on Application for Psychotropic Medication (JV-223). The social worker will provide the JV-223 to the FFA and/or Resource Family, who must retain a copy in order to assist a child/youth/NMD with the administration or self-administration of a psychotropic medication. In addition to the JV-223, the Resource Family shall also maintain a separate log for each medication prescribed for each child/youth/NMD. The child's/youth's/NMD's name, medication name, the date prescribed, dosage, number of refills, the date and time each dose is taken should be included in the log.

PSYCHOTROPIC MEDICATION SCENARIOS
What follows are some specific scenarios to consider when providing care to children/youth/NMDs with psychotropic medication needs. Most of the guidance described in this document applies to all medications. But additional considerations are warranted for children/youth/NMDs taking psychotropic medication. The "What to do" guidance provides recommendations that constitute good practice. If

you have questions regarding any of these scenarios, or if you need any further clarification, please contact your Koinonia Social Worker.

Scenario:	**What to do:**
Accepting a child/youth/NMD who currently has a prescription for or is currently taking a psychotropic medication and is a dependent or ward of the court	• Ask the authorized representative if the child/youth/NMD is currently taking any psychotropic medications. • Discuss what the prescribed medications are with the child/youth/NMD. • Ask for the JV-223 if the child/youth/NMD is taking a psychotropic medication. • The county social worker shall provide the JV-223 to the FFA, foster parent or Resource Family.
Accepting a child/youth/NMD who currently has a prescription for a psychotropic medication who is not a ward or dependent of the court	• Request the contact information for the new child/youth/NMD current psychiatrist, a copy of a current prescription with administering instructions, and the parents' or guardian's consent for continued treatment of the child/youth/NMD. • Discuss what the prescribed medications are with the child/youth/NMD.
Child/Youth/NMD refuses to take their medication as prescribed during a medication time	• Never force a child/youth/NMD to take any medication. • Discipline based on a child's/youth's/NMD's refusal to take their medication is not appropriate. • Document the specific reason(s) why the child/youth/NMD is refusing the medication. The Resource Family may utilize proactive strategies such as: ▪ Ask the child/youth/NMD why they are refusing. ▪ Allow the child/youth/NMD some time to rethink their decision before asking them again if they would like to take the medication. ▪ Support the child/youth/NMD in seeking out information and guidance from a licensed health care professional about their concerns with taking the medication. • Consult with the child's/youth's/NMD's social worker or probation officer and/or the child's/youth's/NMD's clinical treatment team about appropriate actions to take regarding the refusal. The prescriber/physician and clinical treatment team should take into consideration the specific medication refused. • Notify the attending prescriber/physician immediately. A refused medication should be documented in the child's/youth's/NMD's medication record and in the needs and service plan if this becomes a pattern. • Notify the authorized representative, as appropriate. • Report a child's/youth's/NMD's refusal to take a medication to the FFA or the social worker if it threatens the physical or emotional health or safety of any person residing in the home.

Child/Youth/NMD refuses to take their medication as prescribed and states that they no longer want to be on medication	• Never force a child/youth/NMD to take any medication. • Discipline based on a child's/youth's/NMD's refusal to take their medication is not appropriate. • Consult with the child's/youth's/NMD's social worker or probation officer and/or the child's/youth's/NMD's clinical treatment team about appropriate immediately actions to take regarding the refusal. The prescriber/physician and clinical treatment team should take into consideration the specific medication refused. • Notify the attending prescriber/physician. A refused medication should be documented in child's/youth's/NMD's medication record. • Contact the child's/youth's/NMD's prescriber/physician and/or clinical treatment team in order to set up a medical appointment with the prescribing doctor to address the child's/youth's/NMD's concerns about no longer wanting to take the medication. • Notify the authorized representative, as appropriate. • Report a child's/youth's/NMD's refusal to take a medication to the FFA or the county social worker if it threatens the physical or emotional health or safety of any person residing in the home.
Child/Youth/NMD is prescribed Melatonin or Benadryl for behavioral or sleep support	• Court authorization is required.