

Administering Agency: Nevada County Department of Social Services, Division of Child Welfare Services

Contract No. _____

Contract Description: Provision of services related to Resource Family Approval (RFA) and Adoption Services.

**PROFESSIONAL SERVICES AGREEMENT
FOR HEALTH AND HUMAN SERVICES**

THIS AGREEMENT is made at Nevada City, California, as of September 22, 2020 by and between the County of Nevada, ("County"), and **STANFORD YOUTH SOLUTIONS DBA Stanford Sierra Youth & Families** ("Contractor"), who agree as follows:

1. **Services** Subject to the terms and conditions set forth in this Agreement, Contractor shall provide the services described in Exhibit A. Contractor shall provide said services at the time, place, and in the manner specified in Exhibit A.
2. **Payment** County shall pay Contractor for services rendered pursuant to this Agreement at the time and in the amount set forth in Exhibit B. The payment specified in Exhibit B shall be the only payment made to Contractor for services rendered pursuant to this Agreement. Contractor shall submit all billings for said services to County in the manner specified in Exhibit B; or, if no manner be specified in Exhibit B, then according to the usual and customary procedures which Contractor uses for billing clients similar to County. **The amount of the contract shall not exceed One Hundred Ninety Thousand Seven Hundred Fifty Dollars (\$190,750).**
3. **Term** This Agreement shall commence on July 1, 2020. All services required to be provided by this Agreement shall be completed and ready for acceptance no later than the **Agreement Termination Date** of: June 30, 2021.
4. **Facilities, Equipment and Other Materials** Contractor shall, at its sole cost and expense, furnish all facilities, equipment, and other materials which may be required for furnishing services pursuant to this Agreement.
5. **Exhibits** All exhibits referred to herein and attached hereto are incorporated herein by this reference.
6. **Electronic Signatures** The parties acknowledge and agree that this Agreement may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed or emailed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.
7. **Time for Performance** Time is of the essence. Failure of Contractor to perform any services within the time limits set forth in Exhibit A or elsewhere in this Agreement shall constitute material breach of this contract. Contractor shall devote such time to the performance of services pursuant to this Agreement as may be reasonably necessary for the satisfactory performance of Contractor's obligations pursuant to this Agreement. Neither party shall be considered in default of this Agreement to the extent performance is prevented or delayed by any cause, present or future, which is beyond the reasonable control of the party.
8. **Liquidated Damages**

Liquidated Damages are presented as an estimate of an intangible loss to the County. It is a provision that allows for the payment of a specified sum should Contractor be in breach of contract. Liquidated Damages shall apply shall not apply to this contract. Liquidated Damages applicable to this contract are incorporated in Exhibit F, attached hereto.

9. **Relationship of Parties**

9.1. **Independent Contractor**

In providing services herein, Contractor, and the agents and employees thereof, shall work in an independent capacity and as an independent contractor and not as agents or employees of County. Contractor acknowledges that it customarily engages independently in the trade, occupation, or business as that involved in the work required herein. Further the Parties agree that Contractor shall perform the work required herein free from the control and direction of County, and that the nature of the work is outside the usual course of the County's business. In performing the work required herein, Contractor shall not be entitled to any employment benefits, Workers' Compensation, or other programs afforded to County employees. Contractor shall hold County harmless and indemnify County against such claim by its agents or employees. County makes no representation as to the effect of this independent contractor relationship on Contractor's previously earned California Public Employees Retirement System ("CalPERS") retirement benefits, if any, and Contractor specifically assumes the responsibility for making such determination. Contractor shall be responsible for all reports and obligations including but not limited to: social security taxes, income tax withholding, unemployment insurance, disability insurance, workers' compensation and other applicable federal and state taxes.

9.2. **No Agent Authority** Contractor shall have no power to incur any debt, obligation, or liability on behalf of County or otherwise to act on behalf of County as an agent. Neither County nor any of its agents shall have control over the conduct of Contractor or any of Contractor's employees, except as set forth in this Agreement. Contractor shall not represent that it is, or that any of its agents or employees are, in any manner employees of the County.

9.3. **Indemnification of CalPERS Determination** In the event that Contractor or any employee, agent, or subcontractor of Contractor providing service under this Agreement or is determined by a court of competent jurisdiction or CalPERS to be eligible for enrollment in CalPERS as an employee of the County, Contractor shall indemnify, defend and hold harmless County for all payments on behalf of Contractor or its employees, agents, or subcontractors, as well as for the payment of any penalties and interest on such contributions, which would otherwise be the responsibility of County.

10. **Assignment and Subcontracting** Except as specifically provided herein, the rights, responsibilities, duties and Services to be performed under this Agreement are personal to the Contractor and may not be transferred, subcontracted, or assigned without the prior written consent of County. Contractor shall not substitute or replace any personnel for those specifically named herein or in its proposal without the prior written consent of County.

Contractor shall cause and require each transferee, subcontractor, and assignee to comply with the insurance provisions set forth herein, to the extent such insurance provisions are required of Contractor under this Agreement. Failure of Contractor to so cause and require such compliance by each transferee, subcontractor, and assignee shall constitute a Material Breach of this Agreement, and, in addition to any other remedy available at law or otherwise, shall serve

as a basis upon which County may elect to suspend payments hereunder, or terminate this Agreement, or both.

11. **Licenses, Permits, Etc.** Contractor represents and warrants to County that Contractor shall, at its sole cost and expense, obtain or keep in effect at all times during the term of this Agreement, any licenses, permits, and approvals which are legally required for Contractor to practice its profession at the time the services are performed.
12. **Hold Harmless and Indemnification Agreement** To the fullest extent permitted by law, each Party (the "Indemnifying Party") hereby agrees to protect, defend, indemnify, and hold the other Party (the "Indemnified Party"), its officers, agents, employees, and volunteers, free and harmless from any and all losses, claims, liens, demands, and causes of action of every kind and character resulting from the Indemnifying Party's negligent act, willful misconduct, or error or omission, including, but not limited to, the amounts of judgments, penalties, interest, court costs, legal fees, and all other expenses incurred by the Indemnified Party arising in favor of any party, including claims, liens, debts, personal injuries, death, or damages to property (including employees or property of the Indemnified Party) and without limitation, all other claims or demands of every character occurring or in any way incident to, in connection with or arising directly or indirectly out of, the Agreement. The Indemnifying Party agrees to investigate, handle, respond to, provide defense for, and defend any such claims, demand, or suit at the sole expense of the Indemnifying Party, using legal counsel approved in writing by Indemnified Party. Indemnifying Party also agrees to bear all other costs and expenses related thereto, even if the claim or claims alleged are groundless, false, or fraudulent. This provision is not intended to create any cause of action in favor of any third party against either Party or to enlarge in any way either Party's liability but is intended solely to provide for indemnification of the Indemnified Party from liability for damages, or injuries to third persons or property, arising from or in connection with Indemnifying Party's performance pursuant to this Agreement. This obligation is independent of, and shall not in any way be limited by, the minimum insurance obligations contained in this agreement.
13. **Certificate of Good Standing** Registered corporations including those corporations that are registered non-profits shall possess a Certificate of Good Standing also known as Certificate of Existence or Certificate of Authorization from the California Secretary of State, and further warrants to shall keep its status in good standing and effect during the term of this Contract.
14. **Standard of Performance** Contractor shall perform all services required pursuant to this Agreement in the manner and according to the standards observed by a competent practitioner of the profession in which Contractor is engaged in the geographical area in which Contractor practices its profession. All products of whatsoever nature which Contractor delivers to County pursuant to this Agreement shall be prepared in a substantial first class and workmanlike manner and conform to the standards or quality normally observed by a person practicing in Contractor's profession.

Contractor without additional compensation. Contractor's personnel, when on the County's premises and when accessing the County network remotely, shall comply with the County's regulations regarding security, remote access, safety and professional conduct, including but not limited to Nevada County Security Policy NCSP-102 Nevada County External User Policy and Account Application regarding data and access security. Contractor personnel will solely utilize the County's privileged access management platform for all remote access support functions, unless other methods are granted in writing by the County's Chief Information Officer or his/her designee.

15. **Prevailing Wage and Apprentices** To the extent made applicable by law, performance of this Agreement shall be in conformity with the provisions of California Labor Code, Division 2, Part 7, Chapter 1, commencing with section 1720 relating to prevailing wages which must be paid to workers employed on a public work as defined in Labor Code section 1720, et seq., and shall be in conformity with Title 8 of the California Code of Regulations section 200 et seq., relating to apprenticeship. Where applicable:
- Contractor shall comply with the provisions thereof at the commencement of Services to be provided herein, and thereafter during the term of this Contract. A breach of the requirements of this section shall be deemed a material breach of this contract. Applicable prevailing wage determinations are available on the California Department of Industrial Relations website at <http://www.dir.ca.gov/OPRL/PWD>.
 - Contractor and all subcontractors must comply with the requirements of Labor Code section 1771.1(a) pertaining to registration of contractors pursuant to section 1725.5. Registration and all related requirements of those sections must be maintained throughout the performance of the Agreement.
 - Contracts to which prevailing wage requirements apply are subject to compliance monitoring and enforcement by the Department of Industrial Relations. Each Contractor and subcontractor must furnish certified payroll records to the Labor Commissioner at least monthly.
 - The County is required to provide notice to the Department of Industrial Relations of any public work contract subject to prevailing wages within five (5) days of award.
16. **Accessibility** It is the policy of the County of Nevada that all County services, programs, meetings, activities and facilities shall be accessible to all persons, and shall be comply with the provisions of the Americans With Disabilities Act and Title 24, California Code of Regulations. To the extent this Contract shall call for Contractor to provide County contracted services directly to the public, Contractor shall certify that said direct Services are and shall be accessible to all persons.
17. **Nondiscriminatory Employment** Contractor shall not discriminate in its employment practices because of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, sex or sexual orientation in contravention of the California Fair Employment and Housing Act, Government Code section 12900 et seq.
18. **Drug-Free Workplace** Senate Bill 1120, (Chapter 1170, Statutes of 1990), requires recipients of state grants to maintain a "drug-free workplace". Every person or organization awarded a contract for the procurement of any property or services shall certify as required under Government Code Section 8355-8357 that it will provide a drug-free workplace.
19. **Political Activities** Contractor shall in no instance expend funds or use resources derived from this Contract on any political activities.
20. **Financial, Statistical and Contract-Related Records:**
- 20.1. **Books and Records** Contractor shall maintain statistical records and submit reports as required by County. Contractor shall also maintain accounting and administrative books and records, program procedures and documentation relating to licensure and accreditation as they pertain to this Contract. All such financial, statistical and contract-related records shall be retained for five (5) years or until program review findings and/or audit findings are resolved, whichever is later. Such records shall include but not be limited to bids and all supporting documents, original entry books, canceled checks,

receipts, invoices, payroll records, including subsistence, travel and field expenses, together with a general ledger itemizing all debits and credits.

- 20.2. **Inspection** Upon reasonable advance notice and during normal business hours or at such other times as may be agreed upon, Contractor shall make all of its books and records available for inspection, examination or copying, to County, or to the State Department of Health Care Services, the Federal Department of Health and Human Services, the Controller General of the United States and to all other authorized federal and state agencies, or their duly authorized representatives.
- 20.3. **Audit** Contractor shall permit the aforesaid agencies or their duly authorized representatives to audit all books, accounts or records relating to this Contract, and all books, accounts or records of any business entities controlled by Contractor who participated in this Contract in any way. All such records shall be available for inspection by auditors designated by County or State, at reasonable times during normal business hours. Any audit may be conducted on Contractor's premises or, at County's option, Contractor shall provide all books and records within fifteen (15) days upon delivery of written notice from County. Contractor shall promptly refund any moneys erroneously charged and shall be liable for the costs of audit if the audit establishes an over-charge of five percent (5%) or more of the Maximum Contract Price.
21. **Cost Disclosure:** In accordance with Government Code Section 7550, should a written report be prepared under or required by the provisions of this Contract, Contractor agrees to state in a separate section of said report the numbers and dollar amounts of all contracts and subcontracts relating to the preparation of said report.
22. **Termination.**
- A. A Material Breach , as defined pursuant to the terms of this Agreement or otherwise, in addition to any other remedy available at law or otherwise, shall serve as a basis upon which County may elect to immediately suspend payments hereunder, or terminate this agreement, or both, without notice.
 - B. If Contractor fails to timely provide in any manner the services materials and products required under this Agreement, or otherwise fails to promptly comply with the terms of this Agreement, or violates any ordinance, regulation or other law which applies to its performance herein, County may terminate this Agreement by giving **five (5) calendar days written notice to Contractor.**
 - C. Either party may terminate this Contract for any reason, or without cause, by giving **thirty (30) calendar days written notice** to the other, which notice shall be sent by registered mail in conformity with the notice provisions, below. In the event of termination not the fault of the Contractor, the Contractor shall be paid for services performed to the date of termination in accordance with the terms of this Contract. Contractor shall be excused for failure to perform services herein if such performance is prevented by acts of God, strikes, labor disputes or other forces over which the Contractor has no control.
 - D. County, upon giving **thirty (30) calendar days written notice** to Contractor, shall have the right to terminate its obligations under this Agreement at the end of any fiscal year if the County or the State of California, as the case may be, does not appropriate funds sufficient to discharge County's obligations coming due under this contract.
 - E. Any notice to be provided under this section may be given by the Agency Director.
 - F. Suspension: County, upon giving seven (7) calendar days written notice to Contractor, shall have the right to suspend this Contract, in whole or in part, for any time period as County deems necessary due to delays in Federal, State or County appropriation of funds, lack of demand for services to be provided under this contract, or other good cause. Upon receipt of a notice of suspension from County, Contractor shall immediately suspend or stop work

as directed by County and shall not resume work until and unless County gives Contractor a written notice to resume work. In the event of a suspension not the fault of the Contractor, Contractor shall be paid for services performed to the date of the notice of suspension in accordance with the terms of this Contract.

In the event this Agreement is terminated:

- 1) Contractor shall deliver copies of all writings prepared by it pursuant to this Agreement. The term "writings" shall be construed to mean and include: handwriting, typewriting, printing, Photostatting, photographing, and every other means of recording upon any tangible thing any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combinations thereof.
- 2) County shall have full ownership and control of all such writings delivered by Contractor pursuant to this Agreement.
- 3) County shall pay Contractor the reasonable value of services rendered by Contractor to the date of termination pursuant to this Agreement not to exceed the amount documented by Contractor and approved by County as work accomplished to date; provided, however, that in no event shall any payment hereunder exceed the amount of the agreement specified in Exhibit B, and further provided, however, County shall not in any manner be liable for lost profits which might have been made by Contractor had Contractor completed the services required by this Agreement. In this regard, Contractor shall furnish to County such financial information as in the judgment of the County is necessary to determine the reasonable value of the services rendered by Contractor. The foregoing is cumulative and does not affect any right or remedy, which County may have in law or equity.

23. **Intellectual Property** To the extent County provides any of its own original photographs, diagrams, plans, documents, information, reports, computer code and all recordable media together with all copyright interests thereto, not the property of Contractor (herein "Intellectual Property"), which concern or relate to this Contract and which have been prepared by, for or submitted to Contractor by County, shall be the property of County, and upon fifteen (15) days demand therefor, shall be promptly delivered to County without exception.
24. **Waiver** One or more waivers by one party of any major or minor breach or default of any provision, term, condition, or covenant of this Agreement shall not operate as a waiver of any subsequent breach or default by the other party.
25. **Conflict of Interest** Contractor certifies that no official or employee of the County, nor any business entity in which an official of the County has an interest, has been employed or retained to solicit or aid in the procuring of this agreement. In addition, Contractor agrees that no such person will be employed in the performance of this agreement unless first agreed to in writing by County. This includes prior Nevada County employment in accordance with County Personnel Code
26. **Entirety of Agreement** This Agreement contains the entire agreement of County and Contractor with respect to the subject matter hereof, and no other agreement, statement, or promise made by any party, or to any employee, officer or agent of any party, which is not contained in this Agreement, shall be binding or valid.
27. **Alteration** No waiver, alteration, modification, or termination of this Agreement shall be valid unless made in writing and signed by all parties, except as expressly provided in Section 19, Termination.

28. **Governing Law and Venue** This Agreement is executed and intended to be performed in the State of California, and the laws of that State shall govern its interpretation and effect. The venue for any legal proceedings regarding this Agreement shall be the County of Nevada, State of California. Each party waives any Federal court removal and/or original jurisdiction rights it may have.
29. **Compliance with Applicable Laws** Contractor shall comply with any and all federal, state and local laws, codes, ordinances, rules and regulations which relate to, concern or affect the Services to be provided by this Contract.
30. **Confidentiality** Contractor, its employees, agents and or subcontractors may come in contact with documents that contain information regarding matters that must be kept confidential by the County, including personally identifiable patient or client information. Even information that might not be considered confidential for the usual reasons of protecting non-public records should be considered by Contractor to be confidential.

Contractor agrees to maintain confidentiality of information and records as required by applicable federal, state, and local laws, regulations and rules and recognized standards of professional practice.

Notwithstanding any other provision of this Agreement, the Contractor agrees to protect the confidentiality of any confidential information with which the Contractor may come into contact in the process of performing its contracted services. This information includes but is not limited to all written, oral, visual and printed patient or client information, including but not limited to: names, addresses, social security numbers, date of birth, driver's license number, case numbers, services provided, social and economic conditions or circumstances, agency evaluation of personal information, and medical data.

The Contractor shall not retain, copy, use, or disclose this information in any manner for any purpose that is not specifically permitted by this agreement. Violation of the confidentiality of patient or client information may, at the option of the County, be considered a material breach of this Agreement.

31. **Additional Contractor Responsibilities**
- A. To the extent Contractor is a mandated reporter of suspected child and/or dependent adult abuse and neglect, it shall ensure that its employees, agents, volunteers, subcontractors, and independent contractors are made aware of, understand, and comply with all reporting requirements. Contractor shall immediately notify County of any incident or condition resulting in injury, harm, or risk of harm to any child or dependent adult served under this Agreement.
 - B. Contractor will immediately notify County of any active complaints, lawsuits, licensing or regulatory investigations, reports of fraud or malfeasance, or criminal investigations regarding its operations. Contractor agrees to work cooperatively with County in response to any investigation commenced by County with regard to this Agreement or the clients served herein, including providing any/all records requested by County related thereto.
 - C. Contractor shall employ reasonable background check procedures on all employees, prospective employees, volunteers and consultants performing work involving direct contact with minor children or dependent adults under this Agreement, including fingerprinting and criminal records checks, sexual offender registry checks, and reference checks, including both personal and professional references.

32. **Notification. Any notice or demand desired or required to be given hereunder shall be in writing and deemed given when personally delivered or deposited in the mail, postage prepaid, and addressed to the parties as follows:**

COUNTY OF NEVADA:
950 Maidu Avenue
Nevada City, California 95959

CONTRACTOR:
Stanford Youth Solutions DBA Stanford
Sierra Youth & Families
8912 Volunteer Lane
Sacramento, California 95826

Nevada County
Department of Social Services, Division of
Child Welfare Services
Attn: Nicholas Ready

Attn: Glynis Butler-Stone, MS

Phone: (530) 265-1654

Phone: (916) 368-5114 x316

Any notice so delivered personally shall be deemed to be received on the date of delivery, and any notice mailed shall be deemed to be received five (5) days after the date on which it was mailed.

Executed as of the day first above stated:

Authority: All individuals executing this Contract on behalf of Contractor represent and warrant that they are authorized to execute and deliver this Contract on behalf of Contractor.

IN WITNESS WHEREOF, the parties have executed this Contract effective on the Beginning Date, above.

COUNTY OF NEVADA:

By: _____ Date: _____

Printed Name/Title: Honorable Heidi Hall, Chair, of the Board of Supervisors

By: _____

Attest: Julie Patterson Hunter, Clerk of the Board of Supervisors

CONTRACTOR: STANFORD YOUTH SOLUTIONS DBA STANFORD SIERRA YOUTH & FAMILIES

By: _____ Date: _____

Name: _____

* Title: _____

By: _____ Date: _____

Name: _____

* Title: Secretary

****If Contractor is a corporation, this agreement must be signed by two corporate officers; one of which must be the secretary of the corporation, and the other may be either the President or Vice President, unless an authenticated corporate resolution is attached delegating authority to a single officer to bind the corporation (California Corporations Code Sec. 313).***

Exhibits

Exhibit A: Schedule of Services

Exhibit B: Schedule of Charges and Payments

Exhibit C: Insurance Requirements

EXHIBIT “A”
SCHEDULE OF SERVICES
STANFORD YOUTH SOLUTIONS DBA STANFORD SIERRA YOUTH & FAMILIES

The County of Nevada, Department of Social Services, hereinafter referred to as “County”, and Stanford Youth Solutions DBA Stanford Sierra Youth & Families, hereinafter referred to as “Contractor”, agree to enter into a specific contract for provision of services related to Resource Family Approval (RFA), Family Finding and Post-Adoption services.

Program Overview:

RFA is a result of the legislation AB 403 also known as Continuum of Care Reform (CCR). One of the basic tenants of CCR is that all children and non-minor dependents (NMD) in foster care have normalcy in development while establishing permanent life-long family relationships. To that end, RFA (the process by which families become approved to foster children) was created to provide a uniform process to replace several existing processes. Pursuant to RFA, foster families, relative caregivers, and non-related extended family members (NREFMs) are required to go through the same approval process which includes a home assessment, background checks, preapproval and post-approval training, Family Evaluations, and a health screening. Through this RFA process Resource Families are approved to foster children but also to provide adoption and guardianship. This eliminates a separate adoptions approval process and allows Resource Families to provide permanency to children in their care (if needed) in a timelier manner. The efforts to notify relatives that a child has entered into foster care is known as Family Finding. Family Finding is mandated by law to occur within 30 days of a child entering foster care. Post-Adoption Services refers to supportive services geared towards families who have adopted or provided guardianship to children who were in foster care to maintain stability in those families.

Background of Stanford Youth Solutions DBA Stanford Sierra Youth & Families:

Stanford Youth Solutions (SYS) has provided permanency services for children and youth living in foster care since 1983. Their mission is to transform the lives of children in foster care by building and nurturing permanent families. SYS is currently licensed by California Department of Social Services Community Care Licensing to provide foster care and adoption services in twelve northern California counties. More than 3,000 children and youth have secured permanent families through SYS. SYS is a California Nonprofit Public Benefit Corporation governed by a Board of Directors and is licensed by the State of California. The organization is a fully accredited member of the California Alliance of Child and Family Services. In addition, SYS has achieved national accreditation through Council on Accreditation (COA). Voluntary COA accreditation ensures that a commitment to best practices and improved outcomes for the youth and families that are served is maintained. SYS is also an organizational member of iFoster and works with all resource families to secure memberships in order to assure a full continuum of supports and resources are available to families.

Scope of Services:

As more fully described below, Contractor shall provide Family Evaluations, Family Finding, and Post-Adoption Services on cases managed by Nevada County Child Welfare Services (CWS). Contractor shall provide Family Evaluations for all RFA applicants, Family Finding, and Post-Adoption Services for all clients referred by the County.

Family Evaluation:

Contractor shall provide Family Evaluations to all Resource Family applicants that apply through Nevada County’s CWS utilizing the Structured Analysis Family Evaluation (SAFE®) Family Evaluation/home study process. Attachment A outlines the sections of the SAFE that Contractor is responsible for. Contractor and County’s CWS Program Manager shall develop a mutually agreed upon schedule to ensure that all program requirements are met. The Family Evaluation process shall include:

1. The Family Evaluation shall be initiated within 7 days of the applicant passing a criminal clearance in accordance with Welfare and Institutions Code (WIC) Section 16504.5, passing a Home Evaluation, and references being submitted.
 - a. The Family Evaluation shall be assigned to the SYS Supervisor in the database Binti by the County Social Worker.
 - b. There shall be a follow-up email to the SYS Supervisor all emergency and compelling reason placements regarding timelines.
2. The Family Evaluation shall include:
 - a. A minimum of three separate face-to-face interviews with each applicant.
 - i. If more than one applicant, individual interviews and a joint interview with both applicants.
 - ii. At a minimum, at least one additional interview with all applicants, either separately or jointly.
 - iii. One of the required interviews shall occur at the applicant’s residence and shall include observation of the family environment, and if applicable, any parent-child interaction.
 - iv. Additional interviews may occur as deemed necessary by the SYS RFA Social Worker.
 - b. A minimum of one separate face-to-face interview with all other persons, including children and non-minor dependents (NMD), living in the home of the RFA applicant, which shall include but not be limited to an assessment of the following:
 - i. Parenting skills of the applicants.
 - ii. Strengths and weakness of the applicants.
 - c. Interviews with other adults residing in the home shall include a discussion of the individual’s background check results.
 - d. If the SYS staff is unable to meet with the other adults face to face, then the interview may be conducted via web-based audio-video communications.
 - e. At a minimum, the following information shall be gathered to complete the Family Evaluation of an RFA applicant:
 - i. Motivation to become a Resource Family, including the relationship to a specific child or NMD considered for placement with the applicant.
 - ii. Childhood upbringing experiences.

- iii. Adult experiences and personal characteristics.
- iv. A risk assessment, which shall include:
 - 1. Past and current alcohol use and other substance use and abuse history.
 - 2. Physical, emotional, sexual abuse, neglect, and family domestic violence history.
 - 3. Past and current physical and mental health of the RFA applicant.
- v. Current relationships.
 - 1. Co-parenting roles.
 - 2. If the applicant's spouse, domestic partner, or significant other did not apply for RFA, then the reasons for the individual application shall be discussed.
- vi. Children living in or out of the home:
 - 1. Name.
 - 2. Gender.
 - 3. Date of birth.
 - 4. Relationship to applicant.
 - 5. General health.
 - 6. Past and current behavioral issues.
 - 7. If children are not living in the home, the reason.
 - 8. Custody arrangements and disputes.
- vii. Parenting experiences, practices, and discipline methods:
 - 1. Discussion of how the applicant shall promote a normal, healthy, balanced and supported childhood experience and treat a child or NMD as part of the family, to the extent possible.
 - 2. Ability to parent a child from different backgrounds or experiences including race, ethnicity, sexual orientation, gender identity, or a child who is gender non-conforming.
- viii. Discussion of the results of the background check.
- ix. Discussion of any services needed by the applicant to meet their Resource Family responsibilities.
- x. Employment.
- xi. Financial situation:
 - 1. Ability to ensure the stability and financial security of the family.
 - 2. Understanding of legal and financial responsibilities when caring for a child or NMD.
- xii. Knowledge or ability to demonstrate an understanding of the following:
 - 1. The safety, permanence, protection and well-being needs of children and NMD who have been victims of child abuse and neglect.
 - 2. The needs and development of children and NMD.
 - 3. Effective parenting skills or knowledge about parenting.
 - 4. A Resource Family's role and capacity to work cooperatively with the county, birth parents, extended family, and other service providers in implementing the child's case plan.
 - 5. The rights of children and NMD in care and a Resource Family's responsibility to safeguard those rights.

- xiii. An ability and willingness to do the following:
 - 1. Meet the needs of children and NMD.
 - 2. Make use of support resources offered by the County or by a support structure in place, or both.
 - 3. Prepare a child for adulthood or prepare a NMD for the transition to independent living.
 - 4. Honor the natural connections of a child or NMD.
 - 5. Support permanency plans for a child or NMD, including reunification, and help prepare a child or NMD for permanence or provide permanency.
- xiv. Characteristics and demographics of a child or NMD best served by the Resource Family.
- xv. All items in Attachment B shall be addressed in the Family Evaluation.
- f. A Written Report containing all of the results of the Family Evaluation shall be completed by the SYS RFA Social Worker within 60 days of referral and submitted to Nevada County CWS.
- g. Nevada County CWS shall review the written Family Evaluation of Contractor's RFA Social Worker and include it as part of CWS's comprehensive assessment of the applicant.
- h. Contractor shall make programmatic adjustments within 30 days in the event that there any changes to the RFA Written Directives.

Family Finding Services

Contractor shall provide Family Finding services in accordance with W&IC 309 (e) (1) as follows:

- 1. The SYS Family Finding Social Worker shall:
 - a. Be notified in writing of all detention hearings.
 - b. Attend the detention hearing.
 - c. After the hearing, meet with the parent(s).
 - i. Introduce themselves as someone that shall gather information to aid Child Welfare in connecting their child(ren) with relatives or family friends as quickly as possible.
 - ii. Ask the parent(s) about the following information regarding any **siblings, aunts, uncles, grandparents, including great and great-great**. These are to include those by marriage, biological and/or adoptive.
 - 1. Name
 - 2. Address
 - 3. Phone number
 - 4. E-mail
 - iii. If a parent(s) does not attend the detention hearing, contact the parent via telephone to conduct the Family Finding conversation. If contact via

telephone is not successful, attend meetings or hearings where the parent is scheduled to attend or visit the parents at home or jail, if incarcerated.

- iv. **Document all attempts to contact the parent(s).**
- d. Meet with the identified children when referred to do so.
 - i. Speaking with them in an age appropriate and child friendly manner, identify themselves as someone who shall gather information about contacts, needs, and services to help identify potential placements, services and supports to make their time in placement and involvement with Child Welfare as supportive as possible.
 - ii. Ask the child(ren) about the following information regarding any siblings, step-siblings, step-parents, aunts, uncles, grandparents, including great and great-great. These are to include those by marriage, biological and/or adoptive. Also ask about people in their lives who may be a source of supportive connections;
 1. Name
 2. Address
 3. Phone number
 4. E-mail
 5. Any other relatives or family friends.
- e. Conduct an online search to for relatives.
 - i. Document attempts including databases or services used and social media sites searched.
- f. For any relative or NREFM that was identified where no contact information is available, or the contact information does not appear to be current, conduct a search.
 - i. Contact relatives with valid contact information to inquire as to the contact information of other known relatives.
 - ii. **Document all efforts to obtain contact information.**
- g. For identified relatives, contact them in writing and/or orally within 30 days of the child entering foster care and relay the following:
 - i. The name of the child(ren) and the fact that they have been brought into care, do not disclose the nature of the allegations or the issues that brought the matter before the Court.
 - ii. The fact that the child(ren) are in need of placement, and share the fact that children placed with relatives experience greater stability and less trauma.
 - iii. There is support, both financial and in the form of services, for relatives who care for Dependent Children.
 - iv. Even if care provision is not possible, children benefit from contact and support from family members.
 - v. Ask if they would like to be contacted by the child(ren)'s social worker to discuss placement or supportive contact further.

- h. A letter must be mailed within 30 days of detention to, at a minimum, grandparents, aunts, uncles and adult siblings.
- i. For children entering care one attempt to contact identified relatives shall occur within the first 30 days of a child entering care and two additional attempts utilizing written or oral communication should occur with 60 days of child entering care.
- j. For children who have a case plan of planned permanency with no identified placement, efforts to contact relatives should be ongoing.
- k. **All efforts to contact relatives should be documented with the date of the attempt and mode of communication.**

Post-Adoption Services:

Contractor shall provide post-adoption services as follows:

1. Facilitation of monthly adoptive parent support groups, including a separate group for kinship adoptions. Groups shall focus on adoption issues based upon the needs of the participants.
2. Contact by telephone and/or in-person with adoptive families from Nevada County within 48 hours of referral being received from the Adoption Assistance Program (AAP) worker and a response to the AAP worker within five (5) business days of contact with the adoptive family.
3. Provision of referrals for adoption competent therapeutic services to those adoptive families requiring on-going clinical services. Types of clinical services may include individual, family and/or group counseling.
4. Provision of referral and linkage to services that include childcare, health care and developmental services.
5. Support in understanding and filling out AAP forms.
6. Provision of information and linkages to supports for education, Regional Center Services, mentors, income support, respite services and transportation services.
7. Research and provision of referrals to resources for adoptive families from Nevada County who may live in other counties or out of state.
8. A follow-up contact with the adoptive family within two (2) weeks of the provision of information, support and referral services to the family and another follow-up within six (6) months.
9. Develop and distribute a monthly flyer announcing specific groups, events and post-adoption training opportunities.
10. Quarterly reports on service provision data for group attendance, number of referrals received, time to contact, and follow-up results sent to the Child Welfare Program Manager. Additional data to be provided upon request.
11. Monthly meetings with the Program Supervisor and the Social Services Supervisor.
12. Quarterly meetings with the Child Welfare Program Manager and the Permanency Program Manager.

**EXHIBIT “B”
SCHEDULE OF CHARGES AND PAYMENTS
STANFORD YOUTH SOLUTIONS DBA STANFORD SIERRA YOUTH & FAMILIES**

Payment under the terms of this Agreement shall not exceed \$190,750 for the contract term of July 1, 2020 through June 30, 2021, and shall be invoiced based on actual costs incurred in furtherance of the services set forth in Exhibit A and as budgeted below based on projected actual expenses:

DESCRIPTION	FY 2020/21
TOTAL PERSONNEL EXPENSES	\$143,000
TOTAL OPERATING EXPENSES	\$47,750
TOTAL CONTRACT EXPENSES	\$190,750

BILLING AND PAYMENT:

Contractor shall submit an invoice to County by the 20th of each month following the month services were rendered. Each invoice shall include:

- Dates/Month/hours of services rendered
- Cost of services rendered – identifying total direct costs
- Billing period covered
- Contract Number assigned to the approved contract
- Supporting documentation shall include names of participant(s) receiving services

Invoices are to be submitted to:

Nevada County Department of Social Services
Attention: Nicholas Ready
988 McCourtney Rd #104
Grass Valley, California 95949

County shall review each billing for supporting documentation; verification of eligibility of individuals being served; dates of services and costs of services as detailed previously. Should there be a discrepancy on the invoice; said invoice shall be returned to Contractor for correction and/or additional supporting documentation. Payments shall be made in accordance with County processes once an invoice has been approved by the department.

BILLING AND PAYMENT EXCEPTION

By the tenth of June each year, Contractor shall provide an invoice for services rendered for the month of May. An invoice of services provided for the month of June shall be provided no later than the tenth of July.

PSYCHOSOCIAL NARRATION INSTRUCTIONS

For all nine (9) Sections of the Psychosocial Evaluation Report, use the following guidelines each time it indicates “Please Follow Evaluation Instructions.”

EVALUATION

If the Final SAFE Desk Guide Rating is a 2 and never left a 2:

In a narrative for each section, bundle all your Final SAFE Desk Guide Ratings of 2 and indicate that nothing remarkable was identified for these factors. Write one to two paragraphs discussing all of the 2's and why the 2's are strengths.

If the Final SAFE Desk Guide Rating is a 1, provide a narrative that includes the following:

- I. Describe the basis for each factor that is an exceptional strength including any historical data.
- II. Indicate how each exceptional strength would or could support safe and effective parenting of a child or children.

If the Final SAFE Desk Guide Rating is a 3, 4, or 5 provide a narrative that includes the following:

- I. What issue, behavior, or event warranted the SAFE Desk Guide Rating of 3, 4 or 5? State what the issue, behavior, or event is/was.
- II. Describe the societal, personal, cultural and/or family dynamic that contributed to or set the stage for the issue, behavior, or event.
- III. Describe the frequency and severity or intensity of the issue, behavior, or event.
- IV. Describe how the issue, behavior or event influenced the Applicant's ability to function,.

REMEMBER: All mitigation must include outside supporting evidence or documentation – facts, observations, analyses, and/or examples.

Sustaining: If an issue, behavior, or event is not resolved and you are sustaining the SAFE Desk Guide Rating, please indicate how it affects the Applicant's current functioning, ability to parent and how it would or does affect children in the home.

Reducing: If an issue, behavior, or event is partially resolved and you are reducing the SAFE Desk Guide Rating, please provide evidence that indicates how the issue, behavior or event was reduced, how it would or does affect current functioning, ability to parent and how it would or does affect children in the home.

Erasing: If you believe that an issue, behavior, or event no longer affects the Applicant and you are erasing the SAFE Desk Guide Rating, please provide evidence to support your assessment that the issue, behavior or event no longer affects the Applicant's current functioning or ability to parent.

Remember! Write about it **ONCE**, write about it **WELL** and be **DONE** with it!!

NEVER REFERENCE NUMBERS OR RATINGS IN YOUR NARRATION!

***PLEASE ELECTRONICALLY DELETE THIS PAGE BEFORE PRINTING THE FINAL FAMILY STUDY REPORT**

***ALL PARAGRAPHS BRACKETED WITH [] ARE DIRECTIONS AND SHOULD BE DELETED**

[Please insert agency/private practitioner logo/letterhead here]

Written Report was completed by:	Name of Caseworker/Evaluator Name of Agency Number and Street City, State, ZIP Code	
Name of Family:		
Address:	City:	
State:	Zip Code:	
Home Phone:		
Applicant #1 Cell Phone:	Applicant #2 Cell Phone:	
Applicant #1 Work Phone:	Applicant #2 Work Phone:	
Applicant #1 E-Mail:	Applicant #2 E-Mail:	

>> APPLICANT DISPOSITION	
Application received on:	Written Report completed on:
Family Interested in: <input type="checkbox"/> Foster Care <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Adoption	
<input type="checkbox"/> PLACEMENT CONSIDERATIONS	
The Applicants applied to become a Resource Family placement for Select One between the ages of Age and Age.	

>> APPLICANT INFORMATION	
Applicant 1 Full Name	Applicant 2 Full Name
Maiden Name (if applicable):	Maiden Name (if applicable):
Date of Birth:	Date of Birth:
Birthplace:	Birthplace:
Gender:	Gender:
Ethnicity:	Ethnicity:
Height:	Height:
Weight:	Weight:
Hair:	Hair:
Eye Color:	Eye Color:
Religion:	Religion:
Education:	Education:
Language(s):	Language(s):
Tribal Affiliation:	Tribal Affiliation:
Occupation:	Occupation:
Employer:	Employer:

Annual Gross Income:	Annual Gross Income:
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>> MARITAL/DOMESTIC PARTNER RELATIONSHIP**Date of Current Marital/Domestic Partner Relationship:****>> PAST MARRIAGE(S)/DOMESTIC PARTNER RELATIONSHIP(S)**

Applicant 1 Full Name	Date Begun	Date Ended
[--Name of Past Spouse/Partner--]		
[--Name of Past Spouse/Partner--]		

Applicant 2 Full Name	Date Begun	Date Ended
[--Name of Past Spouse/Partner--]		
[--Name of Past Spouse/Partner--]		

>> DATES OF CONTACT

Date	Person(s) Interviewed	Length of Interview	Location

>> SONS AND DAUGHTERS OF APPLICANTS

Name	Age	Location (Adult children should be interviewed. Provide contact information if not living in the home. Include date of death if deceased)

>> OTHERS RESIDING OR FREQUENTLY IN THE HOME OR USING APPLICANTS' ADDRESS

Name	Age	Relationship	Current Situation

>> EXTENDED FAMILY MEMBERS: Applicant 1 Full Name

Include Applicant's birth parents, adoptive parents, step parents, siblings and other prominent extended family members (living or deceased)

Name	Relationship	Location and Living Situation

>> EXTENDED FAMILY MEMBERS: Applicant 2 Full Name

Include Applicant's birth parents, adoptive parents, step parents, siblings and other prominent extended family members (living or deceased)

Name	Relationship	Location and Living Situation

>> REFERENCES

Name	Relationship to Applicants	Date Received

>> MEDICAL REPORTS**Medical Reports**

Health Evaluation from [--name--] pertaining to Applicant 1 Full Name completed on:

Health Evaluation from [--name--] pertaining to Applicant 2 Full Name completed on:

TB Screening/Testing from [--name--] pertaining to Applicant 1 Full Name completed on:

TB Screening/Testing from [--name--] pertaining to Applicant 2 Full Name completed on:

Health Evaluation from [--name--] pertaining to [--name--] completed on:

Health Evaluation from [--name--] pertaining to [--name--] completed on:

TB Screening/Testing from [--name--] pertaining to [--name--] completed on:

TB Screening/Testing from [--name--] pertaining to [--name--] completed on:

>> APPLICANTS'/OTHERS BACKGROUND CHECKS

All required background checks pursuant to Section 06-03A of the Written Directives were completed for the following individuals:

Applicant 1 Full Name

Applicant 2 Full Name

[--Other Adult--]

[--Other Adult--]

[--Name of Minor (if juvenile record exists)--]

This section is filled out by the
County

>> PRE-APPROVAL TRAINING

Applicant 1 Full Name and Applicant 2 Full Name have completed all of the required classes and training in order to become a Resource Family. The following courses have been completed:

- Orientation Session
- 12-hours RFA Pre-Approval Training
- CPR/First Aid
- Other – describe (i.e., Adoption, Attachment, etc.)

>> HOME AND COMMUNITY

Type of Residence (House, Apartment, Condominium, etc.): [--Enter Here--]

Square footage: [--Enter Here--]

Number of Bedrooms: [--Enter Here--]

Number of Bathrooms: [--Enter Here--]

Length of time in current residence: [--Enter Here--]

Family's home [--is/isn't--] safe and in compliance with Section 6-02 and Article 11 of the Written Directives. Please attach any DAP's and Fire Clearances as applicable.

[--Describe the home and community so that a reader can picture the home and the surrounding community. This should be a strength-based description pointing out what makes the home unique to the Applicants (special decorations, color schemes, projects, etc.)--]

[--Describe the neighborhood as well as the community surrounding the residence and focus on resources in the area: hospitals/specialized medical providers, schools, special education programs, places of worship, mental health services, etc.--]

>> MOTIVATION

[--Indicate the Applicants stated reasons for wanting to become a Resource Family. How did they find or decide on our agency?--]

[--Indicate whether or not the Applicants have any adoption, foster or kin car experience. Has any adult member of the household ever been approved, rejected or deferred as a prospective adoptive, foster or kin caregiver? Has any adult in the home been the subject of an unfavorable home study with any child placing agency?--]

[--If there are children in the home what is their motivation to care for the child/ren in their home? Discuss relationship and length of relationship to specific children in their home. For each child/youth currently in the home discuss their adjustment since placement. If not currently placed with the Applicants discuss the nature and character of the applicants' relationship(s) with the child/ren or youth(s). If no relationship, why interest now?--]

>> APPLICANT PROFILE: Applicant 1 Full Name

[--Describe the Applicant's physical appearance: height, weight, hair and eye color, striking physical attributes. Describe how the Applicant presents himself/herself – assured, hesitant, physically active, sedate, thoughtful, etc. Briefly describe any special interests, hobbies, expertise, or talents the Applicant possesses. Also, describe what the Applicant shared regarding his/her aspirations and goals in life. You may also include something their spouse/partner has said about them that describes their personality.--]

>> APPLICANT PROFILE: Applicant 2 Full Name

[--Describe the Applicant's physical appearance: height, weight, hair and eye color, striking physical attributes. Describe how the Applicant presents himself/herself – assured, hesitant, physically active, sedate, thoughtful, etc. Briefly describe any special interests, hobbies, expertise, or talents the Applicant possesses. Also, describe what the Applicant shared regarding his/her aspirations and goals in life. You may also include something their spouse/partner has said about them that describes their personality.--]

>> FAMILY LIFESTYLE

[--This is your opportunity to introduce this family to the home study reader.--]

[--Describe typical work and non-work day routines and rituals. Describe how the Applicants feel their routines and rituals will or have changed with the placement of a child or children.--]

[--What are the basic household rules, roles, and expectations? Who does what in terms of chores, cooking, bill paying, home maintenance, transportation, etc.? --]

[--Describe what recreational, cultural, social, and/or religious activities the Applicants participate in.--]

[--If the Applicants have pets describe them. Who is responsible for pet care? Who ensures their well-being (vaccinations, checkups)?--]

CHILD CARE

[--Describe current and proposed childcare arrangements. Who will be or has been designated their substitute caregiver? What is his/her relationship to the Applicants? What measures have been or will be taken to assure that substitute caregiver(s) is responsible and sensitive to a child's needs? What are the Applicants' short and long-term emergency substitute childcare plans?--]

PRIVACY

[--Describe the sleeping arrangements and how the family deals with privacy and nudity in the home. Describe how they have or will modify this behavior with/since the placement of children in the home.--]

>> LEGAL/FINANCIAL RESPONSIBILITIES

The Applicants have been advised of their duty of honest disclosure along with their ongoing duty of reporting new events or information that may require an update to their approval.

The Applicants have been provided with information regarding the personal rights of foster youth, including how to access additional information and resources that address these personal rights. The prospective Resource Family understands and has the ability to comply with the Reasonable and Prudent Parent Standard. The Quality Parenting Initiative (QPI) Partnership Plan (only applies if your county is participating in the QPI program) has been discussed with the family and the family has agreed to the plan as evidenced by their signature on the plan for which they received a copy of and the original is in the family's case plan.

The prospective Resource Family has been provided with information regarding the benefits associated with foster care including Approved Relative Caregiver (ARC) funding, Kin-Gap, and the Adoption Assistance Program (AAP) and other resources.

The family's right to due process and the procedures to appeal an agency's decision have been explained.

The Applicants were informed of the Adoption Assistance Program, the Federal Adoption Tax Credit and the availability of reimbursement for non-reoccurring adoption related expenses up to \$400 per child.

The Applicants understand that should they file a petition to adopt, they will be accepting full legal and financial responsibility once the adoption is finalized.

PSYCHOSOCIAL EVALUATION REPORT

>> HISTORY: Applicant 1 Full Name

[--Provide a one paragraph narrative describing the Applicant's history: where and when they were born, who they were born to, siblings, schooling, marriages, domestic partnerships, deaths, divorces, etc. Do not include issues you have identified in the Psychosocial Inventory with SAFE Desk Guide Ratings. This is a factual description of the Applicant's history.--]

EVALUATION

[--Follow Evaluation Instructions--]

>> PERSONAL CHARACTERISTICS: Applicant 1 Full Name

[--If Applicant is taking any medications (prescribed or over-the-counter), please list and indicate the medical reasons for which they are being taken.--]

EVALUATION

[--Follow Evaluation Instructions--]

>> HISTORY: Applicant 2 Full Name

[--Provide a one paragraph narrative describing the Applicant's history: where and when they were born, who they were born to, siblings, schooling, marriages, domestic partnerships, deaths, divorces, etc. Do not include issues you have identified in the Psychosocial Inventory with SAFE Desk Guide Ratings. This is a factual description of the Applicant's history.--]

EVALUATION

[--Follow Evaluation Instructions--]

>> PERSONAL CHARACTERISTICS: Applicant 2 Full Name

[--If Applicant is taking any medications (prescribed or over-the-counter), please list and indicate the medical reasons for which they are being taken.--]

EVALUATION

[--Follow Evaluation Instructions--]

>> MARITAL/DOMESTIC PARTNERSHIP RELATIONSHIP

[--Provide a brief description of the Applicants' Marriage/Domestic Partnership highlighting their roles in the relationship, division of duties, strengths and skills.--]

EVALUATION

[--Follow Evaluation Instructions--]

>> SONS/DAUGHTERS/OTHERS RESIDING OR FREQUENTLY IN THE HOME

MINOR SON(S) OR DAUGHTER(S)

[--For each minor son or daughter of the Applicants or either Applicant, provide the minor's name, age and gender followed by a description of their personality, interests, school and living situation.--]

[--Is the minor's behavior age-appropriate? Does the minor present any health, developmental, educational or mental health issues? How secure, well adjusted, and adaptable is the minor? Are his/her needs being well met?

Does the minor exhibit any behaviors that pose a threat to the health, safety, and well-being of self or others? Does the minor have a secure attachment to both his/her parents? Does the minor have any alcohol or drug involvement? How prepared is the minor for the arrival of a new child into the family?--]]

EVALUATION

[--Follow Evaluation Instructions--]

OTHER MINORS RESIDING OR FREQUENTLY IN THE HOME

[--Provide the name, age, gender, of any other minors residing or frequently in the home. Describe the nature of the relationship of each minor to the Applicants followed by a description of their personality, interests, school, and circumstances.--]

[--Is the minor's behavior age-appropriate? Does the minor present any health, developmental, educational or mental health issues? How secure, well adjusted, and adaptable is the minor? Are his/her needs being well met? Does the minor exhibit any behaviors that pose a threat to the health, safety, and well-being of self or others? Does the minor have any alcohol or drug involvement? How prepared is the minor for the arrival of a new child into the family?--]

EVALUATION

[--Follow Evaluation Instructions--]

ADULT SON(S) OR DAUGHTER(S)

[--If the Applicants have adult sons or daughters, provide the name, age, gender, marital/domestic partnership status, occupation, circumstances and place or residence of any adult son or daughter. Also indicate if they have children and the type of contact they would have with a child placed.--]

[--How positive and supportive is he/she about having a new child come into the family? How much and how frequently does he/she consume alcohol? Does he/she use illegal drugs or abuse prescriptive/over-the-counter drugs? How well does he/she accept differences? Does he/she exhibit responsible behavior and emotional stability? Does he/she exhibit any behaviors that pose a threat to the health, safety, and well-being of self or others? Does he/she have a history of criminal arrests, convictions, or allegations of child sexual/physical abuse, child neglect, child exploitation, or failure to protect?--]

EVALUATION

[--Follow Evaluation Instructions--]

ADULTS RESIDING OR FREQUENTLY IN THE HOME

[--If there are other adults residing or frequently in the home, provide the name, age, gender, and marital/domestic partnership status of each adult identified. Indicate each individual's occupation, circumstances, the nature of his/her relationship with the Applicants and the amount and type of contact he/she would have with a child placed in the Applicants' home.--]

[--How positive and supportive is he/she about having a new child come into the family? How much and how frequently does he/she consume alcohol? Does he/she use illegal drugs or abuse prescriptive/over-the-counter drugs? How well does he/she accept differences? Does he/she exhibit responsible behavior and emotional stability? Does he/she exhibit any behaviors that pose a threat to the health, safety, and well-being of self or others? Does he/she have a history of criminal arrests, convictions, or allegations of child sexual/physical abuse, child neglect, child exploitation, or failure to protect?--]

EVALUATION

[--Follow Evaluation Instructions--]

>> EXTENDED FAMILY RELATIONSHIPS: Applicant 1 Full Name

[--Describe if and how the extended family is positive regarding the Applicant's desire to foster or adopt. Has anyone in the extended family had any experience as foster, adoptive or kinship placement parent?--]

EVALUATION

[--Follow Evaluation Instructions--]

>> EXTENDED FAMILY RELATIONSHIPS: Applicant 2 Full Name

[--Describe if and how the extended family is positive regarding the Applicant's desire to foster or adopt. Has anyone in the extended family had any experience as foster or adoptive parents?--]

EVALUATION

[--Follow Evaluation Instructions--]

>> PHYSICAL/SOCIAL ENVIRONMENT

EVALUATION

[--Follow Evaluation Instructions--]

SSYF completes finances and support system evaluation

County completes Cleanliness/ Orderliness/Maintenance, Safety, Furnishings, Play area, equipment, clothing and pets evaluation

>> GENERAL PARENTING

[--What kind of discipline do the Applicants intend to use? Do the Applicants have good knowledge of appropriate and effective forms of discipline?--]

EVALUATION

[--Follow Evaluation Instructions--]

>> SPECIALIZED PARENTING

EVALUATION

[--Follow Evaluation Instructions--]

>> ADOPTION/FOSTER CARE ISSUES

EVALUATION

[--Follow Evaluation Instructions--]

>> PLACEMENT AND CAPACITY CONSIDERATIONS

County completes Placement and Capacity Considerations

[--What are the issues that you believe are compatible with this family. Indicate whether or not the family is prepared to accept a legal risk placement. Specify any child/youth special needs, considerations, behaviors, conditions or issues the Applicants are uniquely qualified to address along with those they are not ready, willing and able to manage or consider. Discuss the issues the Applicants' have indicated they are willing to parent.--]

[--Please discuss a family's ability to parent a child from different backgrounds or experiences including race, ethnicity, sexual orientation, gender identity, or gender non-confirming.--]

[--If you are denying the Applicants please support your findings in the section.--]

>> RECOMMENDATION			
It is recommended that Applicant 1 Full Name and Applicant 2 Full Name be Select One as a Resource Family.			
Evaluator: I affirm that I conducted this evaluation with due professional diligence and the information in this report is true and correct to the best of my knowledge.		Supervisor/Agency Designee: I concur with the above recommendation and verify that this family study was conducted with due professional diligence.	
Signature	Date	Signature	Date
County Signs			
Name of SAFE Certified Home Study Practitioner		Name of SAFE Certified Home Study Supervisor	
Title		Title	

>> APPLICANTS' REVIEW OF FAMILY STUDY	
By signing below, I acknowledge that I have received a copy of this family study and affirm that the information I provided for this report is true and correct to the best of my knowledge.	
Assessment Social Worker gives to family for review prior to submitting to County. County gets signatures.	Date
Applicant 1 Full Name	Applicant 2 Full Name

NOTICE: Approval does not guarantee initial or continued placement of a child or children in the Applicants' home.

[Check for document updates](#)

PSYCHOSOCIAL INVENTORY RESULTS

#1	#2	Applicant #1: Applicant 1 Full Name	#1	#2	Applicant #2: Applicant 2 Full Name
HISTORY			EXTENDED FAMILY RELATIONSHIPS		
2	2	Childhood Family Adaptability	2	2	Extended Family Cohesion
2	2	Childhood Family Cohesion	2	2	Extended Family Adaptability
2	2	Childhood History of Deprivation/Trauma	2	2	Relationship with Own Extended Family
2	2	Childhood History of Victimization	2	2	Relationship with Spouse/Partner Family
2	2	Adult History of Victimization/Trauma	PHYSICAL/SOCIAL ENVIRONMENT		
2	2	History of Child Abuse/Neglect	County Rates	Cleanliness/Orderliness/Maintenance	
2	2	History of Alcohol/Drug Use	County Rates	Safety	
2	2	Crime/Arrest/Allegations/Violence	County Rates	Furnishings	
2	2	Psychiatric History	County Rates	Play Area/Equipment/Clothing	
2	2	Occupational History	SSYF Rates	Finances	
2	2	Marriage/Domestic Partner History	SSYF Rates	Support System	
PERSONAL CHARACTERISTICS			County Rates	Household Pets	
2	2	Communication	GENERAL PARENTING		
2	2	Commitment and Responsibility	2	2	Child Development
2	2	Problem Solving	2	2	Parenting Style
2	2	Interpersonal Relations	2	2	Disciplinary Methods
2	2	Health and Physical Stamina	2	2	Child Supervision
2	2	Self-esteem	2	2	Learning Experiences
2	2	Acceptance of Differences	2	2	Parental Role
2	2	Coping Skills	2	2	Child Interactions
2	2	Impulse Control	2	2	Communication with Child
2	2	Mood	2	2	Basic Care
2	2	Anger Management and Resolution	2	2	Child's Play
2	2	Judgment	SPECIALIZED PARENTING		
2	2	Adaptability	2	2	Expectations
MARITAL/DOMESTIC PARTNER RELATIONSHIP			2	2	Effects of Abuse/Neglect
2		Conflict Resolution	2	2	Effects of Sexual Abuse
2		Emotional Support	2	2	Effects of Separation and Loss
2		Attitude toward Spouse	2	2	Structure
2		Communication between Couple	2	2	Therapeutic/Educational Resources
2		Balance of Power	2	2	Birth Sibling Relationships
2		Stability of the Marriage	2	2	Child Background Information
2		Sexual Compatibility	2	2	Birth Parent Issues
SONS/DAUGHTERS/OTHERS RESIDING OR FREQUENTLY IN THE HOME			ADOPTION/FOSTER CARE ISSUES		
2		Minor Sons and Daughters	2	2	Infertility
2		Minors Residing or Frequently in the Home	2	2	Telling Child about Adoption
2		Adult Sons and Daughters	2	2	Openness in Adoption
2		Adults Residing or Frequently in the Home	2	2	Adoptive Parent Status
<p>I affirm that each psychosocial factor listed above was considered and rated with due professional diligence on the SAFE Psychosocial Inventory during the course of this family study. The ratings above represent the Final Desk Guide Ratings and corresponding Mitigation Ratings for all Final Desk Guide Ratings of 3, 4 or 5.</p>					

Signature	Date	Signature	Date
County Signs			
Name of SAFE Certified Home Study Practitioner Title	Name of SAFE Certified Home Study Supervisor Title		

FAMILY EVALUATION
Summarize motivation to become a Resource Family:
Briefly summarize childhood upbringing and experiences, adult experiences, and personal characteristics, were evaluated. Applicant: Applicant:
Summarize the nature of the applicant's current relationships. Discuss any co-parenting roles. If the applicant's spouse, domestic partner, or significant other did not apply, note why. Also, note if the impact on the other's ability to adopt was discussed:
Summarize parenting experiences, practices, and discipline methods and note any considerations:
Summarize the applicant's capacity and ability to parent a child from different backgrounds or experiences, including race, ethnicity, sexual orientation, gender identity, or a child who is gender non-conforming.
Applicant(s) understands the legal and financial responsibilities for providing care to a child or nonminor dependent. Briefly summarize current financial situation and any financial considerations discussed:
Applicant(s) understands the safety, permanency, protection and well-being needs of children and nonminor dependents who have been victims of child abuse and neglect. Comments:
Applicant(s) understands the role as a Resource Family and has the capacity to work cooperatively with the agency, service providers, birth parents and extended family in implementing the child's case plan. Comments:
Applicant(s) has demonstrated an understanding of the Personal Rights of children and nonminor dependents in care and understand the responsibility to safeguard those rights. Comments:

Please be sure all areas mentioned above are specifically mentioned in the family evaluation document

EXHIBIT C

INSURANCE REQUIREMENTS

Insurance. Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, its agents, representatives, or employees. Coverage shall be at least as broad as:

- (i) **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an “occurrence” basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$2,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.
- (ii) **Sexual Abuse or Molestation (SAM) Liability:** If the work will include contact with minors, and the CGL policy referenced above is not endorsed to include affirmative coverage for sexual abuse or molestation, Contractor shall obtain and maintain policy covering Sexual Abuse and Molestation with a limit no less than **\$1,000,000** per occurrence or claim.
- (iii) **Automobile Liability** Insurance Services Office Form Number CA 0001 covering, Code 1 (any auto), or if Contractor has no owned autos, Code 8 (hired) and 9 (non-owned), with limit no less than **\$1,000,000** per accident for bodily injury and property damage.
- (iv) **Workers’ Compensation** insurance as required by the State of California, with Statutory Limits, and Employer’s Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease. **(Not required if contractor provides written verification it has no employees).**
- (v) **Professional Liability** (Errors and Omissions) Insurance appropriate to the Contractor’s profession, with limit no less than **\$2,000,000** per occurrence or claim, **\$2,000,000** aggregate.
- (vi) If the Contractor maintains broader coverage and/or higher limits than the minimums shown above, the County requires and shall be entitled to the broader coverage and/or the higher limits maintained by the contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the County.

Other Insurance Provisions:

The insurance policies are to contain, or be endorsed to contain, the following provisions:

- (i) **Additional Insured Status: The County, its officers, employees, agents, and volunteers are to be covered as additional insureds** on the CGL policy with respect to liability arising out of the work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor’s insurance (at least as broad as ISO Form CG 20 10 11 85 or both CG 20 10, CG 20 25, CG 20 33, or CG 20 38; and CG 20 37 forms if later revisions used.)
- (ii) **Primary Coverage** For any claims related to this contract, the **Contractor’s insurance shall be primary** insurance primary coverage at least as broad as ISO CG 20 01 04 13 as respects the County, its officers, employees, agents, and volunteers. Any insurance or self-insurance maintained by the County, its officers, employees, agents, and volunteers shall be excess of the Contractor’s insurance and shall not contribute with it.
- (iii) **Notice of Cancellation** This policy shall not be changed without first giving thirty (30) days prior written notice and ten (10) days prior written notice of cancellation for non-payment of premium to the County of Nevada.

- (iv) **Waiver of Subrogation** Contractor hereby grants to County a waiver of any right to subrogation which any insurer or said Contractor may acquire against the County by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the County has received a waiver of subrogation endorsement from the insurer.
- (v) **Sole Proprietors** If Contractor is a Sole Proprietor and has no employees, they are not required to have Workers Compensation coverage. Contractor shall sign a statement attesting to this condition, and shall agree they have no rights, entitlements or claim against County for any type of employment benefits or workers' compensation or other programs afforded to County employees.
- (vi) **Deductible and Self-Insured Retentions** Deductible and Self-insured retentions must be declared to and approved by the County. The County may require the Contractor to provide proof of ability to pay losses and related investigations, claims administration, and defense expenses within the retention. The Policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or County. **(Note – all deductibles and self-insured retentions must be discussed with risk, and may be negotiated)**
- (vii) **Acceptability of Insurers:** Insurance is to be placed with insurers authorized to conduct business in the state with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the County.
- (viii) **Claims Made Policies** if any of the required policies provide coverage on a claims-made basis: **(note – should be applicable only to professional liability)**
 - a. The Retroactive Date must be shown and must be before the date of the contract or the beginning of contract work.
 - b. Insurance must be maintained and evidence of insurance must be provided for at least five (5) years after completion of the contract of work.
 - c. If the coverage is canceled or non-renewed, and not replaced with another **claims-made policy form with a Retroactive Date**, prior to the contract effective date, the Contractor must purchase "extended reporting" coverage for a minimum of **five (5)** years after completion of contract work.
- (ix) **Verification of Coverage** Contractor shall furnish the County with original Certificates of Insurance including all required amendatory endorsements (or copies of the applicable policy language effecting coverage required by this clause) and a copy of the Declarations and Endorsement Page of the CGL policy listing all policy endorsements to County before work begins. However, failure to obtain and provide verification of the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.
- (x) **Subcontractors** Contractor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and Contractor shall ensure that County is an additional insured on insurance required from subcontractors. For CGL coverage subcontractors shall provide coverage with a format at least as broad as CG 20 38 04 13.
- (xi) **Special Risks or Circumstances** County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

- (xii) **Conformity of Coverages** If more than one policy is used to meet the required coverages, such as an umbrella policy or excess policy, such policies shall be following form with all other applicable policies used to meet these minimum requirements. For example, all policies shall be Occurrence Liability policies or all shall be Claims Made Liability policies, if approved by the County as noted above. In no cases shall the types of policies be different.
- (xiii) **Premium Payments** The insurance companies shall have no recourse against the COUNTY and funding agencies, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by a mutual insurance company.
- (xiv) **Material Breach** Failure of the Contractor to maintain the insurance required by this agreement, or to comply with any of the requirements of this section, shall constitute a material breach of the entire agreement.
- (xv) **Certificate Holder** The Certificate Holder on insurance certificates and related documents should read as follows:

County of Nevada
950 Maidu Ave.
Nevada City, CA 95959

Upon initial award of a contract to your firm, you may be instructed to send the actual documents to a County contact person for preliminary compliance review.

Certificates which amend or alter the coverage during the term of the contract, including updated certificates due to policy renewal, should be sent directly to Contract Administrator.

SUMMARY OF CONTRACT

STANFORD YOUTH SOLUTIONS DBA STANFORD SIERRA YOUTH & FAMILIES

(herein "Contractor"), wherein County desires to retain a person or entity to provide the following services, materials and products generally described as follows:

Provision of services related to Resource Family Approval (RFA) and Adoption Services.

SUMMARY OF MATERIAL TERMS

Maximum Annual Contract Price: \$190,750
Contract Beginning Date: 07/01/2020 **Contract Termination Date:** 06/30/2021
Liquidated Damages: N/A

INSURANCE POLICIES

Designate all required policies: Req'd

Commercial General Liability	(\$2,000,000)	<u>X</u>
Sexual Abuse or Molestation Liab	(\$1,000,000)	<u>X</u>
Automobile Liability	(\$1,000,000)	<u>X</u>
Worker's Compensation	(Statutory Limits)	<u>X</u>
Professional Errors and Omissions	(\$2,000,000)	<u>X</u>

LICENSES AND PREVAILING WAGES

Designate all required licenses:
All licenses required to perform professional services contemplated under this Agreement.

NOTICE & IDENTIFICATION

Contractor: Stanford Youth Solutions DBA	County of Nevada:
Stanford Sierra Youth & Families	
8912 Volunteer Lane	950 Maidu Avenue
Sacramento, California 95826	Nevada City, California 95959
Contact Person: Glynis Butler-Stone, MS	Contact Person: Nicholas Ready
Phone: (916) 368-5114 x316	Phone: (530) 265-1654
E-mail: gbutler-stone@sierraff.org	E-mail: Nicholas.Ready@co.nevada.ca.us

Contractor is a: (check all that apply)

Corporation:	<u> </u> Calif.,	<u> </u> Other,	<u> </u> LLC,	<u> X </u> Non-profit
Partnership:	<u> </u> Calif.,	<u> </u> Other,	<u> </u> LLP,	<u> </u> Limited
Person:	<u> </u> Indiv.,	<u> </u> Dba,	<u> </u> Ass'n	<u> </u> Other

EDD: Independent Contractor Worksheet Required: Yes X No

ATTACHMENTS

Designate all required attachments: Req'd

Exhibit A: Schedule of Services (Provided by Contractor)	<u>X</u>
Exhibit B: Schedule of Charges and Payments (Paid by County)	<u>X</u>
Exhibit C: Insurance Requirements (Required by Contractor)	<u>X</u>