



togetherforbetter

**AMENDMENT NO. 1
RFQ NO. 606777-23
SPECIALIZED FOSTER CARE**

THIS AMENDMENT is made and entered into this ____ day of _____ 20____, by and between CLARK COUNTY, NEVADA (hereinafter referred to as “COUNTY”), and APPLE GROVE TREATMENT CENTER LLC DBA APPLE GROVE FOSTER CARE AGENCY (hereinafter referred to as “PROVIDER”).

WITNESSETH:

WHEREAS the parties entered into an agreement under RFQ Number 606777-23, entitled “Specialized Foster Care” dated March 12, 2025 (hereinafter referred to as CONTRACT); and

WHEREAS the parties desire to amend the CONTRACT.

NOW, THEREFORE, the parties agree to amend the CONTRACT as follows:

1. EXHIBIT A, Section XIV. Placement and Private Placements, Subsection d.

ORIGINALLY READ

“COUNTY will adjust bed utilization rate on scorecard if an unauthorized placement was made in the PROVIDERS home.”

REVISED TO READ

“COUNTY will adjust bed utilization rate if an unauthorized placement was made in the PROVIDERS home.”

2. ATTACHMENT A-2: SAMPLE PERFORMANCE MEASURES is replaced with REVISED ATTACHMENT A-2: SAMPLE PERFORMANCE MEASURES.
3. ATTACHMENT A-7: FOSTER HOME INSPECTION CHECKLIST is replaced with REVISED ATTACHMENT A-7: FOSTER HOME INSPECTION CHECKLIST.
4. ATTACHMENT A-11: AGENCY PROVIDER CENSUS AND PAYMENT TRACKING is replaced with REVISED ATTACHMENT A-11: AGENCY PROVIDER CENSUS AND PAYMENT TRACKING.

This Amendment No. 1 represents a no cost change.

Except as expressly amended herein, the terms and conditions of the CONTRACT shall remain in full force and effect.

PROVIDER:

APPLE GROVE TREATMENT CENTER, LLC
DBA APPLE GROVE FOSTER CARE AGENCY

By: 
ICIA REID-SANDULAK
Executive Director

Date: 12/8/2025

COUNTY:

COUNTY OF CLARK, NEVADA

By: _____
JESSICA COLVIN
Chief Financial Officer

Date: _____

APPROVED AS TO FORM:

STEVEN B. WOLFSON, District Attorney


By: [Sarah Schaerrer \(Feb 18, 2026 15:27:03 PST\)](#)
SARAH SCHAERRER
Deputy District Attorney

Date: 02/18/2026

ATTACHMENT A – 2 (REVISED)
PERFORMANCE MEASURES

Safety:

Maltreatment in Care

Children will not experience maltreatment in foster placement.

Numerator: total number of children as Alleged Child Victim (ACV) on matrix report (where perp = caregiver (person who is under the supervision of the PROVIDER)

Denominator: total number of children in foster placement (by provider)

Benchmark: 95%

Licensing Regulations

90% compliance with NAC 424 within the Specialized Foster Homes

Pass or Fail - Items pose no resolution at time of visit = Fail

Numerator: total number of passing audits

Denominator: total number of audits

Benchmark: 90%

- OWNER will conduct quarterly visits of at least 25% of agency homes with the Foster Home Inspection Checklist. All deficiencies will be noted and communicated to the PROVIDER and foster home.
- PROVIDER will conduct bi-weekly in person visits in the home with specialized foster homes to provide support and education. The PROVIDER will document each visit.

Permanency:

Maintain PROVIDER:

Definition: Provider change is when a child maintains same level of care but changes provider

- When a child returns home, is on runaway, hospitalized, detention is not considered a placement change if that child returns to the same provider.
- A child that has an increase in level of care and does not return to provider is not considered an undesirable provider change.

Create a baseline with each agency through their invoicing / census document (form attached)

- Measurement - Care days defined for every child that spends a day (24-hour cycle)

Numerator: children who did not have a provider change in the interval

Denominator: total number of children with the provider during same interval

Benchmark: 90%

Medical/ Dental

Children/Teens entering the foster care placement shall receive an initial health screening within the identified time frames for physical, dental and eye exams when needed. As well as yearly well-checks and eye exams and every 6 months for dental.

Medical feedback forms submitted to fax 702-380-9914 or email dfsmedicalrecordrequest@clarkcountynv.gov

Benchmark= 95%

Governance:

Specialized Agencies (PROVIDERS) will create and provide recruitment and retention plan to OWNER yearly at the binder review with OWNER.

1. Define the goal to increase capacity
2. Include strategies to improve
3. Benchmarks, baselines and use data to demonstrate performance
4. Retention efforts
5. OWNER will review yearly goals for achievement for increasing capacity including recruitment and retention.
6. Home renewal files on time, accurate, and complete with minimal deficiencies (not including safety items) provided to OWNER 60 days prior to the renewal date.
 - a. OWNER will provide a notice of deficiencies to be completed within 30 calendar days of notice.

Numerator: number submitted on time

Dominator: number of renewals due per month

Benchmark: 90 %

Bed use rate:

Define viable bed: a vacant bed that is not on hold for the day by either the PROVIDER or the OWNER

Bed Day: 1 calendar day, for each licensed bed. Example 10 beds available for 30 days = 300 bed days.

Information will be provided and updated weekly on a shared document available to PROVIDER and OWNER

Numerator: total bed days used

Denominator: total available bed days

Benchmark: negotiable per PROVIDER



Clark County Family Services

FOSTER HOME INSPECTION CHECKLIST

Date: _____ Arrival: _____ Departure: _____

Name(s): _____ Address: _____
 Inspection Type: Initial- _____ Renewal- _____ Non-Renewal- _____ Relocation- _____

FACILITY GENERAL DESCRIPTION

1. House- _____ / _____ Stories Mobile Home- _____ Apartment/Condo- _____ (located on _____ story of building)
 2. Square footage = _____
 3. Total Bedrooms _____ Bathrooms _____
 4. Own- _____ Rent- _____
 5. Family Foster- _____ OR Group Foster- _____ OR Staffed/Non-Staffed- _____
- Licensed Number of Children- _____ Licensed Ages- _____ Gender Preference- _____
- Special Considerations/restrictions- _____

		Compliance	Non-Compliance	N/A
REGULATION - NAC REQUIREMENT				
424.120	Medical Examination in preceding 12 months: Name/Date of physical _____ Name/Date of Physical _____ Pertussis Vaccination (licensed for 00-01, Med Fragile) Name/Date of vaccination _____ Name/Date of vaccination _____ Annual Influenza Vaccination (licensed for 00-01 and Med Fragile) Name/Date of Vaccination _____ Name/Date of vaccination _____ At least one foster parent or staff member must be capable of understanding and following directions on the label of any medication _____	_____	_____	_____
424.130	Septic Tank --- Date Approved _____ Individual Well Water Date Approved _____ ID # _____ Bottled water used _____	_____	_____	_____
424.135	Safety from Fire -- Number of household members and staff: _____ + _____ Number of foster children for which home is to be licensed: + _____ Projected number of non-ambulatory, severely disabled or special needs + _____ persons. Total household members = _____ If total is 10 or more, date of State Fire Marshal Inspection _____	_____	_____	_____
424.165	Initial license -- Local law received with prints submitted.	_____	_____	_____
424.167	TB -- Once every 24 months. Name & Expiration Date: _____ _____ _____	_____	_____	_____
424.168	Financial Solvency Demonstrate ongoing financial solvency	_____	_____	_____

424.400	Fire safety standards met -- Fire extinguisher 2-A 10BC properly mounted, readily available and serviced annually. Date serviced _____ Must have at least one fire extinguisher on each floor, accessible within 75 feet from any point of the foster home. Smoke detectors working, mounted in each foster child's bedroom & hallway _____ Carbon Monoxide Detectors on each level of the foster home and near each foster child's bedroom			
424.405	Handrails -- Provided on stairs when there are four (4) or more steps.			
424.410	Telephone in operation -- Operable telephone that is accessible in the foster home at all times when the home is occupied _____ Emergency numbers posted including health, fire, police, ambulance _____			
424.415	Refuse -- Trash in tightly covered receptacles; removed a minimum of weekly.			
		Compliance	Non- Compliance	N/A
REGULATION - NAC REQUIREMENT				
424.420	Pools, Empty water features, standing bodies of water, saunas and tanning booths Water in healthy condition _____ Fence locked as required _____ Fence on all sides of the empty water feature or standing body of water, separating it from the general yard area (children under 5) _____ Self-Latching and Self-Closing gate _____ Reaching pole and ring buoy (unless the standing body of water is such that a person supervising a child is able, without entering the water, to reach the child in the water and remove the child by hand) _____ Above ground pool steps removed _____ If a swimming pool cannot be emptied after each use it has a working pump and filtration system _____ Sauna, tanning booth, and other attractive nuisances must be locked _____ Children's equipment or materials not stored in pool area _____			
424.425	Mobile Home -- Skirted and anchored.			
424.450	License requirements met -- Foster home provides foster care only for number, age and sex of children specified on license. Foster home will comply with all licensing requirements, with applicable state laws and regulations and is responsible for all members of foster home knowing and complying with licensing requirements. Foster home shall not discriminate in accordance with US Civil Rights Act and Rehabilitation Act. Foster home shall cooperate as a team member with foster agency.			
424.455	Agency approved paid care for others -- day care, adult care, other _____ Roomers, boarders, adults approved _____			
424.460	Approved Contracts and Agreements -- Name of contractors:			
424.465	Private Placements approved by Licensing Agency --			
424.475	Removal of foster child notification provided -- Foster Parent provided to licensing within 1 working day of child placed or removed by another agency _____ Relocation of foster home to another residence approved by licensing PRIOR TO MOVE OCCURRING _____	_____	_____	_____
424.476	Requirements for notification and reporting: Serious incident, accident or injury to child -- Notification to licensing authority and caseworker no later than one (1) business day after the serious incident, accident or injury			

424.478	<p>10 WORKING DAYS (30 days for specialized foster homes) notice provided to Agency for foster child removal Before requesting the removal of a child from a foster home, a provider of foster care shall make every effort to preserve the placement of the child within the foster home by working in partnership with the agency responsible for the foster child to support the well-being of the foster child. ____</p> <p>Notice to licensing for removal of a placement ____</p>			
424.480	<p>Children's records maintained -- Ongoing records maintained on development, behavior, treatment, medical/dental ____ All child's belongings remain with child ____</p>			
424.485	<p>Confidentiality of foster child(ren) maintained -- Foster children are not identified by name, clear description, photographed for any publication or other print, broadcast, social media or any Internet website without the permission of the licensing authority ____</p>			
424.490	<p>Transportation provided -- Seat belts, car seats, insurance provided and maintained as per State law ____ Foster home provides transportation of foster child(ren) to necessary appointments (including visits) ____ Name of insurance company _____</p>	____	____	____
Compliance Non- Compliance N/A				
REGULATION – NAC REQUIREMENT				
424.495	<p>Communication and visitation provided -- Foster home complies with case plan specification for visitation with family and others.</p>			
424.500	<p>Care and treatment of children -- Provide a safe, stable and nurturing environment. ____ Children receive quality, nurturing parenting and are able to experience normalcy ____ All decisions concerning children are made using the reasonable and prudent parent standard ____ Smoking is prohibited in the direct presence of children, in a foster home and in a vehicle used to transport foster children</p>			
424.505	<p>Supervision of children -- Minors shall not supervise foster children unless approved by the foster child's caseworker ____ Foster children must be given supervision appropriate to their age and maturity</p>			
424.520	<p>Discipline of children fair, reasonable, consistent -- Incident report filed within 48 hours when serious physical intervention required.</p>			
424.530	<p>Unacceptable disciplinary techniques not used including but not limited to Verbal abuse/humiliation- ____ Derogatory remarks about child/family- ____ Threaten or subject to rough handling- ____ Force feeding- ____ Hitting of any kind- ____ Threaten child loss of love of any person- ____ Threaten punishment by deity- ____ Threaten to remove from household ____ Threaten to deny food, shelter, medication, rest, use of bathroom- ____ Punishment by other children- ____ Excessive time out ____ Wash a child's mouth with soap/detergent or taping the mouth of a child- ____ Deprive visits of significant others- ____ Withhold allowance from agency- ____ Signed discipline policy-</p>			
424.535	<p>Assignment of chores appropriate -- Appropriate to age, health, ability ____ Foster child(ren) not used for money-making endeavors ____</p>			

424.540	Provision of food and water to children-- Three healthy meals and appropriate snacks must be provided daily in the quantity and quality necessary to meet the child's dietary, nutritional and caloric needs____ Drinking water must be available to all children at all times____ Kitchen refrigerator must not be locked____ Foster children must be included with the family during meals and must not be seated separately____ Foster children must be provided the same quality of food that the foster parents and their family consume____			
424.545	Housekeeping and sanitation - Reasonable housekeeping standards met. Linens laundered weekly, more often if necessary____ Dirty linens stored separately from food, clean linens, and other supplies____ Personal items not used by more than one person____ First aid supplies adequately stocked____			
424.550	Physical and mental health of foster parents and members of household-- No serious health problem or communicable disease reported____ Emotionally capable to provide care____ Refrain from using illegal substances, engaging in excessive consumption of alcohol and consuming medication in an illegal or improper manner____	____	____	____
424.555	Provision of health care to children-- Provided to children as needed. Foster parents or staff shall closely observe children for signs of illness.____ All children residing in home must be immunized according to recommendations set forth by the CDC____ Ensure any program of medication, physical therapy, special exercise or activity prescribed by licensed medical practitioner for a child in the care of the foster home is adhered to.____			
424.560	Medications -- Foster parent shall supervise and administer all medication____ Stored and labeled per regulations in a locked place.____ Record kept on each child given medication.____ Unused prescribed medications destroyed.____			
		Compliance	Non- Compliance	N/A
REGULATION - NAC REQUIREMENT				
424.565	Provision of care for mental, behavioral and emotional health of children-- Foster parent observes signs of change with child and reports____ Foster parent along with caseworker shall arrange for any needed services for the care or treatment of the mental, behavioral and emotional health of the child.____			
424.570	Educational of children -- Child attends school.____ Assists with school assignments,____ school activities,____ and provides an adequate study environment.____, assist in establishing education plan with school district____			
424.575	Moral and religious training of children- Children permitted to participate in religious activities of choice____, Children may not be given religious training, be baptized or formally inducted into a faith without written consent of parents or agency responsible for the child's care____			
424.580	Training in personal health; personal hygiene and grooming-- Foster child's caseworker and birth parent must be consulted before anything is done to change the child's personal appearance____			
424.585	Clothing and personal possessions of children-- Clothing adequate, appropriate, clean and in good condition with receipts kept.____ Personal possessions inventoried and remains with child.____ Must have his or her own space for clothing and personal possessions and not be required to share personal items or clothing with others____			

424.590	Pets and animals-- Current inoculations ____ Temperament which is not hazardous or frightening to children. ____ Restricted from areas where food is prepared, eating areas while meals are served. ____ Number and type of pets ____			
424.595	Hazardous materials and chemicals; Items and products intended only for adult use-- All hazardous chemicals, tools and other equipment, including, without limitation, matches, plastic bags, paints, gasoline, insecticides, and cleaning and laundry products adequately stored. ____ Items or products intended only for adult use, including, without limitation, alcohol, tobacco products, alternative nicotine products, vapor products and lighters, must be reasonably stored and inaccessible to children			
424.600	Weapons and ammunition -- Weapons unloaded, locked, or inoperable ____ Ammunition stored separate from weapons. ____ Weapons must not be transported in any vehicle in which children are riding unless the weapons are made inoperable and inaccessible. ____ A person who has legal authority to carry a firearm shall provide the licensing authority with appropriate documentation ____			
424.605	Fire drills-- Monthly fire drills recorded ____ Fire drill form provided - Date _____			

REGULATION SECTION

ACTION PLAN INCLUDING DATE(S) FOR COMPLIANCE

ACTUAL DATE(S) OF COMPLIANCE

NAC 424.

NAC 424.

NAC 424.

NAC 424.

NAC 424.

NAC 424.

DOCUMENTS PROVIDED TO FOSTER FAMILY.

Foster Parent notified that regulations are available at www.QPINEVADA.org

(Foster Parent initials). _____

Foster Parent(s) Printed Name

Foster Parent(s) Signature

Foster Parent(s) Contact Number: _____

Agency Signature

Date of Inspection

Supervisor Signature

Date

