

Rincon Indian Reservation

P.O. BOX 68 • VALLEY CENTER • CALIFORNIA 92082 • (619) 749-1051

ORDINANCE NO. 94-12

AN ORDINANCE OF THE RINCON BUSINESS COMMITTEE OF THE RINCON SAN LUISEÑO BAND OF MISSION INDIANS ESTABLISHING TRIBAL CRITERIA FOR REVIEWING AND APPROVING FOSTER CARE FOR INDIAN CHILDREN.

Section 120.01 TITLE:

This title shall be known as the "Rincon Tribal Criteria for Indian Child Foster Care."

Section 120.02 PURPOSE AND INTENT:

This ordinance is intended to set forth the Tribe's standards and criteria for the review and approval of tribal homes and persons providing foster care for Indian children.

Section 120.03 DEFINITIONS:

- a) "Applicant" means any person who applies for a certificate to become a tribal-approved foster parent, for permanent or temporary caretaking.
- b) "Certificate" means a certificate of approval issued by Tribe, and/or the Tribal Inspector to a foster parent.
- c) "Foster child" means any Tribal child placed in a foster home by the Tribal, and/or Indian Health Clinic Indian Child Welfare Program.
- d) "Foster home" means any home providing temporary care to an Indian child at the direction of a tribal court, the Tribal Social Services Department, the County of San Diego Child Protection Services and/or the Indian Health Clinic Indian Child Welfare Program.
- e) "Foster parent" means any person over the age of 18 who holds a certificate from the Tribe, Tribal Court and/or Indian Health Clinic Indian Child Welfare Program to operate a foster home.
- f) "Tribal Inspector" means any person authorized to act in an official capacity or conduct field investigations related to an Indian Child Welfare matter on behalf of the Tribe, a tribal court and/or the Indian Health Clinic Indian Child Welfare Program.
- g) "Tribe" means the Rincon Business Committee acting on behalf of the Rincon San Luiseño Band of Mission Indians, a federally recognized tribe.

Section 120.04 CERTIFICATES:

- a) Any applicant wishing to serve as a tribal foster parent shall apply in writing to the Tribe, a tribal court, and/or Indian Health Clinic Indian Child Welfare Program.

RINCON TRIBAL CRITERIA FOR INDIAN CHILD FOSTER CARE

b) Within 15 calendar days of receipt of an application, the Tribe, tribal court, and/or Indian Health Clinic Indian Child Welfare Program shall approve or disapprove a foster care application for a foster care certificate. If an applicant meets the standards set forth by the Tribe for foster home care, then the Tribe shall issue such certification. Each applicant who meets the standards set out in the criteria for foster care, and agrees to accept foster children referred by the Tribe, a tribal court and/or Indian Health Clinic Indian Child Welfare Program.

c) Each foster care certificate shall, at a minimum, specify the maximum number of children which the foster home can accommodate at any one time and shall also provide for a specific expiration date. Said certificate shall be valid for such term as specified, unless otherwise revoked or cancelled by the Tribe, a tribal court and/or Indian Health Clinic Indian Child Welfare Program.

d) A provisional certificate may be issued for a maximum of ninety (90) calendar days, if the Tribe, tribal court and/or Indian Health Clinic Indian Child Welfare Program finds that a deficiency or deficiencies exists but would not affect the child's physical health and safety or emotional well-being, and that the applicant demonstrates corrective steps have been taken to remedy said deficiency or deficiencies. Such provisional certification may be revoked or cancelled, at any time, by the Tribe, a tribal court and/or Indian Health Clinic Indian Child Welfare Program.

Section 120.05 CANCELLATION OF APPROVAL:

Any foster care certificate issued by the Tribe, a tribal court and/or Indian Health Clinic Indian Child Welfare Program shall be immediately and automatically cancelled if the foster parent(s) change residency without advance approval of the Tribe.

Any foster care certificate issued by the Tribe, a tribal court and/or Indian Health Clinic Indian Child Welfare Program shall be cancelled if a material change that would disqualify the parent from being certified occurs in the foster parent's family or home.

Section 120.06 Minimum Requirements

The following minimum requirements shall be met, by an applicant, in order to qualify as a foster care household:

a) Proof of Native American ancestry verifiable by enrollment number. Photocopies are allowed.

b) Home Evaluation/Certification must be performed by a Tribal and/or Indian Health Clinic Indian Child Welfare Program representative. A home inspection shall be done to ensure an individual household is adequate, safe and has provided: heating, cooling, smoke detection, water (if water supply is from a private source then a water supply inspection and clearance from Indian Health Service Environment Science Branch, or a licensed commercial laboratory is required. Written clearances must be sent to Tribe and Indian Health Indian Child Welfare Program.), phone, trash disposal and collection, electricity, gas, emergency survival packets, proper storage of household toxic or hazardous materials, fire extinguisher equipment, and household budget.

c) Individual Evaluation/Certification must be performed by a Tribal and/or Indian Health Clinic Indian Child Welfare Program representative. Completion of a Tribal Foster Care Application is

RINCON TRIBAL CRITERIA FOR INDIAN CHILD FOSTER CARE

required for certification processing. All persons seeking tribal certification for Indian Child Welfare Program foster care must complete or satisfy the following, mandatory tribal requirements to obtain said certification:

- 1) AIDS, tuberculosis and random drug testing and clearance.
- 2) Fingerprinting for routine criminal record clearance.
- 3) A valid Tribal photo identification card.
- 4) A valid driver's license
- 5) An insured automobile or direct access to a vehicle
- 6) Complete a basic first aid training course.
- 7) Complete parenting skill development or improvement classes.
- 8) Extend full cooperation and participation to all involved officials.
- 9) No unauthorized occupants (for all HUD homes).
- 10) File with the Tribe, an emergency care and disaster action plan.
- 11) File with the Tribe, a building and yard plan for foster care location.
- 12) Complete and sign a Placement Reporting Agreement, Notice of Responsibility, and Compliance Monitoring Agreement, and an Exclusive Use Agreement.

Section 120.07 SEVERABILITY:

If any provision or clause of this ordinance or the application thereof to any person or circumstance is held to be unconstitutional or otherwise invalid by any court of competent jurisdiction. The remaining provisions shall remain in full force and effect. To this end, the provisions and clauses of this ordinance are declared to be severable.

Section 120.08 EFFECTIVE DATE:

This ordinance shall take effect when adopted by a majority vote of the Rincon Business Committee of the Rincon San Luiseño Band of Mission Indians at its regular meeting held on the 15th day of February 1995 by the following roll call vote:

Ayes:	Robert G. Calac, Chair Richard Garcia, Vice Chair Ruth Calac, Councilmember Patricia Duro, Councilmember Gilbert Parada, Councilmember
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Noes:	None
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Absent/Abstention:	None
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ATTEST:

Darrell W. Gentry
Darrell W. Gentry, Acting Recording Secretary

Date: March 28, 1995

**RINCON, SAN LUISEÑO BAND OF MISSION INDIANS
INDIAN FOSTER CARE PACKET AND FAMILY SERVICES
1 WEST TRIBAL ROAD
VALLEY CENTER, CALIFORNIA 92082
(619) 749-1051**

APPLICATION INFORMATION

Name: _____ Date: _____

Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

1. Describe the type of child you propose to serve (number, age, sex, disabilities, etc...)

2. Have you previously applied to the agency for certification/licensure for foster/adoptive care?

No _____ Yes _____ If yes, give date: _____

3. What qualifications do you possess for providing care? (Education, experience, attitudes, knowledge, skills, children of your own, etc...)

4. Educational or job training plans for foster/adoptive children in care (where will the children be when you are not available?)

Signature: _____

Date: _____



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FOSTER CARE

EMERGENCY CARE AND DISASTER ACTION PLAN

Instructions to Applicant(s):

All family members should be made aware of what to do in the event of an emergency at home. Developing a disaster plan before a disaster occurs, allows family members to act more efficiently in response to fire, floods, and earthquakes. This increases the likelihood of family members surviving the disaster or escaping without injury.

Please take a few minutes to complete this form. A carefully designed plan is not only important to your family's safety, but is also required for foster care certification.

After completing the plan, walk through the emergency procedures with all family members. **These procedures must be taught to new foster children upon their arrival.** Impress upon family members the importance of knowing the procedures. Drills must be conducted at least once every six months.

FAMILY NAME: _____

ADDRESS: _____

CAPACITY: _____ DATE THIS PLAN WAS DEVELOPED _____

1. List the telephone numbers for all of the following authorities. Post these numbers by the telephone in a conspicuous place:

FIRE: _____

PARAMEDIC: _____

CIVIL DEFENSE: _____

AMBULANCE: _____

POISON CONTROL: _____

CLOSEST
NEIGHBOR: _____

PHYSICIAN: _____

OTHERS: _____

NEAREST RELATIVE: _____

POLICE OR SHERIFF: _____

2. List the exit locations for your home:

A. _____

B. _____

C. _____

D. _____

FOSTER CARE

EMERGENCY CARE AND DISASTER ACTION PLAN - continued

8. Who will supervise the children during the evacuation or relocation?

9. How will contact be made with the children to ensure that relocation has been completed as planned?

10. Family members are to be instructed on earthquake procedures. Explain to each family member that he/she should take cover under a table or should stand in a doorway for protection from falling debris.

11. Provide a written statement about the contents of a three day survival pack for each person in the household. (Refer to the attached illustration.)

Submitted by:

Date:

Three Day Survival Pack

Be Prepared in Case of an Emergency!

Prepare, in advance, a 32 gal. trash barrel to be stored in case of earthquake emergency.

Top of the Barrel

- Flashlight
- Radio
- First Aid Kit

A complete family size first aid kit including a First Aid Handbook should be suitable

• Drugs/Medication

Antibiotic Ointment, Aspirin Tablets (5 grain), Kaopectate, Medication recommended by your doctor (prescriptions)

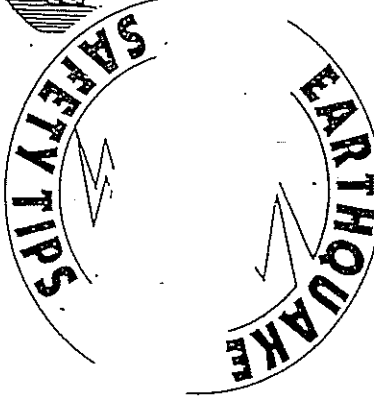
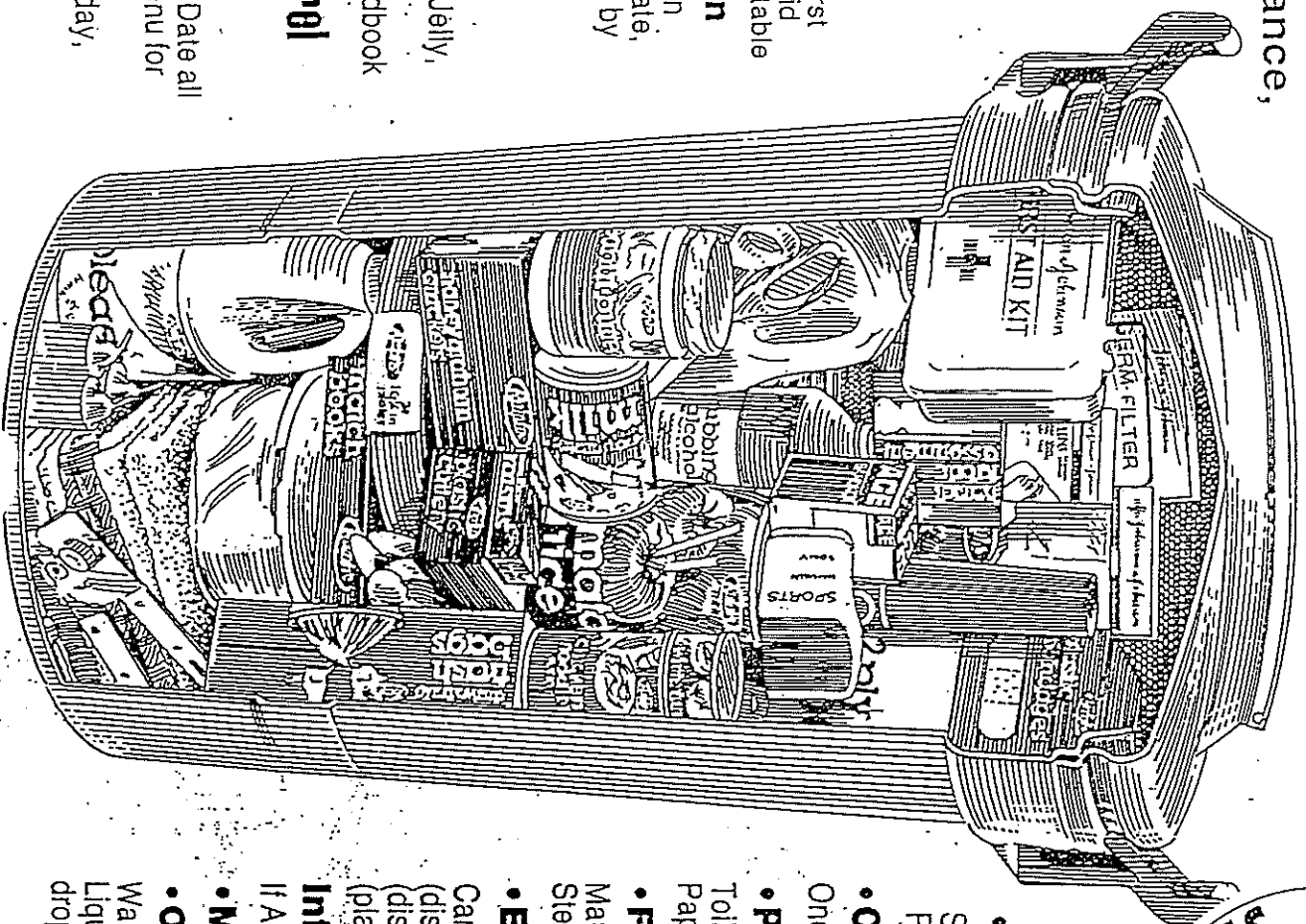
• Dressings/Misc.

Scissors, Tweezers, Thermometer, Petroleum Jelly, Rubbing alcohol, Tissues, Pocketknife, First Aid handbook

Middle of the Barrel

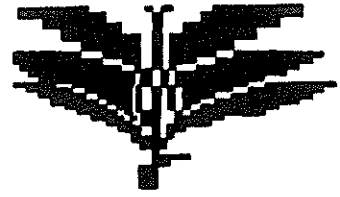
• Food

Three day supply of food requiring no refrigeration. Date all food items. Write out a menu for each day.
Water (1 gal./person) per day, store separately.



Bottom of the Barrel

- Bedding
Sleeping bag/blankets
Plastic sheets/tarp
- Clothing
One Change/person
- Personal Supplies
Toiletries, Towel, Good book,
Paper/Pencil
- Fuel & Light
Matches, Candle, Signal Flare,
Sterno Canned Heat
- Equipment
Can opener, Dish pan, Dishes
(disposable), Utensils
(disposable), Ax, Shovel, Bucket
(plastic bag liners)
- Infant Needs
If Applicable
- Money
- Other
Water Purification tablets
Liquid chlorine/bleach, Eye
dropper



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FOSTER CARE

NOTICE OF RESPONSIBILITY

In accepting placement of a foster child by IHC Indian Child Welfare (IHC), I(we) understand and agree to the following:

1. The social worker and the IHC are responsible for recommendations as to the placement of the child. It is a State-mandated priority to return the child to his or her parents as soon as possible. The child can be returned to his or her parents when they are judged to be "minimally adequate" to parent the child as defined by the appropriate agency and the court.
2. Caretakers must refrain from negative statements to the child about his parents and family. A positive attitude toward the child's parents and family is expected of caretakers since it is in the best interest of the child.
3. Caretakers may give the same consents on behalf of the child as the parent except: marriage, entry into the armed forces, vehicle operator's license, medical or dental treatment which is not ordinary. "Ordinary" means routine services given by a licensed practitioner of medicine or dentistry. These services include, but are not limited to, immunizations, physical examinations, or X-rays. Any services out of the ordinary must be discussed with the social workers or a specialist at IHC prior to such services being rendered, except for emergency medical and dental services when interest of the child's safety precludes prior discussion.
4. Caretakers must make an appointment for a physical examination and dental checkup within thirty (30) days of the child's first placement. This is a Federal and State requirement. Have medical and dental examinations performed at an Indian health clinic. Prior to the appointment, notify a specialist at IHC of the dates of the appointments and the names of the physician and dentist.
5. In addition to reporting medical and dental treatment to IHC or the social worker, caretakers are required to maintain records of any medical and dental care received by the child. This should include the name of the physician and medicines prescribed. This medical record will be given to the social worker when the child moves from the caretaker's home.
6. Visiting arrangements for each child with parents, relatives, and others are controlled by the social worker. The Caretaker is not to make independent arrangements with anyone regarding visitation matters.

NOTICE OF RESPONSIBILITY - continued

7. The child is not to be taken out of Southern California without prior permission of the social worker. A dependent child may not leave California or the United States without permission of the court. Contact the social worker regarding court approval.
8. Caretakers must give as much notice to the social worker as possible when requesting that a child be removed from their home. The social worker may not be able to give immediate attention to the problem, especially a sudden unexpected request to remove a child.
9. When the child is moved from the caretaker, all clothing belonging to the child, all clothing and articles bought for that child, any toys, etc. given as gifts to the child, are to go with him or her to the next placement. Caretakers should make very clear to the child whether a gift, such as a bicycle, TV set, stereo, is for a specific child or intended for the entire family. If not given to a specific child, such "shared gifts" should not be given on the child's birthday, graduation, etc.
10. Caretakers are expected to support the service plan developed for the child.
11. Licensed caretakers are required to notify the IHC and the social worker prior to any move, so there is no risk in losing AFDC-FC payments. A change of residence requires a new foster care license.
12. Caretakers must have available and use safety-approved vehicle car seats for children in their care as required by law.
13. Caretakers must have a telephone in their home, in working order, and must maintain on-going telephone service. The IHC must have knowledge of the caretakers's home telephone number, and must be made aware of changes too the telephone number.
14. Foster children are not permitted in dune buggies, on motorcycles, all-terrain or off-road vehicles, etc., without written approval of the Court.
15. Foster children are not permitted to participate in hunting trips where firearms are present without the prior written approval of the Juvenile Courts.

We(I) have read and understood the above Notice of Responsibility.

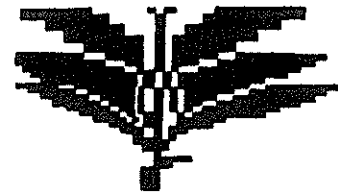
Signature(s):

Print Name

Print Name

Date: _____

Date: _____



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FOSTER CARE

BUILDING AND YARD PLAN INSTRUCTIONS

INSIDE OF HOUSE:

1. Draw a simple floor plan indicating the location of all rooms (such as the one shown on Attachment 2).
 - A. Include all bathrooms and halls.
 - B. Indicate inside doors and exits to the outside.
 - C. Label rooms with numbers and names, so that they coincide with the table on Attachment 1.
2. Please designate the rooms that are to be used by non-ambulatory foster or adoptive children, if any.
 - A. Non-ambulatory refers to a person who is unable to leave the building unassisted under emergency conditions. It includes persons who depend upon crutches, walkers, and wheelchairs, or those who are severely retarded.

OUTSIDE OF HOUSE:

1. Indicate direction of building (north, south, east, west).
2. Indicate dimensions of all outdoor space which will be used by foster/adoptive children.
 - A. Show buildings, driveways, fences, storage areas, pools, gardens, and recreation areas.
3. If a pool (portable or custom built), is on the premises, please indicate the location of the pool in the yard and fencing around the pool is required, as well as a locked gate.

Submitted by:

Date: _____



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FOSTER CARE

PROMISE OF COMPLIANCE

1. We(I) accept responsibility to:
 - A. Comply with local ordinances concerning zoning, sanitation, building, and other appropriate ordinances.
 - B. Comply with Health and Safety Code and regulations concerning Certification and fire safety.
2. We(I) declare under penalty of perjury that the statements on this application and on the accompanying attachments are correct to the best of our knowledge.
3. We(I) understand that we have the right to appeal any decision regarding the disposition of this application.
4. We(I) have been advised by the Indian Health Clinic Indian Child Welfare (IHC) Home finder of the foregoing requirements that have been initialed. We(I) will comply with said requirements in caring for the foster children placed with us through IHC.
5. Furthermore, we(I) will require substitute caregivers to comply with the said requirements in their care of the foster children. The information provided on this form is accurate to our knowledge. Any changes in the information provided will be reported to the IHC immediately. This will include any changes in our family situation, such as family composition (new members moving in or old members moving out), health, employment and housing.

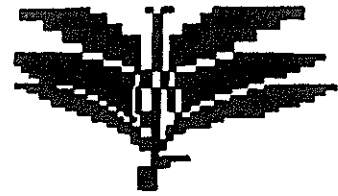
Signature(s):

Print Name

Print Name

Date: _____

Date: _____



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CERTIFICATION OF INDIAN ANCESTRY

Instructions to Applicant(s):

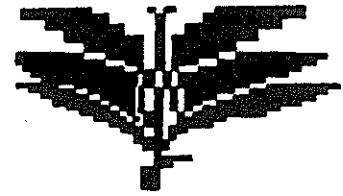
It is a requirement of IHC that you provide documentation of your Indian Heritage. You must include documentation that certifies you as a Per Capita/Member of a Federally recognized Indian tribe. This can be acquired by writing or calling your Tribal Governmental Office or the Bureau of Indian Affairs area office. Below you can see an example of a letter of certification.

SAMPLE LETTER

This is to certify that: _____
Date of Birth: _____ is listed opposite number _____
on the _____ PER CAPITA/MEMBERSHIP ROLL
with _____ degree of Indian blood.

Superintendent's Signature

Documentation received by: _____ Date: _____



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PLACEMENT REPORTING AGREEMENT

1. I(we) agree to immediately report to the Indian Health Clinic Indian Child Welfare (IHC) the occurrence of any of the following:
 - A. Death of a foster child.
 - B. Any injury to a foster child which requires medical treatment.
 - C. Any unusual incident or absence of a foster child which threatens the physical or emotional health or safety of a foster child under our care.
 - D. Any suspected physical or psychological abuse of a foster child.
 - E. Medical or dental treatment provided to the foster child which was not discussed with the social worker or a specialist at IHC prior to services being rendered.
2. I (we) agree to immediately report the occurrence of the fire or explosion on our home premises to the local fire authority. If there are no organized fire services in our area, we will make a report to the State Fire Marshal within twenty-four hours. In addition, I(we) will make a report to the IHC immediately.
3. I(we) agree:
 - A. to immediately seek medical treatment for a foster child placed with us, as needed for any disease listed on the Placement Report Agreement Attachment; or
 - B. to immediately report the occurrence of any disease listed on the Placement Report Agreement Attachment to a local health authority if the well-being of the foster child placed with us is or may be affected.
4. I(we) shall provide the following information to IHC in reporting any of the occurrences listed in #1-3 above.
 - A. Foster child's name, age, sex, and date of placement.
 - B. Date and nature of the event.
 - C. Attending physician's name, findings and treatment, if any.
 - D. Behavioral change.

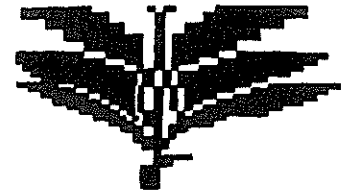
Signature(s)

Print Name

Print Name

Date: _____

Date: _____



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AGREEMENT OF EXCLUSIVE USE

1. As an applicant for certification of my home, I (we) agree to exclusively accept children for foster/adoptive care through Indian Health Clinic Indian Child Welfare (IHC), a licensed home finding agency.
2. I (we) understand that certification/licensure by IHC means we cannot accept placements through the Department of Public Social Services of the County in which we reside, or any other agency, public or private.

Signature(s):

Print Name

Print Name

Date: _____

Date: _____



Civil Procedure Related Ordinances

This Section Contains:

- **Ordinance No. 94-03**

An Ordinance of the Business Committee of the Rincon San Luiseño Band of Mission Indians Setting Forth Regulations, Policies and Procedures for Appointment and Removal of Delegates. (8-11-1994)

- **Ordinance No. 2000-04**

Tribal Arbitration Enforcement Ordinance (9-6-2000)

- Patron Tort Claims Ordinance April 12, 2007

- **Ordinance No. 102**

A Ordinance Granting A Limited Waiver of Sovereign Immunity of the Rincon Casino for Tort Liability in Order to Comply with California Tribal-State Gaming Compact (12-8-2000)

- **Ordinance No. 105**

A Resolution Empowering The Inter-Tribal Arbitration Council to Adjudicate Contested Insured Third-Party Claims (11-8-2000)