

FOR YOUR INFORMATION

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Issue 19-33

Date: 11/26/19

Emergency Placements with Relatives/NREFMs: Additional TA/EW tasks related to CWS/CMS data entry, Resource Family Application 01 (RFA), and Caregiver Live Scan Letter

1. CSWs will complete CLETS, emergency CACI, CWS/CMS and Home Inspection as part of the Emergency Placement assessment with relatives/NREFMs as per existing procedures.
2. CSWs will submit the Placement Packet Request (PPR) for Emergency Placement in FCSS via the 280 and will document completion of the CLETS, CACI, CWS/CMS search accordingly.

Following is a screen shot of the **NEW** Section in FCSS where the CSW will document the Substitute Care Provider (SCP) and Other Adults Pre-Placement Background Checks:

Primary Substitute Care Provider			Date Requested	Date Completed	Secondary Substitute Care Provider			Date Requested	Date Completed
CLETS *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	CLETS *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency CACI *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Emergency CACI *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CWS/CMS Search *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	CWS/CMS Search *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Adults in Home						
Action	Last Name	First Name	DOB	Relationship to SCP	Date Requested	Date Completed
Save Cancel	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- Please Select --	CLETS: <input type="text"/> Emergency CACI: <input type="text"/> CWS/CMS Search: <input type="text"/>	CLETS: <input type="text"/> Emergency CACI: <input type="text"/> CWS/CMS Search: <input type="text"/>

The TA/EW will use the completed fields above to data enter in CWS/CMS per the following instructions:

1. Enter the date the CLETS, Emergency CACI, and CWS/CMS search were requested and received into the "Background Checks" Tab once the Emergency Placement Home has been created (see screen shot below):



If you have any questions regarding this release please e-mail your question to:

Policy@dcfs.lacounty.gov

(right click to open footer section and access link)

ID	Substitute Care Provider	Other Children	Other Adults	Char/Pref	License Info.	Comments	Special Projects	Payee	LA Payee	Hold Status	Background Check
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Background Information

	Name	Individual Type
1	John Smith	Substitute Care Provider

Individual Passed All Background Checks
Not to be completed by TA/EWs.

Background Checks

+	Background Check Type	Requested Date	Received Date
1	CLETS	11/26/2019	11/26/2019
2	Emergency CACI	11/26/2019	11/26/2019
3	CWS/CMS Search	11/26/2019	11/26/2019

Background Check Type: CWS/CMS Search
Requested Date: 11/26/2019
Received Date: 11/26/2019

Out of State Child Abuse Registry
Resided outside California in the last 5 years?

+	State	Registry	Status Date	Status

State: _____ Maintains Registry?: _____ Date Requested: _____
Date Received: _____ Status: _____ Status Date: _____

2. Enter the Secondary SCP and/or Other Adults in the home with the Relationship to the SCP in the OTHER ADULTS tab (see screen shot below):



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Other Adults

	Name	Type	Date
1	Bob Smith	Adult Living in Home	09/0

Name: **Bob Smith**

Other Adult Type

Adult Living in Home Adult with Significant Contact not Living in Home

Date of Birth: 09/01/1997

Gender: Male Female

Passed All Background Checks

Start Date: 09/04/2019

Description:

Bob Smith's Relationship to Substitute Care Providers

	SCP Name	Relationship
1	SMITH, EMILY	Cousin/Cousin (Maternal)

SCP Name: SMITH, EMILY

Relationship: **Cousin/Cousin (Maternal)**

3. Return to the Background Check Tab and enter the Background Checks information for the Secondary and Other Adults in the home (see screen shot below):



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ID	Substitute Care Provider	Other Children	Other Adults	Char/Pref	License Info.	Comments	Special Projects	Payee	LA Payee	Hold Status	Background Check
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Background Information

	Name	Individual Type
1	Bob Smith	Other Adult in Home
2	EMILY SMITH	Substitute Care Provider

Individual Passed All Background Checks
 Not to be completed by TA/EWs.

Background Checks

	Background Check Type	Requested Date	Received Date
1	CLETS	11/26/2019	11/26/2019
2	Emergency CACI	11/26/2019	11/26/2019
3	CWS/CMS Search	11/26/2019	11/26/2019

Background Check Type: Requested Date: Received Date:

Out of State Child Abuse Registry
 Resided outside California in the last 5 years?

	State	Registry	Status Date	Status

State: Maintains Registry?: Date Requested:
 Date Received: Status: Status Date:

4. Include the following in the Placement Packet:
 - a. An extra copy of the RFA 01.
 - b. A copy of the completed [Caregiver Live Scan Letter](#).



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