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- Secondary counties will key information in the appropriate screens in the “Investigation” section of CHRIS to assist in the assessment.

PROCEDURE (II-E10): Protective Custody of Child in Immediate Danger

The Family Service Worker will:

- Take the child into Protective Custody for up to 72 hours if the circumstances of the child present an immediate danger of severe maltreatment. The child’s health and safety will be of paramount concern.
- Notify the OCC Attorney immediately that Protective Custody was exercised and request an ex parte emergency order from the court.
- Make a determination whether to recommend to the court that reunification services should not be provided to reunite the child with his family (see Policy VI-A). If the court determines that reunification services shall not be provided, a permanency planning hearing will be held within thirty (30) days after the determination.
- Prepare an affidavit immediately and give it to the OCC Attorney.
- Have the child thoroughly examined by a physician within 24 hours of removal. The Family Service Worker may consent for medical and dental services during Protective Custody.
- Place the child in an appropriate licensed or approved placement. If the most appropriate placement is with a relative, the placement must meet the standards for approval of a foster home. (See “Standard For Approval of Family Foster Homes”, PUB-022) The children, if age appropriate, should also be interviewed about the placement. Until the relative meets the minimum qualifications to become a Kinship Foster Care Home, the child must remain in a licensed/approved foster home or residential care facility. The kinship family foster parent agrees to provide 24 hours per day care for the children who are related to them. Non-relative placements, other than approved foster homes or residential care facilities, are not permissible until opened as a regular approved foster home or unless the court gives custody after a written home evaluation is completed. (see Procedure VI-A1 “Out-of-Home Placement Criteria” and Policy VII-A “Foster Parent Training, Approval and Re-evaluation”)
- Notify Intake Officer of Chancery Court, Juvenile Division.
- Complete and route “Protective Custody/Parental Notification” (CFS-323).
- Open an Out-of-Home Placement case.
- Return the child to the legal custodian if the emergency necessitating Protective Custody passes or if the judge does not grant custody to the Department. Protective Custody cannot be extended. Complete the “Expiration of Protective Custody/Parental Notification” (CFS-336) and provide to the parent. If the parent refuses to accept custody of the child, an emergency petition should be filed.
- Notify the OCC Attorney immediately if the child returns home.

- Close the Out-of-Home Placement case.
- Determine whether to open a non-court involved Protective Services case or initiate a petition for dependency/neglect.

All hearings involving allegations and reports of child maltreatment, and all hearings involving cases of children in Out-of-Home placements shall be closed.

PROCEDURE (II-E11): Crimes Against Children Division (CACD) Investigations of Child Maltreatment Reports

The Arkansas State Police Crimes Against Children Division will conduct Child Maltreatment Investigations for the following:

- Any placement managed, approved or licensed by DHS for the care of children including:
 - Day care homes,
 - DHS foster homes,
 - Residential facilities, and
 - Pre-Adoptive homes.
- Allegations of maltreatment involving DHS employees
- Child Maltreatment allegations on the following Priority I reports:
 - Abuse with a deadly weapon,
 - Bone fractures,
 - Brain damage/skull fracture,
 - Burns, scalding,
 - Death,
 - Immersion/suffocation,
 - Internal injuries,
 - Oral sex,
 - Poison/ noxious substances,
 - Sexual contact
 - Sexual exploitation,
 - Sexual penetration, an
 - Subdural hematoma.

The Crimes Against Children Division will complete the Health and Safety Assessment (CFS-6025) in accordance with Procedure II-E3.

VI. SERVICES TO REUNIFY FAMILIES

LAW: Ark. Code Ann. § 20-76-201; Ark. Code Ann. § 9-29-201 (Interstate Compact on Placement Of Children), Ark. Code Ann. § 5-26-502 (Interference with Custody); P.L. 96-272; P.L. 105-89; Act 401 of 1999; Act 328.

POLICY (VI-A): OUT-OF-HOME PLACEMENT CRITERIA

When a child is in the custody of the Department of Human Services, DCFS shall ensure that the out-of-home placement is in the best interest of the child, is the least restrictive possible and is matched to the child's physical and therapeutic needs. A child of a parent who is under the age of eighteen (18) years, and is in DHS custody, is also considered a dependent-neglected juvenile. No child shall be placed in the home of a foster parent where a records check reveals a felony conviction for child abuse or neglect, for spousal abuse, for a crime against children (including child pornography), or a crime involving violence, including rape, sexual assault or homicide. No child shall be placed in the home of a foster parent if the record check reveals a criminal conviction for physical assault, battery, or a drug related offense, if the offense was committed within the past five years. The placement decision shall be based on an individual assessment of the child's needs. All efforts to place a child within Arkansas shall be thoroughly explored and documented before consideration is given to out-of-state placement. Relatives shall be considered for placement first. Placement shall be chosen:

- To ensure the health and safety of a child;
- To ensure that caretakers have the skills and training sufficient to deal with the child's special needs and any disabling condition; and
- To keep the child in close proximity to the family, if possible, to maintain enrollment in the school the child attended before placement.

After a child is placed out of the home, reasonable efforts will be made to reunify a family, to make it possible for the child to safely return home. Reasonable efforts to place a child for adoption or with a legal guardian or permanent custodian may be made concurrently with reasonable efforts to reunite a child with his family. Reasonable efforts to reunite a child with his parent(s) shall not be required in all cases. Specifically, reunification shall not be required if a court of competent jurisdiction has determined that the parent has:

- (1) Subjected the child to aggravated circumstances; (See Glossary for the definition of aggravated circumstances.)
- (2) Committed murder of any child;
- (3) Committed voluntary manslaughter of any child;
- (4) Aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter;
- (5) Committed a felony assault that results in serious bodily injury to any child; or
- (6) Had the parental rights involuntarily terminated as to a sibling of the child; or
- (7) If a court determines the child to be an abandoned infant.

If reasonable efforts to reunify are determined by a court to be unnecessary, a permanency hearing must be held within 30 days after the court's determination. If the court determines no reunification services will be provided due to aggravating circumstances or upon recommendation from the Division or Attorney ad litem at adjudication, the Family Service Worker will have case management responsibility until the child is placed in an adoptive home.

Within 30 days of a child being placed in DHS custody, the Division will provide the parents with literature, verbal information, and referrals to programs for parenting, child abuse, substance abuse, sexual abuse and family planning.

PROCEDURE (VI-A1): Out-of-Home Placement Criteria

- The Family Service Worker will:
- Consider placement with appropriate relatives in a Kinship Family Foster Home. (See Policy VII-A.)
- Select the Out-of-Home Placement that best fits the needs of the child.
- Document placement selection on the "Case Plan" (CFS-6010) by keying the "Plan Goals" and the "Needs/Svc" screens in the "Treatment" portion of the "Case Plan" section of CHRIS.
- Arrange at least one (1) pre-placement visit for the child before the initial placement and before any subsequent changes in placement if possible and appropriate. Contact the OCC Attorney immediately if child is being moved from one Out-of-Home Placement to another. See Procedure VII-D1.
- Contact the OCC Attorney immediately if there is any indication that the child is a member of an Indian tribe.

VII. SERVICES TO SUPPORT FOSTER PARENTS

LAW: Ark. Code Ann. § 20-76-201; P.L. 96-272; P.L. 105-89; Act 401 of 1999;

Act 328

POLICY (VII-A): FOSTER PARENT TRAINING, APPROVAL, AND RE-EVALUATION

A family foster home is a private residence of one (1) or more family members that receives from a child welfare agency any minor child who is unattended by a parent or guardian in order to provide care, training, education, custody or supervision on a twenty-four (24) hour basis, not to include adoptive homes. The home must meet family foster home standards and the individual child's needs for the duration of the placement. Foster care is a team effort involving DCFS, the family foster parents, the foster child, and the birth/legal parents. When all those directly involved in the situation understand their own and each others' roles and cooperate as team members in a team effort, the quality of the experience for all is increased, and the effect on the child's future well-being is greatly influenced. (See "Family Foster Parent Handbook" (PUB-30) for responsibilities of the Foster Care Team.) The Division shall place children in approved foster homes where the foster parents have satisfactorily completed the Division's pre-service training curriculum, have been cleared through the Central Registry and through a criminal records check. A FBI criminal records check shall be conducted on persons who have not resided in Arkansas continuously for the past five (5) years. An Individualized Training Plan for in-service training shall be developed for each foster parent. The plan shall take into consideration the age and characteristics of children for whom the foster parent is caring and the expressed preferences of the foster parent.

The approval process shall concurrently educate foster parents on the characteristics of children in out-of-home placement and assess their capability to meet those needs and their compliance with the DCFS standards for approval of foster homes. The Division will not approve a foster home where any adult member living in the home is homosexual.

DCFS shall re-evaluate each foster home's ability to care for children at least annually and whenever there is a major life change in the lives of foster families. Foster parents who do not meet the in-service training requirement will be placed on probation for sixty (60) days. No new children receiving out-of-home placement services may be placed during the probation period. Foster parents shall complete their annual in-service training requirements before they receive any additional children receiving out-of-home placement services unless an exception is granted.

There are three types of DCFS foster homes referenced in the CHRIS System: Foster Family Home (Non-Relative), Relative Foster Home (Kinship Only), and Relative Foster Home (Fostering and Kinship).

Kinship foster homes are homes in which adult relatives within the first, second, or third degree of consanguinity to the parent or stepparent are recruited by the Family Service Worker to provide 24 hours per day care for children who are related through blood or marriage. These homes must meet all of the minimum licensing requirements for a family foster home. Relatives who are approved for placement of children in their home may choose to be a kinship foster home or a regular foster home. Kinship foster homes will be approved only for placement of relative children. If the relatives choose to be a regular foster home, they will have the responsibility of caring for relative and non-relative foster children.

There will be no distinction in licensing requirements between kinship foster homes and all other approved foster homes in Arkansas.

Once permanency is achieved for the relative children placed in a kinship family foster home, relatives may choose to become a regular Family Foster Home if they remain in compliance with licensing standards. This will be a decision made by both the relatives and DCFS based on the best interest of the relative children.

Relative foster homes (both “Kinship Only” and “Fostering and Kinship”) are homes in which adult relatives are recruited by the Family Service Worker to provide 24 hours per day care for children who are related to them. These homes must meet all of the minimum licensing requirements for family foster homes. Relatives who are approved for placement of children in their home may choose to be a kinship foster home or a regular foster home. However, the relative foster home (Kinship Only) will be approved only for placement of relative children. The relative foster home (Fostering and Kinship) are those relatives who have decided to be a kinship foster home and a regular foster home, accepting non-relative foster children.

There will be no distinction in licensing requirements between kinship foster homes and all other approved foster homes in Arkansas.

Once permanency is achieved for the relative children placed in a relative foster home (Kinship Only), relatives may choose to become a foster family home (Non-Relative) if they remain in compliance with licensing standards.

DCFS employees are not permitted to be agency approved foster family homes. However, in situations where Division staff are relatives to children placed in DHS custody, and it is in the best interest of the child to be placed with the relative, the DCFS Director may grant approval on a case by case basis.

PROCEDURE (VII-A1): Foster Parent Training

The foster family home (Non-Relative), relative foster home (Kinship Only) and relative foster home (Fostering and Kinship) will:

- Complete the CFS-450 (Foster Home Study/Application) prior to training. Submit the CFS-450 on the first day of training.
- Complete CPR and First Aid training and receive certification in both areas prior to approval to become a foster parent.
- Complete a minimum of thirty (30) hours of Division-sponsored or Division-approved pre-service training prior to placement of a child.
- Participate in a training needs assessment process to develop a plan for needed training and support at the completion of pre-service training.
- Complete a minimum of fifteen (15) hours of Division-sponsored or Division-approved in-service training annually after the first year of service.

The Family Service Worker will:

- Refer to PUB-022 (Standards for Approval of Family Foster Homes) for training requirements.

- Maintain an “Individual Training Record Report” (CFS-6058) for each foster parent.
- Enter the foster parents’ hours of in-service training on the “Evaluation” screen in the “Resource” section of CHRIS. Enter the “Directory” section and find the foster parents’ file in the “Homes” section of their file then enter their hours of in-service training on the “Evaluation” screen.

PROCEDURE (VII-A2): Approval of Foster Home

The **Foster Home Evaluator** will:

- Complete a home study on the family. The home study must address and describe the families’ compliance to the standards listed in PUB-022 (Standards for Approval of Family Foster Homes).
- Complete the approval process based upon the Division’s “Standards for Approval of Family Foster Homes” (PUB-022).
- Complete the “Foster Care Criminal Record Check” (CFS-342A), and route it to the Division of Children and Family Services Foster Care Unit. The CFS-342A must be completed for each household member age fourteen (14) years and older. The Criminal Record Check will be repeated every five (5) years.
- Request a FBI criminal record check for families who have not resided in Arkansas continuously for the past five (5) years. The state criminal record check must be completed prior to requesting the FBI criminal record check. Forward the FBI print card, with the results of the state criminal record check attached, to the Foster Care Unit for processing.
- Complete the “Request for Child Protective Services Central Registry Check” (CFS-316), and route it to the Division of Children and Family Services Child Protective Services Unit. The CFS-316 must be completed on each household member age ten (10) years and older. The Central Registry Check will be repeated every two (2) years.
- Submit the information to the County Supervisor for review, with a recommendation for approval/denial.

The **County Supervisor** will:

- Enter a disposition as to the approval/denial of the foster home.

The **Family Service Worker** will:

- Enter the approved foster family into CHRIS by identifying them as a Foster Family in the Resource Category field and as one of the following three Resource Types on the General Information screen in the “Resource” section:
 - Foster Family Home (Non-Relative)
 - Relative Foster Home (Kinship Only)
 - Relative Foster Home (Fostering and Kinship)
- Continue completing the following CHRIS “Resource” screens for the new approved foster family home:

- General Information Screen
- Assign/Transfer Screen
- Status (Availability and Home Study sections)
- Homes:
 - Inquiry
 - Household Members
 - Household Composition
 - Contact Persons
 - Services Admission Criteria
- Monitor the foster home on a quarterly basis for compliance with Division standards, if approved.
- Develop and maintain a record for each foster family home that contains all information and documentation required by PUB 04 (Minimum Licensing Standards for Child Welfare Agencies). The case record order shall reflect the order in Appendix VI.

PROCEDURE (VII-A3): Re-evaluation of the Foster Home

The **Foster Home Evaluator** will:

- Complete the “Family Foster Parent Re-evaluation” (CFS-451).
- Re-evaluate the foster home annually.
- Re-evaluate the foster home whenever there is a major life change in the life of the foster family such as:
 - death or serious illness among the members of the foster family
 - separation or divorce
 - loss of or change in employment
 - change in residence
 - suspected child maltreatment of any child in the foster home
 - the addition of family members
 - foster parents’ annual in-service training requirements are more than sixty (60) calendar days overdue.
- Document in the foster home record that the foster parent(s) maintained current certification in both CPR and First Aid.

- Request an exception for any foster parent whose annual in-service training hours are sixty (60) calendar days overdue, if appropriate.

The **County Supervisor** will:

- Review the CFS-451.
- Enter a disposition as to the continued approval of the home.

The **Area Manager** will:

- Receive the request for exception to in-service training requirements.
- Review the quality of care provided by foster families and the reasons for overdue training.
- Determine whether to grant an exception to the in-service training requirement for up to sixty (60) calendar days.

POLICY (VII-B): PROVIDING INFORMATION TO FOSTER PARENTS

Foster parents shall be considered as team members working with other child welfare professionals for the family. Complete information, such as a child's health, reasons for entering care, siblings, and probable length of placement, shall be provided to foster parents at the time of placement. The child's social security number may be given to the foster parents, only if the foster parent must have the number to obtain services, care or treatment for the child. Some examples would be to enroll the child in school or to obtain medical treatment for a child who is not Medicaid eligible, when treatment is needed. The foster parent must keep the child's social security number confidential and use the social security number only for an allowable purpose. Additional information shall be shared promptly with the foster parents.

The court shall allow foster parents an opportunity to be heard in any review or hearing held with respect to a child in their care. Foster parents shall not be made a party to such review or hearing solely on the basis that such persons are entitled to notice and the opportunity to be heard.

Foster parents are allowed to receive a copy of substantiated child maltreatment report for the child in their care.

PROCEDURE (VII-B1): Providing Information to Foster Parents

The **Family Service Worker** will:

- Provide foster parents with copies of the "Case Plan" (CFS-6010), "Health Services Plan" (CFS-368) and "Placement Plan-Placement Plan Provider Information Report" (CFS-6007) within five (5) calendar days of completion or revision.
- Provide the foster parent with the child's social security number, when it is required, to obtain services, care, or treatment for the child.
- Provide any additional information as it becomes available.
- Submit the "Notification of Court Appearance" (CFS-343) to foster parents within ten (10) calendar days of any review hearing to be held with respect to a child in their care. Send the CFS-343 through certified mail for all Permanency Planning Hearings.

- Provide the foster parent with a copy of a substantiated child maltreatment report on the child in their care, if requested.

The **Foster Parents** will:

- Maintain the information shared as confidential.

POLICY (VII-C): SUPERVISION OF CHILDREN IN OUT-OF-HOME PLACEMENT

Children in out-of-home placement will be visited regularly and such visits will take place no less than weekly. The purpose of these visits shall be:

- to keep open communication with the age-appropriate child;
- to assess the quality of the care being provided;
- to determine the extent to which the child's developmental, medical, intellectual, and emotional needs are being met; and
- to assess the child's adjustment to the out-of-home placement, foster parents, other persons in the home, and school.

Weekly visits will occur in the foster home and include a private conversation with the age-appropriate child to assess the quality of care being provided.

The Division shall notify the child's family, the OCC Attorney, Child Abuse Hotline and the Attorney ad litem if the child is the subject of an allegation of child maltreatment. If the alleged child maltreatment occurred in the out-of-home placement, the Attorneys ad litem for all other children placed in the home shall be notified. The information obtained during the investigation /interview will determine whether the involved children or other children in the out-of-home placement will be removed pending a final outcome of the investigation. If the alleged child maltreatment occurred and the foster family can correct the problem which resulted in the child maltreatment, a corrective action plan may be established with the foster family. However, the safety of the children will be the first consideration and the Division may close a foster home with a true determination of child maltreatment without a corrective action plan.

PROCEDURE(VII-C1): Supervision of Children in Out-of-Home Placement

The **Family Service Worker** will:

- Visit with the child at least once a week in the out-of-home placement.
- Document deviation for less frequent visits and obtain supervisory approval.
- Obtain approval of the Area Manager when the deviation is due to staff shortages.
- Notify the child's parents, the OCC Attorney and Attorney ad litem immediately if the child is the subject of an allegation of child maltreatment. Report to the Child Abuse Hotline immediately.
- Notify Attorneys ad litem for all other children placed in the out-of-home placement if the allegation is in connection with the foster home.

PROCEDURE (VIII-G5): Narrative Summary of Assessment and Preparation

Upon completion of assessment and preparation, the **Adoption Specialist** will prepare a narrative summary [refer to desk guide and “Minimum Licensing Standards for Child Welfare Agencies” PUB-004] about the adoptive applicants.

The **Adoption Specialist** will:

- Submit the narrative summary and written recommendation, all required forms and references to the Area Manager or designated Adoption Supervisor within forty-five (45) days of the final home visit.
- Notify the applicant in writing if this packet cannot be completed within sixty (60) days of the final home visit and explain the reason.
- Send a copy of this notification to the Area Manager or designated Adoption Supervisor.
- Evaluate with Area Manager or designated Adoption Supervisor to determine whether to proceed with approving the applicant if there are any concerns.
- Explain the reasons for denial in a personal interview and refer for professional services if indicated.
- Send a copy of this narrative summary, written notification of approval, all required forms, reference letters, and photograph album to the Adoption Coordinator, Adoption Services Unit when an application is approved.

The **Area Manager** or **designated Adoption Supervisor** will:

- Determine the approval or denial of the adoptive applicant.
- Notify the adoptive applicant in writing of the approval or denial within fifteen (15) days of receiving the narrative summary and related information from the Adoption Specialist.
- Explain in writing the reason for a denial and the internal review procedures.
- Notify the adoptive applicant in writing if a decision cannot be made within sixty (60) days of the final home visit and explain the reason. Send a copy of the notification to the Adoption Specialist.
- Return the narrative summary and entire record to the Adoption Specialist with a copy of the written approval or denial notification.

PROCEDURE (VIII-G6): Re-evaluation of Approved Adoptive Applicant's Record

If an approved applicant has not had a child placed within one (1) year, the **Adoption Specialist** will:

- Visit in the home and ascertain changes in the situation and assess the family's continued interest in adoption.
- Update the narrative summary and record annually from the date in the approval letter until a child is placed.
- Submit within forty-five (45) days from the home visit a packet to the Area Manager or designated Adoption Supervisor to include:
 - Narrative summary with recommendation;
 - "Adoption Questionnaire" (CFS-409);
 - "General Medical Form-Adoption" (CFS-404s) on each member of the household;
 - "Request for Criminal Record Check" (CFS-306s) and releases for local police checks signed by household members who are fourteen (14) years of age or older;
 - "Request for CPS Central Registry Check" (CFS-316s) signed by household members who are fourteen (14) years of age or older;
 - "Request/Consent for Health Department Service" (CFS-455) if applicable;
 - "Change of Status" (CFS-414).
- Send a copy of the narrative summary, all required forms and written notification of approval to the Adoption Coordinator, Adoption Services Unit when a re-evaluation is approved.

The **Area Manager** or **designated Adoption Supervisor** will:

- Refer to Procedure VIII-G5.

FORCIBLE COMPULSION - The physical force, intimidation, or a threat, express or implied, of death or physical injury to or kidnapping of any person. If the act was committed against the will of the juvenile, then "forcible compulsion" has been used. The age of the victim and the relationship of the victim to the assailant shall be considered in weighing the sufficiency of the evidence to prove compulsion.

HOLISTIC -- View of the family and accompanying circumstances that take into consideration the entire family. This view includes the psychological, sociological, physical, and environmental factors which influence the functioning of the family.

HOME STUDY -- Assessment of circumstances in a specified situation involving custody, placement, or adoption.

HOMOSEXUAL – In the context of DCFS Policy VII-A, homosexual shall mean any person who voluntarily and knowingly engages in or submits to any sexual contact involving the genitals of one person, and the mouth or anus of another person, of the same gender, and who has engaged in such activity after the foster home is approved, or at a point in time that is reasonably close in time to the filing of the application to be a foster parent.

HOUSEHOLD MEMBER -- Means a person currently or formerly residing in a place of abode with another person.

ICPC -- Interstate Compact on the Placement of Children. Interstate Compact is a legislative-enacted agreement currently entered into by all fifty states. The ICPC serves children who have been adjudicated neglected, dependent, minors in need of supervision (but not on probation or parole), abandoned, abused or delinquent. Children enter the ICPC process when the need for out-of-state placement arises.

INACTIVE -- The child maltreatment assessment cannot be completed.

JUVENILE -- Child.

LONG TERM FOSTER CARE --A permanency planning disposition for the juvenile who will not be reunited with his family, nor be placed for adoption because a compelling reason exists why termination of parental rights is not in the juvenile's best interest or for juveniles in kinship care.

MAINTENANCE SUBSIDY -- Established monthly payment to cover the costs of maintaining and providing for the basic needs of the child in an adoptive placement on a regular basis. The payment is not to exceed the child's foster care board rate which is in effect at the time the adoption subsidy is approved. The amount may increase in subsequent approvals depending on the child's age.

MANDATED REPORTER -- Individuals identified in the "Child Maltreatment Reporting Act" who must immediately notify the Child Abuse Hotline or law enforcement if they have reasonable cause to suspect that a child has been subjected to child maltreatment, or who observe the child being subjected to conditions or circumstances which would reasonably result in child maltreatment or that a child has died as a result of child maltreatment. These individuals include: any physician, surgeon, coroner, dentist, osteopath, resident intern, licensed nurse, medical personnel who may be engaged in admission, examination, care, or treatment of persons, teacher, school official, school counselor, social worker, Family Service Worker, day care center worker, or any other child or foster care worker, mental health professional, peace officer, or law enforcement official.

NEGLECT -- Acts or omissions of a parent, guardian, custodian, foster parent, or any person who is entrusted with the juvenile's care by a parent, custodian, guardian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person legally responsible under state law for the juvenile's welfare, which constitute:

- Failure or refusal to provide the necessary food, clothing, or shelter, and education required by law, or medical treatment necessary for the juvenile's well-being, except when the failure or refusal is caused primarily by the financial inability of the person legally responsible and no services for relief have been offered or rejected;
- Failure to take reasonable action to protect the juvenile from abandonment, abuse, sexual abuse, sexual exploitation, neglect, or parental unfitness where the existence of such condition was known or should have been known;
- Failure or irremediable inability to provide for the essential and necessary physical, mental, or emotional, needs of the juvenile;
- Failure to provide for the juvenile's care and maintenance, proper or necessary support, or medical, surgical, or other necessary care;
- Failure, although able, to assume responsibility for the care and custody of the juvenile or participate in a plan to assume such responsibility.

NON-RECURRING ADOPTION EXPENSE SUBSIDY -- Payment for non-recurring adoption expenses incurred in the adoption of a child with special needs and is limited to \$1,500 per child. Payment will be made to or on behalf of parents who have adopted or have accepted placement for the purpose of adoption.

OUT-OF-HOME PLACEMENT - Placement in a home or facility other than placement in a youth services center, a detention facility, or the home of a parent or guardian of the juvenile; or placement in the home of an individual other than a parent or guardian, not including any placement where the court has ordered that the placement be made permanent and ordered that no further reunification services or six-month reviews are required.

PARENT -- Biological mother, an adoptive parent, a man to whom the biological mother was married at the time of conception or birth, or has been found by a court of competent jurisdiction to be the biological father of the juvenile.

PREPONDERANCE OF THE EVIDENCE – Evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact to be proved is more probable than not.

RECEIVING PARTY -- Local agency, office, facility, or individual who will be supervising a child placed into a state under the provisions of the ICPC.

RECEIVING STATE -- State to which a child is sent for supervision under the provisions of the ICPC.

REASONABLE EFFORTS--Efforts to preserve the family, prior to the placement of a child in foster care, to prevent the need for removing the child from his home and efforts to reunify a family, made after a child is placed out of the home, to make it possible for the child to safely return home.

SENDING PARTY -- Local agency, office, facility, court or individual who has custody/jurisdiction of a child and has requested or arranged for an out-of-state placement under the provisions of ICPC.

APPENDIX VI RECORD ORDER/RECORD FILE FOLDER

VI. RECORD ORDER/RECORD FILE FOLDER

Special divided folders shall be used for the case records of foster family homes. When a foster family home is approved, the foster family home record shall be established according to the order below.

Front left: Approval/Renewal

Copy of the CFS-342 (A) (Foster Care Criminal Record Check), all information received and, in case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for the determination.

Copy of the CFS-316 (Request for CPS Central Registry Check), all information received and, in case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for the determinations.

CFS-450 (Foster Home Study/Application and attachments)

Summary with Recommendations

CFS-455 (Request/Consent for Health Department Services)

CFS-480 (Alternate Compliance of Water Supply Agreement), when appropriate

CFS-478 (Physician's Report)

Verification of Marriage and/or Divorce

CFS-449 (Reference Letters)

CFS-463 (Knowledge of Pre-Service Training Material)

CFS-464 (Foster Parent Evaluation)

CFS-475 (Checklist for Compliance)

Approval or Denial Letter

CFS-481 (Family Foster Home Approval Certificate)

CFS-462 (Initial Foster Home Agreement)

CFS-462 (A) (Foster Home Agreement Addendum)

CFS-485 (Foster Home Face Sheet)

Order: Foster Home Face Sheet on top, Approval or Denial Letter, CFS-475, etc., filed in chronological order with the most current on top.

Front Right: Copy of information contained in the Resource and Placement Screen in CHRIS (i.e., changes in placements, case transfer, provider changes, etc.)

Order: File information in chronological order with the most current on top.

APPENDIX VI RECORD ORDER/RECORD FILE FOLDER

Center Left: Narrative

Order: Filed in chronological order with the most current entry on top.

Center Right: Ongoing Monitoring/Annual Reevaluation/Transfer/Closure

CFS-451 (Foster Parent Reevaluation Form)

Reevaluation Summary or Closure Summary

Letter of Notification of Disposition of Reevaluation or of Closure

CFS-475 (Checklist for Compliance) for Ongoing Monitoring/Annual Reevaluation or Closure as appropriate.

CFS-479 (Foster Home Reevaluation Notice)

Order: CFS-479 on top, Letter of Notification of Disposition of Reevaluation or of Closure, CFS-475, Summary etc., filed in chronological order with the most current on top.

Back Left: Correspondence

Letters

Memos

Order: Filed in chronological order with the most current on top.

Back Right: Miscellaneous – Documents/Forms

TR-1 (Travel Expense Reimbursement Form)

CFS-375 (Volunteer Cover Letter)

DHS-1914 (Department of Human Services Requisition)

Order: Filed in chronological order with the most current on top.

Arkansas Department of Human Services
Division of Children and Family Services
REQUEST FOR CPS CENTRAL REGISTRY CHECK

Authorization for Release of Confidential Information contained within the Arkansas Child Protective Services Central Registry.

A. TYPE OF APPLICATION: Foster Parent Adoptive Parent Other

B. I, _____ authorize the Arkansas Child Protective Services Central Registry to release any information their files may contain concerning the undersigned and any birth/legal children or any other children under the age of 18 who are now or have resided in the home of the undersigned. I understand that the name of any confidential informants, or other information which does not pertain to me, may not be released.

C. This information should be addressed to: Attn: _____
Worker/Title

Office Requesting the Report

Address

D. _____
Applicant's Signature Date SSN Age/DOB Race

E. Other names I have been known by: _____

F. Residential History for last 10 years:

Present Address (since _____, 19__): _____

Previous Addresses:

1) _____ _____ From to _____ 2) _____ _____ From to _____	3) _____ _____ From to _____ 4) _____ _____ From to _____
--	--

G. Children Now Residing or Who Have Resided In The Home:

Full Name DOB/Age Relationship	Full Name DOB/Age Relationship
Full Name DOB/Age Relationship	Full Name DOB/Age Relationship
Full Name DOB/Age Relationship	Full Name DOB/Age Relationship

H. This information is requested by DHS staff for internal use because _____

Signature of Requesting Agent: _____

I. Results: No information found Information found report attached

Instructions
Request for Child Protective Services Central Registry Check
CFS-316

A separate form is to be completed on each applicant, and each household member age ten (10) years and older residing or who has resided in the applicant's home.

All completed forms for each applicant(s)' home shall be submitted in one (1) packet.

Specific Instructions

- A. Indicate the type of applicant involved – i.e., foster parent, adoptive parent, or other person.
- B. Complete name of the person on whom the check is being made.
- C. Indicate the Office/Agency making the request.
- D. Signature of the person on whom the check is being made, as well as his/her social security number, date of birth, age and race.
- E. List all previous married names, maiden name (if applicable), any initial(s) used and indicate what name(s) each initial is for, and any aliases or nickname(s) ever used.
- F. Give complete residential history for the last 10 years starting with the present.
- G. List all children under 18 years old who are now or have resided in your home. Give full name, date of birth and age, and relationship to the person named in "B".

NOTE: If applicant(s) was a foster parent in another state(s) do not list the foster children placed by the state.

Mail to: Arkansas Department of Human Services
Division of Children and Family Services
Child Protective Services Unit
P. O. Box 1437
Little Rock, Arkansas 72203-1437

- H. DHS Personnel may request a check when necessary for internal administrative reasons. A brief explanation of the reason that a check is needed shall be given. The requesting staff member shall sign the form. **THE INFORMATION THUS REQUESTED CANNOT BE USED OUTSIDE OF DHS.**
- I. The Child Protective Services Unit will complete this section and return a copy of this form and report, if applicable, to the Office requesting the information. If any information is found, a copy of the report and this form shall also be routed to the Manager, Foster Care Unit.

NOTE: For foster parent applicant(s) – the county will receive two (2) copies of any information found in the Registry. One (1) copy is to be filed in the Foster Family Record and one (1) copy is to be given to the applicant (i.e., the adult subject or parent/legal guardian of a minor subject). For adoptive parent applicant(s) – no information found in the Child Protective Services Central Registry shall be released to the applicant(s) without a notarized request to the Child Protective Services Unit.

- J. Per Act 1041 of 1997, a person required to have the Child Maltreatment Central Registry Check shall repeat the check every two (2) years. However, adoptive parents and each member of the household age ten (10) years old or older, shall repeat the check every year until the adoption decree has been issued. Adoptive parents, and each member of the household age ten (10) years or older, residing out of state shall have a Child Maltreatment Central Registry Check, if available, in their state.

Arkansas Department of Human Services
Division of Children and Family Services

AR920340Z

FOSTER CARE CRIMINAL RECORD CHECK

THIS SECTION TO BE COMPLETED BY DHS WORKER

County Requesting Check and Report	Name of DHS Worker Requesting the Check
() Telephone Number	Title
/ Street Address/County Number	Area/Area Manager
City State Zip Code	Date of Request

THIS SECTION TO BE COMPLETED BY THE PERSON TO BE CHECKED

LEGAL NAME: _____
Last (Include Jr., II, III) First Middle

MAIDEN / ALIAS NAME: _____

CURRENT MAILING ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____ RACE: _____ SEX: Male Female

SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE OR IDENTIFICATION NUMBER: _____

LICENSE/IDENTIFICATION NUMBER ISSUED BY STATE OF _____ DRIVER'S LICENSE EXPIRATION DATE: _____

"I hereby authorize the Department of Human Services to obtain a Criminal Record Check through the Arkansas State Police in accordance with Act 1041 of 1997."

SIGNATURE: _____ DATE: _____

Statement of Oath: I state on oath that the representations made herein are true and correct.

Signature of Applicant/Employee Date

State of Arkansas; County of _____ Subscribed and sworn to me before a Notary Public in and for the county and state aforesaid, this _____ day of _____, _____.

Notary Public

My Commission Expires on _____, _____.

I.D. BUREAU USE ONLY	<input type="checkbox"/> 80000 FBI Record Check	<input type="checkbox"/> 82001 Civil Record Check
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Instructions for CFS-342A

General Instructions

Purpose: The CFS-342A will be used to authorize criminal record background checks related to foster care. Complete one form for each foster parent applicant(s). Also, complete one form for each household member age fourteen (14) years or older. If the household members have already authorized this action, then a copy of the authorization must be attached. If not, the household members are to sign the authorization on this form.

To prevent delays caused by incomplete forms, the county supervisor should designate a person to check each form for accuracy and completeness.

Expedited checks: If necessary, staff will physically go the State Police Headquarters and wait for the check to be completed. If the expedited request is the result of a judge making an order for a check to be completed within five days, then central office foster care staff will handle the request. A copy of the order or written verification of when the order was made, and by which court, must be attached to the request for the expedited check.

If, however, the urgency is caused by a delay on the part of the worker, the worker will be responsible for walking the form through completion.

Repeated checks: Per Act 1041 of 1997, any person required to have an Arkansas State Police Record Check shall repeat the check every five years.

Routing

Send the Criminal Record Check information in an envelope stamped "**CONFIDENTIAL**" to:

Arkansas Department of Human Services
Division of Children and Family Services Foster Care Unit
P. O. Box 1437, Slot S565
Little Rock, Arkansas 72203-1437
Phone (501) 682-1569

Arkansas Department of Human Services
Division of Children and Family Services

AR920090Z

STATE ADOPTIONS CRIMINAL RECORD CHECK

THIS SECTION TO BE COMPLETED BY DHS WORKER

_____	_____
County Requesting Check and Report	Name of DHS Worker Requesting the Check
()	_____
Telephone Number	Title
/	_____
Street Address/County Number	Area/Area Manager
_____	_____
City State Zip Code	Date of Request

THIS SECTION TO BE COMPLETED BY THE PERSON TO BE CHECKED

LEGAL NAME: _____
Last (Include Jr., II, III) First Middle

MAIDEN / ALIAS NAME: _____

CURRENT MAILING ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____ RACE: _____ SEX: Male Female

SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE OR IDENTIFICATION NUMBER: _____

LICENSE/IDENTIFICATION NUMBER ISSUED BY STATE OF _____ DRIVER'S LICENSE EXPIRATION DATE: _____

"I hereby authorize the Department of Human Services to obtain a Criminal Record Check through the Arkansas State Police in accordance with Act 1041 of 1997."

SIGNATURE: _____ DATE: _____

Statement of Oath: I state on oath that the representations made herein are true and correct.

Signature of Applicant/Employee Date

State of Arkansas; County of _____. Subscribed and sworn to me before a Notary Public in and for the county and state aforesaid, this _____ day of _____, _____.

Notary Public

My Commission Expires on _____, _____.

I.D. BUREAU USE ONLY	<input type="checkbox"/> 80000 FBI Record Check	<input type="checkbox"/> 82001 Civil Record Check
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Instructions for CFS-342B

General Instructions

Purpose: The CFS-342B will be used to authorize criminal record background checks related to adoption. Complete one form for each adoptive parent applicant(s). Also, complete one form for each household member age fourteen (14) years or older. If the household members have already authorized this action, then a copy of the authorization must be attached. If not, the household members are to sign the authorization on this form.

To prevent delays caused by incomplete forms, the county supervisor should designate a person to check each form for accuracy and completeness.

Expedited checks: If necessary, staff will physically go the State Police Headquarters and wait for the check to be completed. If the expedited request is the result of a judge making an order for a check to be completed within five days, then central office foster care staff will handle the request. A copy of the order or written verification of when the order was made, and by which court, must be attached to the request for the expedited check.

If, however, the urgency is caused by a delay on the part of the worker, the worker will be responsible for walking the form through completion.

Repeated checks: Per Act 1041 of 1997, any person required to have an Arkansas State Police Record Check shall repeat the check every five years, except adoptive parents after the adoption decree has been issued. Adoptive parents shall have the State Police Record Check dated within one (1) year of placement.

Routing

Send the Criminal Record Check information in an envelope stamped "**CONFIDENTIAL**" to:

Arkansas Department of Human Services
Division of Children and Family Services Foster Care Unit
P. O. Box 1437, Slot S565
Little Rock, Arkansas 72203-1437
Phone (501) 682-1569

Date of Application _____
 Date Completed _____
 Studied By _____

Arkansas Department of Human Services
Division of Children and Family Services
Foster Home Study/Application

 Husband's Name – Last First Middle

 Wife's Name – Last First Middle

 Street Address or P.O. Box

 City State Zip

 Grade Completed:

 (Husband) (Wife)

Home Phone _____ His Work # _____ Her Work # _____
 Directions to Home _____

 Date and Place of Marriage: _____
 Marital Status: (1st, 2nd, Divorced, Widowed, Single)

 (Husband) (Wife)

	Date of Birth	SSN	Race	Religion	Height	Weight	Color of Hair	Color of Eyes
Husband								
Wife								

OTHERS IN HOME:

Surname	First Name	Sex	Date & Place of Birth	Relation to Head	Place of Employment or School & Grade

CHILDREN AWAY FROM HOME: _____

Minimum Licensing Standards for Child Welfare Agencies states "No person may serve as a foster parent if any adult member of that person's home is homosexual."
 Are you or any adult member in the household homosexual? Yes No

Instructions: Prospective foster parents complete CFS-450 providing as much information as space allows. The CFS-450 Attachment pages 1-3 shall be completed by each school age child in prospective foster family, and pages 4 and 5 shall be completed by prospective foster parents describing each child in prospective family, regardless of age.

CONTACT PERSONS IN CASE OF EMERGENCY:

Name	Relationship to Head	Home Address	Home Phone	Work Phone	Place of Employment

EMPLOYMENT INFORMATION:

	Name of Employer	Position	Length of Time	Phone	Working Hours
Husband					
Wife					

Have you ever applied for or considered adoption? Yes No

FOSTER CARE INFORMATION:

Have you previously applied or been approved for a foster child? Yes No If yes, name of agency, date and city: _____

How did you find out about foster care? _____

Why did you want to be a foster parent? _____

Preference of kind of foster child you would accept in your home: (Give age, sex, number of children and any other pertinent details) _____

Can you provide transportation for the foster child? Yes No

REFERENCES: *(Please give as references four persons, including only one relative, whom you have known at least two years, and who are familiar with your child caring experiences)*

Name	Address	Zip Code	Phone

Violations:

Have either of you ever been arrested for anything other than a minor traffic violations? Yes No If yes, please attach separate sheet of explanation

Because we would like to get to know you better, we would appreciate your telling us a bit about yourself in the following areas:

	Potential Foster Mother	Potential Foster Father
<p>I. General Health:</p> <p>How would you describe your general health?</p> <p>List any major illnesses or health problems.</p> <p>How often do you see a doctor?</p> <p>How long have you used your current doctor?</p>		
<p>II. Your Family Background:</p> <p>Who you were raised by</p> <p>What your parents were like</p> <p>What your brothers and sisters were like</p> <p>How much contact do you have with them today?</p>		
<p>III. Your Childhood:</p> <p>Which parent were you closest to?</p> <p>How were you disciplined?</p> <p>What age of your childhood did you enjoy most? Why?</p> <p>Share a happy and an unhappy memory.</p>		

Because we would like to get to know you better, we would appreciate your telling us a bit about yourself in the following areas:

Potential Foster Mother

Potential Foster Father

<p>IV. Your Education:</p> <p>How you felt about school.</p>		
<p>V. Your Employment History:</p> <p>Places you have worked</p> <p>Jobs you liked or disliked</p> <p>Where you work now and what you do there and your hours of work.</p>		

Because we would like to get to know you better, we would appreciate your telling us a bit about yourself in the following areas:

	Potential Foster Mother	Potential Foster Father
<p>VI. Previous Marriages:</p> <p>Give dates of previous marriages and divorces.</p> <p>Do you have any children by this marriage? (If yes, where do they live now and with whom?)</p> <p>If they do not live with you, do you see them, keep in touch with them, and/or support them?</p> <p>What do you feel was the reason for the divorce?</p> <p>How is your present marriage different?</p>		
<p>VII. Present Marriage:</p> <p>Why did you and your spouse choose each other for marriage?</p> <p>What do you admire most about your spouse and what, if anything, would you change?</p>		

FAMILY RELATIONSHIPS:

Who makes the decisions in your family? If decisions are made jointly, what happens when you cannot agree? _____

Who usually wins most arguments? _____

How do you and each of your family members act when they are angry? What makes them angry? Does anyone hold a grudge? _____

How do you and each of your family members show affection (for example: freely, sparingly, easily, by touching, joking, smiles, etc.)? _____

If someone in your family is depressed, what do the other family members do (for example: leave him/her alone, tease, offer sympathy, try to cheer him/her up, etc.)?

Do you and your spouse usually agree on the way your children should be disciplined? Yes No If yes, how are they disciplined and who usually does it? If no, how do you differ and how do you resolve those differences? _____

What have you and your spouse enjoyed most about being parents? _____

What have you and your spouse enjoyed least about being parents? _____

Have you ever been a parent to someone else's child? Yes No If yes, what was the relationship and how long did you parent this child?

How was it different from parenting your own child and how was it the same? _____

Do you have a religious preference? Yes No If yes, what is it? _____

Is your family active in a church? Yes No

If a foster child's religious preference is different from yours, would that be alright or would you insist he attend your church? (Explain) _____

Would you take him/her to their church? Yes No

Recreation: How do you and your family spend your leisure time? _____

Type Home: Single Family Multiple dwelling (for example, apartment, condominium, duplex) Mobile home Other (*please explain*) _____

How long have you lived there? _____

Number of rooms and their use: (For example, 7 rooms; living room, family room, kitchen, 2 bedrooms, 2 baths) _____

How would you describe your housekeeping standards? _____

Does anyone help you with the housekeeping chores? Yes No (If yes, who and what do they do?) _____

How would you describe the upkeep (maintenance) of your home? (For example, the yard, repairs on the home, etc.) _____

Is your home within easy driving distance of schools, churches, shopping, doctors, etc.? Yes No

Pets: please list the kinds of pets you have and their names: _____

Is there anything unusual about your home and/or yard? (For example, something that you think a foster child should know before coming to your home) Yes No

(If yes, please explain) _____

Do you have a swimming pool? Yes No (If yes, how do you or would you provide for child's safety?) _____

Please describe the room where the foster child or children would sleep _____

If the foster child would share a room is there a separate bed for him or her? _____

Do you, your children and their friends enjoy your home? _____

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN & FAMILY SERVICES
Initial Family Foster Home Agreement**

The purpose of this Agreement by and between the Division of Children and Family Services, referred to as the Division, and _____, referred to as the Family Foster Parent(s), is to demonstrate the understanding and acceptance, by both parties, of the rights and responsibilities as explained during Pre-Service Training and listed in the Service Programs Policy Manual.

The above named family foster parent(s) have been approved by the Division to provide Standard Planned-Term, Respite, Emergency, Specialized and/or Relative Family Foster Home Care (mark all that apply) for _____ number of children.

The preferences of the family foster parents are:

Preferred Sex: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> both	Preferred Disability: <input type="checkbox"/> mental retardation <input type="checkbox"/> blind or visually impaired <input type="checkbox"/> deaf or hearing impaired <input type="checkbox"/> physically disabled <input type="checkbox"/> emotionally disabled <input type="checkbox"/> learning disabled <input type="checkbox"/> medical condition <input type="checkbox"/> HIV +/AIDS <input type="checkbox"/> Other (<i>specify</i>) <input type="checkbox"/> _____ <input type="checkbox"/> None	Preferred Age: <input type="checkbox"/> 0-1 year <input type="checkbox"/> 2-5 years <input type="checkbox"/> 6-11 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 16 years plus <input type="checkbox"/> no preference	Preferred Sibling Group: <input type="checkbox"/> 2 siblings <input type="checkbox"/> 3 siblings <input type="checkbox"/> 4 siblings <input type="checkbox"/> 5 siblings <input type="checkbox"/> 6 or more siblings	Preferred Number of Children (Non-Siblings) to be Placed in Home: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--	---	---	--	--

I. Division Responsibilities and Expectations:

The Division shall notify the family foster parent(s) prior to a placement of the pertinent information about the child and the birth/legal parent(s) including the reasons for placement, the projected length of stay, the board rate, the visitation plan, services case plan, and any special services. The Division will provide the family foster parent(s) with a current Medi-Alert (CFS-362) and Foster Home Agreement Addendum (CFS-462A) at the time of placement.

The Family Service Worker will explain each child's services case plan and schedule of visitation to the family foster parent as children are placed in the home. The Family Service Worker will make weekly visits to the family foster home to assess the quality of care being provided and to support family foster parents in maintaining placements. The Family Service Worker must document and receive approval for less than weekly visitation. The Division will provide both initial and ongoing training for the family foster parent. The Division and the family foster parent shall abide by this agreement at all times.

The Division shall include the family foster parent(s) in the decision making process for any child placed in their care. The family foster parent(s) shall be invited to attend pre-placement activities: staffings (a minimum of one every six (6) months); and court proceedings. Their input will be requested in case planning as it relates to services for the child.

The Family Service Worker will give advance notice to the family foster parents when the child is to be moved from the home.

Financial Arrangements:

The Division will provide the family foster parents with a monthly board payment according to the established rate for the foster child receiving care. Clothing must be purchased and a spending allowance will be given the child from the board payment as specified. Medical expenses including prescription drugs are covered by the child's Medicaid card. In certain cases, transportation for medical expenses or other additional expenses can be reimbursed by the Division. Reimbursement will be approved on a case by case basis in keeping with standard divisional policies for such needs.

Family Foster Home Re-evaluation:

The Division will re-evaluate the home and family annually. This evaluation will include health physicals, discussion of the foster children characteristics acceptable to the home, the willingness of all members of the foster family to continue in the program, and continued compliance with all family foster home standards. In addition, the Family Service Worker will complete the CFS-475 (Checklist for Compliance) quarterly in order to provide ongoing monitoring of the home.

II. Family Foster Parent(s) Responsibilities to the Foster Child

The family foster parents shall comply with the intention of the foster care program to provide care and supervision on a level of excellence with normal family life for a child. However, the family foster parents shall not make major decisions that have far reaching effects on the foster child's life, such as consents for surgery, military service, or marriage. Family foster parent(s) shall recognize the intended temporariness of the placement and cooperate in every way with efforts to reunite the child with his/her family or otherwise provide for permanency.

Most importantly, the family foster parent(s) will protect the child and his/her birth/legal family by keeping private matters, plans and decisions regarding the child and his/her family strictly confidential at all times. A good rule of thumb is "when in doubt, don't tell it." They shall assist in preparing the child and showing support for any move that must be made.

If the family foster parent's religion differs from that of a foster child, the family foster parent should exhibit a knowledge and appreciation of the foster child's religious background. No attempt will be made to dissuade the foster child from his religious teachings or practices.

Services provided by family foster parent(s) to the foster child include:

1. Providing daily care and supervision in keeping with a safe and nurturing family life style,
2. Maintaining daily medical needs/problems/events of foster children,
3. Keeping a scrapbook for the child to record developmental progress and special events,
4. Transporting for visits with birth/legal parents and to medical providers,
5. Keeping both health and progress records as specified by policy,
6. Speaking positively of the child's birth/legal family; and
7. Working with DCFS to prepare the child and his/her family for termination of foster care.
8. Attending school conferences involving children in their care.

Family Foster parents Responsibilities to the Division:

1. To be involved in and cooperate with the other team members in decision making activities, including pre-placement activities, staffings, court proceedings, and case planning, thereby assisting in effecting the child's return home or to a permanent placement.
2. To participate in educational and training programs designed to enhance ability to care for foster children, with each family foster parent completing a minimum fifteen hours of training annually.
3. To be aware of and share with the child's Family Service Worker the child's strengths, limitations, and emotional and behavioral problems in order for appropriate educational and supportive services to be provided.
4. To inform the Division if: a child runs away, child is arrested, child is involved in an accident in which he and/or another person is injured or property is damaged, a need for emergency medical services for the child arises, or they plan on taking the child on an overnight trip or leaving the state.
5. To inform the child's Family Service Worker of any misunderstanding, disagreements, problems, or grievances regarding the child or the Division in a timely manner.
6. To notify the Division of any pertinent conditions, problems, or changes in address, telephone number, household composition, physical structure of the home. To inform the Division of any life stressors within the foster family which may affect the foster family's effectiveness as foster family. Life stressors may include, but are not limited to: serious illness of a family member, divorce, death of a family member, and problems with the foster family's own birth/legal children.
7. To notify the Division if they wish to withdraw from participation in the program.

8. To accept Division Regulations: The family foster parent(s) must abide by the policies of the Division and accept the Division's supervision. The Division delegates the responsibility for the day-to-day care of the foster child to the family foster parent(s), but retains legal responsibility for supervision, decision making, and the assuring of continuity of care for the child.

Family Foster Parent Liability:

According to Act 941 of 1989, family foster parents are not liable for damages caused by their foster children, nor are they liable to the foster children or their families for injuries to the foster children, "caused by acts or omissions of the family foster parents unless the acts or omissions constitute malicious, willful, wanton, or grossly negligent conduct."

III. Division Procedures for Investigating Child Maltreatment Allegations Against the Family Foster Home

Any complaint of child maltreatment brought against the family foster home must immediately be brought to the attention of the DCFS County Office Supervisor. All complaints will be investigated by the Crimes Against Children Division (CACD). The Family Service Worker will notify the attorney ad litem and OCC Attorney for all children placed in the family foster home of the allegations. The family foster parents must be notified in writing of the complaint, the outcome of the investigation, any corrective action(s) needed to be made, and/or action(s) to be taken. An agreement shall be reached between the Family Service Worker and family foster parent for the period of time necessary to resolve any problem(s).

If the decision is made to close the family foster home as a result of the investigation, the family foster parents must be notified in writing. This notification must include a description of the grievance procedures for family foster parents.

Any complaint of child maltreatment regarding a family foster parent, regardless of nature, must be recorded in detail in the family foster home record. True child maltreatment reports shall be maintained in Central Registry. Records of cases where allegations are unsubstantiated shall be maintained in Central Registry as needed, and cannot be disclosed except under certain conditions.

Division Procedures for Investigating Non-Maltreatment Allegations

Any complaint related to failure by the foster family to maintain minimum standards for continued approval of their family foster home shall also be brought to the immediate attention of the DCFS County Office Supervisor. Such complaints will be investigated by the Division. If non-compliance is found, the home must be brought into compliance within thirty (30) days or the home may be closed. Such situations and their resolution shall be recorded in the family foster home record. A written report of findings, conclusions and anticipated action shall be sent to the family foster home.

Family Foster Parent(s) Signatures:

Divisional Signatures:

Family Foster Father/SSN Date

Family Service Worker Date

Family Foster Mother/SSN Date

DCFS County Office Supervisor Date

Routing: 1 copy to Family Foster Parents
 1 copy to Family Foster Home Case Record

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Children & Family Services**

Foster Home Agreement Addendum

This addendum to the Agreement signed on _____ by the Division of Children and Family Services and _____ (*foster parents*) is for the provision of foster home services in accordance with the case plan for _____ (*child's name*), _____ (*birthdate*), _____ (*SSN*), _____ (*case number*).

The child is a relative? Yes No

The above named child shall be placed in the foster parent's home on _____ and shall remain there until the case plan goals have been met, the case plan is changed, or the child is moved to a different placement, determined by the Division to be in the child's best interest.

As the foster parents of the above named child I have:

- received copies of all pertinent information including the case plan.
- been told why this child is being placed.
- been told what the board rate shall be (\$_____ per month).
- been informed of the staffing frequency and invited to attend as follows: _____.
- been notified of the frequency of the Family Service Worker's visits as follows: _____.
- been told that progress reports shall be submitted _____.
- been informed of the visitation plan as follows: _____.
- been informed of any special medical needs of the child.
- been informed that updated copies of the child's case plan will be given to me _____.
- been informed that the names of the DCFS persons responsible for working with the family are: _____.

The child may be removed from my home when: _____

We, as foster parents, shall have the following contact with the child's natural family: _____

Foster Parent

Date

Foster Parent

Date

As the Family Service Worker for the above named child I agree to:

- send copies of all pertinent information including the case plan.
- keep the foster parents informed of all scheduled staff meetings, visitation plans, court hearings, any impending plan to remove the child from the home in keeping with the terms of this agreement and of any changes in the child's case plan.

DCFS Family Service Worker

Date

As the DCFS County Supervisor, I agree to supervise the Family Service Worker and this placement in keeping with the terms of this agreement and the policy of the Division of Children and Family Services.

DCFS County Supervisor

Date

Routing:

1 copy Foster Parent

1 copy Foster Home Case Record

CFS-462A (R. 01/2002)

**INSTRUCTIONS
FOR
CFS-475**

This form/checklist is to be used for initial approvals, ongoing monitoring, reevaluation and closure(s) of foster families, their homes, and their records. Other than annual reevaluations, family foster homes also shall be reevaluated if any of the following conditions develop: a.) Death or serious illness among the members of the foster family; b.) Separation or divorce of family foster parents; c.) Loss of or change in employment status by either family foster parent; d.) Change in residence; e.) Suspected maltreatment of any child in the home; or f.) Any other major life changes in the family foster home. This checklist is a guide to support documentation in the family foster home assessment. Utilization of this checklist should make the review process easier and more comprehensive.

GENERAL

The items are to be checked on a yes/no basis. If the item is in the file or is being met then mark the item off. If there are discrepancies, then leave the item blank and make a note in the case narrative.

Complete only the sections of this checklist that are appropriate to the current status of the record.

For Initial Approval complete Sections A, B, and C1.

When a foster family transfers into the county complete Sections B and D.

For Ongoing Monitoring of the foster family and their home complete Sections B, C2, E, and F, on a quarterly basis.

For Annual Reevaluations complete Sections B, C2, E, and G.

Sections H, I, and J stand alone and are self-explanatory.

All discrepancies shall be noted in the Case Narrative. The form/checklist shall be retained in the Family Foster Home Record until all corrective actions have been taken, then disposed of.

ROUTING

Original to DCFS County Supervisor.

Copy retained in the Family Foster Home Record until all corrective actions have been taken.

Copy retained by the Family Service Worker until next review.

**INSTRUCTIONS
FOR
CFS-475**

This form/checklist is to be used for initial approvals, ongoing monitoring, reevaluation and closure(s) of foster families, their homes, and their records. Other than annual reevaluations, family foster homes also shall be reevaluated if any of the following conditions develop: a.) Death or serious illness among the members of the foster family; b.) Separation or divorce of family foster parents; c.) Loss of or change in employment status by either family foster parent; d.) Change in residence; e.) Suspected maltreatment of any child in the home; or f.) Any other major life changes in the family foster home. This checklist is a guide to support documentation in the family foster home assessment. Utilization of this checklist should make the review process easier and more comprehensive.

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Sections H, I, and J stand alone and are self-explanatory.

All discrepancies shall be noted in the Case Narrative. The form/checklist shall be retained in the Family Foster Home Record until all corrective actions have been taken, then disposed of.

ROUTING

Original to DCFS County Supervisor.

Copy retained in the Family Foster Home Record until all corrective actions have been taken.

Copy retained by the Family Service Worker until next review.

**Arkansas Department of Human Services
Division of Children & Family Services
Checklist for Compliance
Family Foster Home Record**

Reviewer: _____

Date of Review: _____

Family Foster Home: _____

Date Home Opened: _____

Provider Number: _____

Date Home Closed: _____

Family Service Worker: _____

Date Home Re-Opened: _____

County: _____

Date Home Transferred to Another County: _____

Is the family foster home record set up in the record order and filed in the special divided folders as outlined in Appendix VI?

Yes No

A. APPROVAL (Is the following or its equivalent filed):

- Yes No CFS-462 (Initial Family Foster Home Agreement)?
- Yes No CFS-475 (Checklist for Compliance)?
- Yes No CFS-485 (Family Foster Home Face Sheet)?
- Yes No CFS-450 (Family Foster Home Study/Application & Attachments for each child in family)?
- Yes No CFS-449 (Three [3] letters of reference)?
- Yes No CFS-455 (Request Consent for Health Department Services), if applicable?
- Yes No CFS-480 (Alternate Compliance of Water Supply Agreement), if applicable?
- Yes No Verification of marriage and/or divorce?
- Yes No CFS-342(A) Foster Care Criminal Record Check, all information received and, in the case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for determination?
- Yes No CFS-316 (Child Maltreatment Central Registry Check), all information received and, in the case of a report of violation, a summary of the face-to-face discussion, determination, and reasons for determination?
- Yes No Family foster home study with recommendations for the terms of approval, number, age, sex, and characteristics of children the home is best equipped to provide care?
- Yes No Approval/Denial letter?
- Yes No In the case of denial, does the letter indicate reason(s) for denial?
- Yes No Was the approval/denial letter sent within thirty (30) days from completion of family foster parent pre-service training or, where applicable, within sixty (60) days from completion of family foster parent pre-service training?
- Yes No If determination of approval/denial could not be made within thirty (30) days of completion of family foster parent pre-service training, was a letter sent to the applicant(s) at the end of the thirty (30) days advising of the reason(s) for the delay?
- Yes No In the case of denial, does the record indicate there was a face-to-face conference with the family foster applicant(s) to discuss the reason(s) for denial?
- Yes No Does the record contain a copy of the Provider/Resource information in CHRIS indicating the home has been opened, if applicable?
- Yes No CFS-478 (Health Certificate for each family member ([Physician's Report])?)

- Yes No Does the record document that the foster family and foster family's physical surroundings meet all standards for approval as a family foster home? (Refer to Section B)?
- Yes No If exception of standard/policy is necessary, did the record contain a written "Second Party Review" approval or other written notification of approval from DCFS Central Office?
- Yes No Does the record document that the assessment included at least two (2) separate visits, one of which was a home visit?
- Yes No that a separate interview was conducted with each member of the applicant(s)' household who is school age and above, and
- Yes No that an interview was conducted with all members of the applicant(s)' household present?
- Yes No Family foster parent pre-service training completed (Refer to Section C)?

Comments:

B. STANDARDS FOR APPROVAL OF FAMILY FOSTER HOME:

- Yes No Joint Application/Commitment: Are both the husband and wife of a family foster parent applicant couple equally committed to, or if already approved, do they continue to be equally committed to assuming the role of family foster parent?
- Yes No Commitment of the Birth/Legal Children: Birth/legal children of the family foster parent applicant(s) or approved foster family have taken part in the assessment and agree to their parent(s)' decision to become family foster parents?
- Yes No If applicable, other children and adults (grandparents, aunts, nieces, cousins, etc.) who are a part of the household have been taken into consideration in the assessment and agree to the family foster parent applicants' decision to become family foster parents?
- Yes No At least one parent in the foster home can communicate effectively in the language of the child?
- Yes No **Personal Characteristics:** Family foster parents must have the personal characteristics which enable them to assume the responsibility of caring for foster children. Family foster parent applicant(s) or approved family foster parent(s) possesses:
- Yes No a. The capacity to love and care for children and respond to children's needs?
- Yes No b. The capacity to enjoy being a parent and assume all the responsibilities involved?
- Yes No c. The capacity and willingness to give love, affection, and care to a child without expecting the child to return this love and affection?
- Yes No d. The willingness to allow for socialization of the foster child with his/her peers?
- Yes No e. Flexibility in his/her expectations, attitudes, and behavior in relation to meeting the needs or children?
- Yes No f. Ethical standards and values which are conducive to the well-being of children?
- Yes No g. The ability to accept a foster child's background without passing moral judgment on the child or the child's birth/legal family?
- Yes No h. The ability to accept a foster child's relationship with his/her birth/legal family?
- Yes No i. The ability and willingness to accept, understand, and utilize training, guidance, and supervision from the Division of Children and Family Services or other professional people in order to meet the needs of foster children and other families of origin?
- Yes No j. Emotional stability, including a satisfactory method of handling angry feelings?

- Yes No k. Satisfactory and stable relationships, which include not only a satisfactory and meaningful marital relationship, but also supportive relationships with several relatives and/or friends?
- Yes No l. The ability to function adequately in his/her chosen life style, i.e., ability to enjoy and accept the responsibility of his/her job, his/her family life, his/her friends, and his/her own self?
- Yes No m. An acceptance of his/her own childhood experiences and an absence of any qualities which would indicate that the family foster parent(s) was an abused or neglected child and has not worked through all the issues?
- Yes No n. The capacity to absorb the presence of a foster child without undue disruption of his/her own family life, and the ability to cope with the departure of the foster child?
- Yes No o. The maturity to exercise good judgment and appropriate use of authority, along with the youthful qualities of vitality and flexibility which are necessary to care for children?

Age:

- Yes No a. Applicants are age 21 or over?
- Yes No b. If one or both applicants are age 65 or over or when one or both spouses of a currently approved family foster home reaches age 65, the family foster parent(s) has undergone a "Second Party Review" by DCFS Central Office and been approved for an exception of the age standard?

Physical and Mental Health:

- Yes No a. A physical examination (via CFS-478 for initial approval) has been obtained and filed in the record for each member of the foster family's household verifying that all members are free of any physical or emotional health problems which would adversely affect the welfare of a foster child?
- Yes No b. All members of the household older than twelve (12) years shall receive a Mantoux skin test for tuberculosis every three (3) years, as long as the test results remain negative. Household members with a positive skin test must provide documentation from a physician (via the CFS-478) every two (2) years certifying that they are free from communicable tuberculosis.
- Yes No c. Immunizations for all children in the family foster home (both the children who normally reside in the foster family's household and foster children) are up to date?
- Yes No d. Has family foster parent(s) kept the agency informed concerning any changes in his/her physical or mental health?
- Yes No e. If applicable, a physical disability in either family foster parent or foster family member has been evaluated by a physician along with how it affects his/her personality and whether it may have significance to a specific foster child?

Family Composition:

- Yes No a. Two parent family foster home?
- Yes No b. Single parent family foster home?
- Yes No c. Foster family does not have transient roomers or boarders residing in their home?
- Yes No d. If applicable, other children and adults (grandparents, aunts, nieces, cousins, etc.) who are a part of the household have been taken into consideration in terms of how they might be affected by or have an affect upon another child?
- Yes No e. Any adult member of the foster home, including the foster parent, is homosexual?

Marriage Stability:

- Yes No a. Record documents that marriage(s) and/or divorce(s) have been verified?

- Yes No b. Applicants have been married at least three years and demonstrate a stable marriage?
- Yes No c. Approved family foster parents have demonstrated a continued stable marriage?
- Yes No d. Applicants who have been married less than three years have had a "Second Party Review" conducted and approved by DCFS Central Office for exception of the standard of three years of marriage?
- Yes No e. A family foster parent couple who is separating or divorcing, has had a "Second Party Review" conducted and approved by DCFS Central Office?
- Yes No f. An approved single family foster parent who marries, has had a "Second Party Review" conducted and approved by DCFS Central Office regarding the character, suitability and qualifications of the new spouse to assume the shared role of family foster parent with his/her spouse?

Children:

- Yes No a. There are no more than five children from more than one family in the family foster home. No more than three shall be foster children. (This count includes children who normally reside in the family foster home and foster children)?
- Yes No b. There are no more than two children under age two in the home. There are no more than three children under the age of six in the home. (This count includes children who normally reside in the home of the foster family and foster children)?
- Yes No c. There are no more than five children in the home but they are part of a sibling group?
- Yes No d. Applicant(s) or approved family foster parent(s) has legal custody or guardianship of any children in his/her home that are not his/her birth/legal children or relatives?
- Yes No e. Family foster parent(s) is not keeping children for more than one child placing agency?
- Yes No f. Family foster parent(s) is not providing day care services on a regular basis in their home?
- Yes No g. Family foster parent(s) has obtained a waiver if providing day care services on a regular basis in their home?

Religion:

- Yes No a. Family foster parent(s) respect religious preferences of the foster child and his/her birth/legal family?

Education:

- Yes No a. Family foster parent(s) has a positive attitude toward both academic and vocational education according to individual needs?
- Yes No b. Family foster applicant(s) or approved family parent(s)' level of formal education attained is sufficient to allow him/her to function in his/her community, in his/her employment, and in his/her home?
- Yes No c. Family foster parent(s) able to read and write?

Financial Stability:

- Yes No a. The family has sufficient, stable income, not including board payment, to assure its stability and security?

Employment:

- Yes No a. Both parents may be employed outside the home. If both are employed outside the home, the husband or the wife is able to remain at home with a foster child for as long as necessary for the initial adjustment of the child?

- Yes No b. There are suitable plans for care and supervision of foster children before and after school, during holidays and vacations, and when children are ill and absent from school?
- Yes No c. If employment is seasonal, the family has compensatory income or savings for the off season?

Knowledge of Child Growth and Development:

- Yes No a. The family foster parent applicant(s) or approved family foster parent(s) has a working knowledge of child growth and development?

Acceptance of Agency Regulations:

- Yes No a. The family foster parent(s) has signed an agreement (CFS-462) with the Division of Children and Family Services?

PHYSICAL STANDARDS FOR THE HOME

Accessibility of the Home:

- Yes No a. The family foster home is accessible throughout the year to make available education and religious training, recreation, parental visiting, supervision by the child placing agency, and medical care for the child?

Neighborhood:

- Yes No a. The neighborhood/community in which the family foster home is located is one which:
- Yes No is accessible
 - Yes No which will provide a healthy environment,
 - Yes No is free from health and safety hazards, and threats from persons in and about the neighborhood/community?

Ownership of Home:

- Yes No a. The foster parent has provided documentation of homeowner's or renter's insurance and general liability insurance, which may be included in the homeowner's policy?
- Yes No b. If the foster family does not own the home in which they live, the person who does own the home has verified, in writing, that he/she has no objections to the applicant(s) caring for foster children in the home?

Indoor Arrangement and Use of Rooms:

- Yes No a. There is adequate space for privacy, play, and study for all family members?
- Yes No b. There is sufficient seating for the family to eat together?
- Yes No c. The foster child sleeps in a bedroom, not in a living room or dining room where others are passing through?
- Yes No d. Each child has his/her own bed, in good condition, or shares a double bed with only one other child of the same sex? Children age four (4) years or older will not share a double bed.
- Yes No e. Children of different sexes over age four do not share a bedroom?
- Yes No f. Children share a room with an adult only when sick or temporarily in need of constant supervision?
- Yes No g. There are at least 50 square feet of space per child in his/her bedroom?
- Yes No h. Each bedroom used for a foster child has a window to the outside?
- Yes No i. The number of foster children placed in a family foster home is limited by the number of persons who can satisfactorily live within the physical limits of the home?

- Yes No j. Individual space is provided for the child's personal possessions?
- Yes No k. Each foster child's bedding is clean, in good condition, and laundered at least weekly, or as needed?

Transportation:

- Yes No a. The family foster parents have a mode of transportation available for foster children to participate in necessary school, recreation, and medical activities?
- Yes No b. The family foster parents maintain all vehicles used to transport children in a safe condition and in compliance with applicable motor vehicle laws of the state?
- Yes No c. The family foster parents have all vehicles owned by them to include liability insurance as required by Arkansas Satutes?
- Yes No d. The family foster parents allow foster children to be transported only by person possessing a valid driver's license?
- Yes No e. The family foster parents have safety seats for transporting children under three years of age, and all other children are restrained by seat belts?

Water Supply:

- Yes No a. If water is supplied by any other source than an approved city water department, the water supply has been tested yearly by the Arkansas Department of Health to assure that it is safe for human consumption?
- Yes No b. If a water supply is found unsafe, an alternate compliance of water supply agreement has been established with the foster family and has been approved by DCFS Central Office?

GENERAL SAFETY STANDARDS: The premises of the house, the yard surrounding the house, the basement and attic (if applicable and accessible), the garage or carport, and storage area have been inspected, and it is verified that they are free from physical hazards which would endanger the physical safety of children. The following qualities have been checked and verified:

- Yes No a. Cleanliness of the home is maintained?
- Yes No b. the home has adequate light, heat, ventilation, and plumbing for safe and comfortable living?
- Yes No c. The home has a minimum of one flush toilet, one wash basin with running water and one bath or shower with hot & cold water?
- Yes No d. Medicines, cleaning supplies, insecticides, gasoline, hazardous tools, knives, guns or similar dangerous objects are locked up? Guns are unloaded and stored separately from ammunition?
- Yes No e. Heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children are screened or otherwise protected?
- Yes No f. The home has a safe sewage disposal system?
- Yes No g. All garbage and other wastes are kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health hazard or nuisance?
- Yes No h. The home contains at least one approved fire extinguisher, readily accessible and in working condition? Within ten feet of each bedroom, there are fire alarms or smoke detectors maintained in good working order at all times? There is a chemical fire extinguisher in the cooking area?
- Yes No i. Fire hazards, such as dangerous or defective heating equipment, flammable material, defective electrical appliances or electric cords, excessive use of extensive cords, etc., have been eliminated or corrected?
- Yes No j. The home, including a mobile home, has at least two (2) exterior doors that are not blocked to prevent easy exit, neither are interior doors or halls blocked or cluttered to prevent easy passage?
- Yes No k. The family has a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado and the escape plan is posted within the home?

- Yes No l. Document fire drills occurred on a quarterly basis (date/time/persons involved/length of time needed to clear the home)?
- Yes No m. Emergency phone numbers are posted near each telephone?
- Yes No n. yards are free of dangerous debris, trash, uncovered cisterns, etc.?
- Yes No o. Small children have access to a play area?
- Yes No p. Yards are large enough to provide ample space for children?
- Yes No q. There is a fence or barrier to prevent a child's access to a busy street or highway, body of water, or dangerous area?
- Yes No r. Mobile homes used as family foster homes have at least two exits and are properly installed and stabilized?
- Yes No s. If the mobile home is located in trailer part, there is sufficient fenced play space for children outside?
- Yes No t. Toys and play equipment are safe and developmentally appropriate for the age level of children?
- Yes No u. Proof of current rabies vaccinations for all household pets?

Telephone:

- Yes No a. The foster family has a working telephone?

Comments:

C. TRAINING:

1. Pre-Service

- Yes No Does the record document a minimum of thirty (30) hours of attendance and participation of family foster parent applicant(s) in family foster parent pre-service training?
- Yes No CFS-463 (Knowledge of Pre-Service Training Materials)?
- Yes No CFS-464 (Family Foster Parent Evaluation)?
- Yes No Does the record document that the foster parent(s) completed CPR and First Aid training and received certification in both areas prior to approval?

2. Continuing

- Yes No Does the record document a minimum of 15 hours of continuing/on-going education (Division or non-Division) that each family foster parent has received in the last year? Including the name(s) of the course(s) and the date(s) of attendance.
- Yes No Does the record document that an individualized training plan was developed for the foster parent taking into consideration the age and characteristics of children for whom the foster parent has expressed preferences?
- Yes No Does the record document the provision or identification of training opportunities for the family foster parent(s) to increase their skills and abilities to family foster parent?

Comments:

D. TRANSFER OF FAMILY FOSTER HOME FROM ANOTHER COUNTY (if applicable):

- Yes No Does the record contain an updated home assessment/summary?

- Yes No CFS-455 (Consent for Health Department Inspection)?
- Yes No Does the record document that the foster family and foster family's physical surroundings continue to meet all standards for continued approval as a family foster home? (Refer to Section B)
- Yes No Does the record contain a copy of the Provider/Resource information in CHRIS changing or transferring to a new resident county?
- Yes No If exception of a standard/policy is necessary, was there obtained and filed in the record a written "Second Party Review" approval or other written notification or approval from DCFS Central Office?

Comments:

E. PLACEMENT HISTORY:

Does the record have filed:

- Yes No Family Foster Home Agreement Addendum (CFS-462A) on each child placed in the family foster home in the last six months?
- Yes No A listing of the names of the children placed in the family foster home?
- Yes No Dates of placement and removal? and
- Yes No Reasons for removal?

Comments:

F. ONGOING MONITORING:

- Yes No Does the record document the foster family and the foster family's physical surroundings continue to meet all standards for approval as family foster home? (Refer to Section B)
- Yes No Does the record document that the foster family meet the needs of the children placed in their home (physical, health, emotional, educational, recreational)?
- Yes No Does the on-going narrative address issues related to work with the foster family, i.e., stress foster family may be experiencing related to foster parenting and common life stressors (i.e., financial difficulties; relationship conflicts with spouse, birth/legal child(ren), in-laws, etc.; illness or death of family member, close friend, etc.) on-going monitoring of the foster family and the foster family's physical surroundings for continued compliance with all standards for approval as a family foster home, etc.?
- Yes No The foster parent administers medications to the foster child in accordance with directions on the label, and logs all medications dispersed?
- Yes No Foster parent is aware of possible side effects of all medications?

Comments:

G. ANNUAL RE-EVALUATIONS:

- Yes No Does the record document the results of the annual family foster home re-evaluation?
- Yes No Does the record document impressions and evaluation of the foster family?
- Yes No gives an objective evaluation of present and future capacity to be family foster parents?
- Yes No states foster family's strong points, weak points?

Yes No states how the foster family met the needs of the children placed in their home?

- Yes No Does the record document the Family Service Worker visited the family home at least monthly whenever there were foster children residing there?
- Yes No Is there on-going summary/family foster home compliance narrative filed in the record to which Family Service Worker can refer when re-evaluating the home? The agency shall monitor the foster home at least quarterly for continued compliance.
- Yes No Does the on-going narrative address issues related to work with the foster family, i.e., stress foster family may be experiencing related to foster parenting and common life stressors (i.e., financial difficulties; relationship conflicts with spouse, birth/legal children, in-laws, etc.; illness or death of family member, close friend, etc.) on-going monitoring of the foster family and the foster family's physical surroundings for continued compliance with all standards for approval as a family foster home, etc.)?
- Yes No Does the record document health (physician's statement) for each foster family member?
- Yes No Does the record document the financial status of foster family?
- Yes No Does the record give a recommendation regarding age, sex, number, sibling group, special characteristics of children which should be placed in the home, problems which can and cannot be handled and recommended length of placement desirable?
- Yes No Does the record document there was a home visit made and face-to-face discussion with the foster family with regard to all the above for the purpose of re-evaluation?
- Yes No Does the record document that the foster family and the foster family's physical surroundings continue to meet all standards for continued approval as a family foster home? (Refer to Section B)
- Yes No Does the record contain a letter of continued approval or a letter of notification of closure (in the case of closure, the reasons for closure being stated and the foster family's right to appeal the decision of closure)?
- Yes No CFS-451 (Family Foster Parent Re-evaluation Form)?
- Yes No CFS-479 (Family Foster Home Re-evaluation Notice)?
- Yes No If exception of a standard/policy is necessary, was there obtained and filed in the record a written "Second Party Review" approval or other written notification of approval from DCFS Central Office?
- Yes No Does the record document that the CFS-342(A) (Foster Care Criminal Record Check) was repeated every five (5) years from the date the home was opened?
- Yes No Does the record document that the CFS-316 (Request for Child Protective Services Central Registry Check) was repeated every two (2) years?
- Yes No Does the record document the foster parent(s) maintained current certification in both CPR and First Aid?

Comments:

H. COMPLAINT AGAINST FOSTER FAMILY OTHER THAN CHILD MALTREATMENT (if applicable):

- Yes No Does the record document foster family was advised, in writing, of:
- Yes No the complaint(s) made against them, CFS-325 (Notification of Complaint Other than Child Maltreatment)?
 - Yes No the outcome of the investigation, CFS-326 (Outcome of Complaint Investigation)?
 - Yes No any corrective action(s) needed to be made, and/or action(s) that will be taken?
- Yes No If applicable, is there filed in the record a written agreement between the County Office/Family Service Worker and the foster family establishing a corrective action plan to correct the problem(s) with the frame(s) established by which the problem(s) will be resolved?

Yes No Is there recorded in the record what assistance the County Office/Family Service Worker/Division offered and/or made available to the foster family to correct the problem(s)?

Yes No In instances where corrective action is not possible/not successful, does record document there was a face-to-face discussion with the foster family to discuss closing the family foster home?

Yes No Is there an investigation report filed in the record regarding the complaint? Did the report include the following information?

- Yes No Date and nature of complaint?
- Yes No Source of Complaint?
- Yes No Reaction of foster family to complaint?
- Yes No Updated home assessment/summary?
- Yes No Services offered to family as a result of the complaint?
- Yes No Conclusion of investigation?
- Yes No Any corrective action(s) needed to be made?
- Yes No Action(s) taken as the result of compliance/non-compliance of corrective action(s) needed?

Comments:

I. TRUE REPORTS OF CHILD MALTREATMENT AGAINST FOSTER FAMILY MEMBER(S) (if applicable):

Date Report	Complaint Made	Home Closed/ Corrective Action	CFS-6001 Filed	Narrative Regarding Investigation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments:

J. CLOSURE IF APPLICABLE:

- Yes No Does the record contain a narrative summarizing all reasons for closure relating both past as well as present documentation to support decision of closure if closure is by Division decision?
- Yes No Does the record document there was a face-to-face discussion with the family foster parent(s) regarding all reasons for closure?
- Yes No Does the record contain narrative indicating all efforts by the county to eliminate the problem(s) resulting in decision to close (if applicable)?
- Yes No Does the record indicate closure is by request of foster family (if applicable)?
- Yes No Does the record contain a letter of notification of closure (reasons for closure being stated and the foster family's right to appeal the decision of closure by filing a grievance)?
- Yes No Does the record contain a copy of the Provider/Resource information contained in CHRIS indicating case closure?

Comments:

K. OVERALL COMMENTS:

Minimum Licensing
Standards
for
Child Welfare
Agencies



Introduction

“The Child Welfare Licensing Act,” Ark. Code Ann. **9-28-401** et. seq., (the Act) is the legal authority under which the Child Welfare Agency Review Board prescribes minimum licensing standards for child welfare agencies, as defined under the statute.

Child Welfare Agency Review Board

The Child Welfare Agency Review Board (the Board) has the authority to promulgate standards and enforce the provisions of the Act. The Board may implement alternative methods of regulation and enforcement which may include, but not be limited to:

- a. expanding the types and categories of licenses to be issued;
- b. accepting the standards of other licensing authorities or compliance reviewing professionals as being equivalent to partial compliance with Board promulgated standards;
- c. allowing an abbreviated inspection to predict full compliance with the standards.

The Department of Human Services, Division of Children and Family Services is designated as the governmental agency charged with the enforcement of the provisions of the Act. Only the Division, licensees, and applicants for a license shall have standing before the Board, except where otherwise provided by law.

The Arkansas Administrative Procedures Act, Ark. Code Ann. **25-15-201** et. Seq., shall apply to all proceedings brought to the Board pursuant to this Act. The Arkansas Rules of Civil Procedure and the Arkansas Rules of Evidence shall also apply to adverse action hearings.

Agencies Requiring Licensing

Any person, organization, corporation, partnership, voluntary association or other entity which provides care, training, education, custody, or supervision for a total of six (6) or more unrelated minors on a twenty-four (24) hour basis, and is not otherwise exempt by the Act, requires a license.

Any person, organization, corporation, partnership, voluntary association, or other entity which places, plans for or assists in the placement of any unrelated

minor for care in a foster home, adoptive home, or residential facility, and is not otherwise exempt by the Act, requires a license.

Types of Licenses

RESIDENTIAL CHILD CARE FACILITY

Any child welfare agency that provides care, training, education, custody or supervision on a twenty-four (24) hour basis for six (6) or more unrelated minors.

EMERGENCY RESIDENTIAL CHILD CARE FACILITY

Any child welfare agency that provides twenty-four (24) hour custodial care for six (6) or more unrelated children on an emergency basis, not to exceed ninety (90) days.

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY

A residential child care facility in a non-hospital setting that provides a structured, systematic, therapeutic program of treatment under the supervision of a psychiatrist, for children who are emotionally disturbed and in need of daily nursing services, psychiatrist's supervision and residential care, but who are not in an acute phase of illness requiring the services of an inpatient psychiatric hospital.

SEXUAL OFFENDER PROGRAM

A treatment program that offers a specific and specialized therapeutic program for juvenile sexual offenders. A licensed sexual offender program may be in a residential child care facility, a therapeutic foster care home, or a psychiatric residential treatment facility. A sexual offender is described as a person who has committed one or more confirmed acts of sexual abuse/misconduct which constitutes the predominant need for specialized treatment services.

CHILD PLACEMENT AGENCY - ADOPTION

A child welfare agency which places, plans for or assists in the placement of an unrelated minor in a household of one (1) or more persons which has been approved to accept a child for adoption.

CHILD PLACEMENT AGENCY – FOSTER CARE

A child welfare agency which places, plans for or assists in the placement of an unrelated minor in a private residence of one (1) or more family members for care and supervision on a twenty-four (24) hour basis.

CHILD PLACEMENT AGENCY – THERAPEUTIC FOSTER CARE

Any child welfare agency that places, plans for or assists in the placement of an unrelated minor in a therapeutic foster home. Therapeutic foster care is intensive therapeutic care for children provided in specially trained family homes supported by licensed mental health professionals. A therapeutic foster care program is a family-based services delivery approach providing individualized treatment for children, youth, and their families. Treatment is delivered through an integrated constellation of services with key interventions and supports provided by therapeutic foster parents who are trained, supervised, and supported by qualified program staff. Therapeutic foster care services shall be provided in a separately identified program of a larger agency or be provided by an independent agency.

An agency may be licensed for any or all types of licenses, depending on the types of services it provides.

License Status

NEW PROVISIONAL

Issued to a newly licensed agency for a one (1) year period, to give the agency time to demonstrate substantial compliance with minimum licensing standards.

PROVISIONAL

Issued to an agency that has failed to maintain compliance with minimum licensing standards, but the Board believes that compliance can be restored and subsequently maintained. This license may be issued for up to one (1) year, at the discretion of the Board.

REGULAR

Issued either to a previously licensed agency that continues to meet all minimum licensing standards, or issued to an agency that meets all essential standards and has a favorable compliance history which predicts full compliance with all standards within a reasonable time. A regular license shall remain open and effective until closed at the request of the agency or Board action.

SUSPENDED

Board action taken when an agency has failed to maintain compliance with minimum licensing standards, but the deficiencies do not warrant revocation. A license may not be suspended for longer than one (1) year at a time. The Board may issue a provisional or regular license when compliance is restored.

CLOSED

Board action taken when the agency requests that the license be closed.

REVOKED

Board action taken when an agency has failed to maintain compliance with minimum licensing standards. The agency may not apply for a new license for at least one (1) year from the date of revocation.

STATUS CHANGE

An altered license will be issued any time there is a change in the agency's program that affects the license type, status, capacity, or a name change.

Licenses are non-transferable to another owner or another location. Child placement agencies may relocate with the same license.

How To Apply The Standards

Section 100 of the *Minimum Licensing Standards for Child Welfare Agencies* applies to all agencies that engage in residential care or placement of children into residential facilities, foster homes, or adoptive homes. Subsequent sections apply to specific types of residential facilities or child placement agencies. Not all sections of the *Minimum Licensing Standards for Child Welfare Agencies* apply to a specific license. Each agency must meet the license requirements of its agency category.

Alternative Compliance

The Board may grant alternative compliance with any of these standards if the Board determines that the alternative form of compliance offers equal protection of the health, safety, and welfare to children and meets the basic intent of the requirement for which the alternative compliance is sought.

100. General Requirements



100.1 Applications & Licensing Procedure

1. The owner or board shall prepare and furnish an application for a license that contains the following minimum information:
 - a. A completed application form;
 - b. A letter from the agency's board authorizing a person to sign the application;
 - c. A copy of the Articles of Incorporation, bylaws, and current board roster, if applicable, including names and addresses of officers. Out of state agencies shall have legal authorization from the Arkansas Secretary of State to do business in Arkansas;
 - d. A personnel list with verifications of qualifications and experience;
 - e. Substantiation of the agency's financial soundness (e.g., an annual budget showing projected income and expenses);

- f. A written description of the agency's program of care, including intake policies, types of services offered, and a written plan for providing health care services to children in care;
 - g. Fire inspection, Arkansas Department of Health inspection, zoning approval for residential child care.
- 2. The agency or facility shall furnish the Licensing Specialist with any additional information reasonably needed to verify compliance with these standards and to make a recommendation regarding the granting of a license.
- 3. Once a completed application has been received, the Division shall complete a recommendation within ninety (90) days. If a recommendation is not made within ninety (90) days, the applicant may appear before the CWARB to request a license.

100.2 Monitoring & Corrective Action

- 1. Monitoring visits to ensure continued compliance with licensing standards shall be conducted by the Licensing Specialist.
- 2. The Licensing Specialist shall investigate complaints of alleged violation of licensing standards, and may participate in investigations of alleged child maltreatment.
- 3. Monitoring visits may be scheduled or unscheduled, at the discretion of the Licensing Specialist.
- 4. The frequency of monitoring visits shall be at the discretion of the Licensing Unit.
- 5. At the discretion of the Licensing Unit, a multi-disciplinary team may be asked to advise the Licensing Specialist during initial approval or upon monitoring visits. This team may include a professional in the appropriate field.
- 6. Upon finding any deficiencies with licensing standards, the Licensing Specialist shall issue to the agency a corrective action notice, which shall state:
 - a. A factual description of the conditions that constitute a violation of the standard;
 - b. The specific law or standard violated;

- c. A reasonable time frame within which the violation must be corrected;
 - d. Agreement regarding the corrective action and time frame shall be shown by signature of the agency representative and the Licensing Specialist.
- 7. The agency shall provide a written corrective action plan when requested to do so by the Licensing Specialist in a corrective action notice.
- 8. The agency shall establish and follow written procedures for reporting allegations of child maltreatment according to Arkansas law, including notification of the Child Maltreatment Hotline.
- 9. The agency shall take steps to prevent harm or retaliation against the child while an allegation of child maltreatment is being investigated.
- 10. The agency shall ensure that the staff member accused in a maltreatment complaint does not have unsupervised contact with children during the investigation, unless an alternate plan is agreed upon between the agency, the Licensing Unit, and the custodian of the child.
- 11. The agency and all staff shall cooperate fully with investigators during a child maltreatment investigation.
- 12. The agency shall notify the Licensing Unit of critical incidents, such as serious injuries requiring emergency medical treatment, arrests, suicide attempts, or deaths.

100.3 Organization & Administration

- 1. The purpose and mission of the agency, including treatment philosophy, services provided, and characteristics of children it is designed to serve, shall be stated in writing.
- 2. The following policies of the agency shall be current and available to all employees of the agency and the Licensing Specialist:
 - a. Personnel policies;
 - b. Volunteer/Student intern policy;
 - c. Admission policy;

- d.** Intake policy;
 - e.** Behavior Management policy;
 - f.** Crisis Management policy;
 - g.** Child Maltreatment/Mandated Reporter policy;
 - h.** Child Exploitation policy;
 - i.** Visitation policy;
 - j.** Family Therapy/Therapeutic Pass policy (Psychiatric only);
 - k.** Admission Health Assessments policy ((Psychiatric only);
 - l.** Public Safety policy (Sexual Offender Programs policy only);
 - m.** Target Population, Admission/Exclusion Criteria, and Discharge Criteria policy (Sexual Offender Programs only);
 - n.** Emergency, Respite Care, and Disruption policy (Placement Agencies only);
 - o.** Exclusion Policy (Adoption Agencies only).
- 3.** The child placement agency shall obtain a license before placing, or planning for the placement of, children in a foster home, adoptive home, or institution. The residential facility shall obtain a license before receiving six (6) or more children who are unrelated to the caregiver for care on a twenty-four hour basis.
 - 4.** The agency shall be legally authorized to conduct business in Arkansas by state law and local ordinance.
 - 5.** The agency shall meet all federal, state, and local laws and ordinances that apply to child welfare agencies and to the proper care of children in such facilities.
 - 6.** The agency shall have one designated person or entity who assumes responsibility for lawful operation of the agency.
 - 7.** All agencies shall maintain a current organizational chart showing the administrative structure of the organization.

8. All agencies applying for an Arkansas license shall provide proof that they are licensed in good standing in their home state, if applicable, and are in good standing in all other states where they are licensed.
9. All agencies licensed in Arkansas after *{insert promulgation date}* shall have an office in Arkansas.
10. All agencies licensed in Arkansas shall maintain all required files for licensing review as needed. They may chose to:
 - a. Maintain these files in their office in Arkansas; or
 - b. Arrange to provide the required files to the licensing staff; or
 - c. Pay reasonable expenses for licensing staff to travel to their home office.
11. All agencies licensed in Arkansas shall have a qualified caseworker available to provide emergency services.
12. All agencies licensed in Arkansas shall be bonded, maintain liability insurance, or be self-insured.

100.4 Central Registry & Criminal Record Checks

1. The following persons in a child welfare agency shall be checked with the Child Maltreatment Central Registry in his state of residence, if available, and any state of residence in which the person has lived for the past six (6) years, and in the person's state of employment, if different, for reports of child maltreatment:
 - a. Employees having direct and unsupervised contact with children.
 - b. Volunteers/student interns/visiting resources having direct and unsupervised contact with children.
 - c. Foster parents, houseparents, and each member of the household age ten (10) years and older.
 - d. Adoptive parents, and each member of the household age ten (10) years and older, residing in Arkansas. Adoptive parents and each member of the household age ten (10) years and older

residing out of state shall provide Child Maltreatment Central Registry Checks from their state of residence, if available.

2. Persons required to have the Child Maltreatment Central Registry Check shall repeat the check every two (2) years, except that adoptive parents, and each member of the household age ten (10) years and older, shall repeat the check, if available, every year until the adoption decree has been issued.
3. Any person found to have a record of child maltreatment shall be reviewed by the owner or administrator of the agency, in consultation with the Child Welfare Agency Review Board or its designee, to determine corrective action. Corrective action may include, but is not limited to, counseling, training, probationary employment, non-selection for employment, or termination.
4. The following persons in a Child Welfare Agency shall be checked with the Identification Bureau of the Arkansas State Police for convictions of offenses listed in Arkansas Code Annotated **9-28-409**:
 - a. Employees having direct and unsupervised contact with children.
 - b. Volunteers/student interns/visiting resources having direct and unsupervised contact with children.
 - c. Foster parents, houseparents, and each member of the household age sixteen (16) years and older. The foster parents shall certify that household members ages fifteen (15) years and under do not have criminal records.
 - d. Adoptive parents and each member of the household age sixteen (16) years and older residing in Arkansas. Adoptive parents and each member of the household age sixteen (16) years and older residing out of state shall provide State Police Criminal Record Checks from their state of residence, if available. The out of state adoptive families do not need to do an Arkansas State Police Check if they have never resided in Arkansas.
 - e. Owners having direct and unsupervised contact with children.
 - f. Members of the agency's board of directors having direct and unsupervised contact with children.
5. If any person (listed in #4 above) has not resided in Arkansas continuously for the past six (6) years, a record check with the Federal Bureau of Investigation shall be completed. (These record

checks are not required for international adoptions as background checks are already part of INS requirements for adoption.) Adoptive parents residing outside of Arkansas who have lived in their state of residence continuously for the past six (6) years do not need to do the FBI checks.

6. Any person required to have an Arkansas State Police Record Check shall repeat the check every five (5) years, except adoptive parents after the adoption decree has been issued. Adoptive parents shall have State Police Checks and Child Maltreatment Central Registry Checks, if available in their state, dated within one (1) year prior to placement.
7. Child Maltreatment Central Registry Checks and Arkansas State Police/FBI Criminal Record Checks shall be initiated within ten (10) days of employment.
8. No person guilty of an excluded criminal offense pursuant to **901-28-409(e)(1)** shall be permitted to have direct and unsupervised contact with children, except as provided in the statute.
9. A residential facility, emergency residential facility, or psychiatric residential facility shall immediately notify the Licensing Unit when an employee (listed in #4 above) is found to have a record of an excluded criminal offense.

100.5 General Personnel Requirements

1. The Administrator, Social Services Director, and each caseworker of a child welfare agency shall have twenty-four (24) hours of job-related continuing education each year.
2. Written personnel policies shall be current and available for review by agency staff and the Licensing Specialist.
3. The agency shall maintain a personnel file for each employee, which shall include;
 - a. A resume or application;
 - b. Verifications of qualifications;
 - c. Documentation of required annual training;
 - d. Criminal Record Check and Child Maltreatment Central Registry Check information as required by law;

- e. Documentation that employees working directly with children are informed that they are mandated reporters of suspected child maltreatment and are provided the information needed to make a report;
- f. A functional job description;
- g. At least three (3) positive personal references.

100.6 Administrator

1. Each agency shall have an Administrator who shall be responsible for the general management of the agency.
2. The Administrator shall possess at least one of the following qualifications **[Only “a” and “b” meet requirements for Psychiatric facilities]**:
 - a. A doctorate degree;
 - b. A master’s degree in a human services field (child development, psychology, sociology, social work, guidance and counseling, divinity, education) or in administration, business, or a related field;
 - c. A bachelor’s degree in a human services field or in administration, business, or a related field, and at least two years of work experience in a human services agency.

100.7 Social Services Director

1. The agency shall have a Social Services Director who shall supervise child placement activities and/or casework services by the agency.
2. The Social Services Director shall possess at least one of the following qualifications:
 - a. A master’s degree or higher in a human services field (child development, psychology, sociology, social work, counseling and guidance, divinity, education);
 - b. A bachelor’s degree in a human services field and two (2) years or work experience in a child welfare agency.

3. Anyone permitted to supervise child placement or casework services shall meet the qualifications for Social Services Director.

100.8 Caseworkers

1. Each agency shall assign caseworkers who are responsible for doing assessment, case planning, and casework services for children and families.
2. Caseworkers shall have a bachelor's degree in a human services field, or a bachelor's degree and two (2) years work experience in a human services field.
3. A caseworker shall not have more than twenty-five (25) cases at a time.

100.9 Volunteers & Student Interns

1. Each agency shall have a policy clearly defining the qualifications, duties, and supervision of volunteers and student interns.
2. Volunteers and interns shall be supervised by an appropriate and designated staff person.
3. A volunteer or intern who works unsupervised shall meet the qualifications required for a paid employee in that position.

100.10 Visiting Resources

A visiting resource is defined as a non-related situation in which a visit occurs away from the facility, excluding normal age-appropriate activities such as overnight visit with friends, extra-curricular activities, church activities, or short-term summer camps. Records shall include the following:

1. Documentation and narrative of at least one (1) home visit for evaluation purposes prior to visitation occurring.
2. At least three (3) character references.

3. Documentation of State Police Criminal Record Checks and Child Maltreatment Central Registry Checks, if available.
4. All members of the household older than twelve (12) years shall receive a Mantoux skin test for tuberculosis every three (3) years, as long as test results remain negative. Household members with a positive skin test must provide documentation from a physician every two years certifying that they are free from communicable tuberculosis.
5. Narrative of continuing contact and an annual review, in person, of the visiting resource.

100.11 Admission

1. Each child welfare agency shall establish written criteria for admitting/excluding children.
2. The agency shall not admit any child for whom the agency cannot provide adequate care.
3. Each child shall have a medical exam no more than sixty (60) days before admission, or scheduled within one (1) week of admission.
4. Age-appropriate immunizations shall be current or scheduled within one (1) week of admission.
5. The child placement agency shall obtain written authority from the parent(s), guardian(s), or court before placement, or within 72 hours if an emergency placement.
6. The residential child care facility shall attempt, and shall document their attempts, to obtain written verification of the placing agents authority to place the child at the time of admission, or within five (5) working days if an emergency placement.
7. The agency shall obtain written authority for medical care for the child from the parent(s), guardian(s), or court at the time of placement, or within 72 hours in an emergency placement.
8. The agency shall comply with the Interstate Compact on the Placement of Children when placing/admitting children from outside Arkansas.

100.12 Intake & Assessment

1. An intake study shall be completed on each child in care within ten (10) working days after admission, except for adoption agencies.
2. The intake study shall include:
 - a. Demographic information on the child and parent(s), including name, address, birth date, sex, race, and religious preference;
 - b. A factual description of the circumstances requiring placement;
 - c. A brief social history of the family;
 - d. The child's current legal status/custody;
 - e. Any history of previous placements outside the family;
 - f. An assessment of services needed to ensure the health and welfare of the child, including medical history and psychological history.

100.13 Case Planning

1. There shall be a case plan for each child placed by a child placement agency or received for care by a residential facility. The plan shall address the child's needs as identified in the intake study.
2. If the agency is providing casework services to the child's parents, its plan shall be included in the child's case record.
3. If placed by a licensed or exempt agency, the case plan shall be developed before placement, except an emergency placement.
4. If the child is received into residential care without a case plan, the case plan shall be developed within thirty (30) days after placement.
5. The case plan shall be developed after a staffing. Every effort shall be made to include the parent(s), foster parents (if applicable), facility staff (if applicable), caseworker, social worker or probation officer (if applicable), and the child.
6. The child's case plan shall contain, at the minimum:
 - a. Specific and measurable goals for the child;

- b. Specific tasks for accomplishing the case plan goals;
 - c. Time frames for completing tasks and goals;
 - d. Designation of the person responsible for completing each task;
 - e. Visitation schedule between child and parent(s), if appropriate including arrangements for transportation and supervision of visits;
 - f. A plan to ensure that the child's educational needs are met according to state law;
 - g. Date of next review of the case plan, if applicable;
 - h. Special treatment issues (e.g., psychotropic medications, sexual misconduct, neurological disorders) shall be identified, with a statement of how the special needs shall be met.
7. A copy of the case plan shall be made available to the parent(s), guardian(s), court, or other agencies involved in case plan services delivery.
 8. The case plan shall be reviewed at least semi-annually, and goals shall be updated to reflect the child's growth, development, and progress. Psychiatric case plans shall be reviewed monthly. Sex Offender case plans shall be reviewed quarterly.
 9. There shall be a specific caseworker responsible for coordinating the delivery of the case plan.
 10. If independence is a goal, the case plan shall include training in independent living skills.

100.14 Children's Records

The agency shall keep a confidential case record for each child that includes the following:

1. Demographic information;
2. A complete intake study;
3. Consents, including consent for medical care and authority to place the child;

4. Interstate Compact information, if applicable;
5. Case plans and case plan reviews;
6. Copies of legal documents (e.g., birth certificate, social security card, court orders);
7. Physical exams and immunization records;
8. Psychological reports;
9. Educational reports;
10. Disciplinary and incident reports (may be kept in a separate file);
11. Progress reports;
12. Records of visitation and family contacts;
13. Documentation of casework services and client contact, current to within one (1) month of occurrence;
14. Discharge summary.

100.15 Behavior Management

1. The agency shall have a written discipline policy that is consistently followed.
2. Discipline shall be directed toward teaching the child acceptable behavior and self-control.
3. Discipline shall be appropriate to the child's age, development, and history.
4. The following forms of discipline shall not be used:
 - a. Denial of meals, sleep, shelter, essential clothing, or case plan activities;
 - b. Denial of parental visits or regular phone/mail contact with family. Non-disciplinary case planning issues are excepted;
 - c. Lewd or obscene language;

- d. Derogatory comments about the child, the child's family, race, or gender;
 - e. Restriction to a room for more than a short period of time without periodic observation;
 - f. Locked isolation (psychiatric facilities excepted);
 - g. Physical injury or threat of bodily harm;
 - h. Humiliating or degrading action;
 - i. Extremely strenuous work or exercise;
 - j. Mechanical/chemical restraints (psychiatric facilities excepted);
5. Physical restraint shall be initiated only by trained staff, and only to prevent injury to the child, other people or property, and shall not be initiated solely as a form of discipline.
 6. A child shall not be allowed to administer discipline, except teen parents may discipline their own children.
 7. Searches of a child or a child's personal property shall be for reasons limited to safety and security of children and staff, or in cases of suspected theft.
 8. Any searches requiring removal of clothing shall be done in privacy, and except in foster homes, shall be witnessed by two (2) staff of the same sex as the child.

100.16 Exploitation of Children

1. The facility shall not require a child to acknowledge dependency, destitution, or neglect or to make public statements about his/her background.
2. The facility shall not use or allow to be used, any reports, pictures, or any other information from which a child can be identified, except under the following conditions:
 - a. The child and the parent/guardian sign a consent form that describes the purposes for which the identification is being made;

- b. The signed consent shall say in which publication or broadcast the identification will appear;
- c. The parent/guardian shall be informed that the consent may be withdrawn.

100.17 Discharge

1. The agency shall discharge a child when the case planning team decides that the child is no longer in need of services or can no longer benefit from services provided by the agency.
2. Except in the case of an emergency discharge, the discharge shall be planned by appropriate agency staff, parent(s), child, and any agency that will offer post-discharge services.
3. The agency may discharge a child on an emergency basis if failure to do so could result in harm to the child, other persons, or significant property damage.
4. Each child shall be discharged to the custody of a responsible party.
5. The agency shall promptly notify the Arkansas office of the Interstate Compact on the Placement of Children upon discharging a child from outside Arkansas.
6. The agency shall complete a discharge summary on each child and provide a copy of it to the child's custodian.

200. Child Placement Agencies: Foster Care



In addition to all standards in section 100, the following standards shall be met:

200.1 Selection of Foster Home

1. The agency shall select the home that is in the best interest of the child, the least restrictive possible, and is matched to the child's physical and emotional needs. The placement decision shall be based on an individual assessment of the child's needs.
2. The agency shall document reasons if a child is placed in a foster home more than a two (2) hour drive from the parent(s) home. This does not apply to children in short term foster care awaiting adoptive placement.
3. The agency shall place children only in approved foster homes.
4. Foster homes shall not have more than five (5) children in care, including the foster parent's own children.
5. Foster homes shall not have more than two (2) children under the age of two (2) years, including the foster parent's own children.

6. At least one parent in the foster home shall be able to communicate effectively in the language of the child in care. This does not apply to foster parents for infants or short term emergency placements.
7. The agency shall not place children in foster homes approved by another agency without written approval of the other agency.
8. Foster homes shall not also operate as Day Care Family Homes.

200.2 Approval of Foster Homes

1. The agency shall complete a home study for each foster home applicant to learn if the applicant complies with the Foster Home Standards (see Section 200.3).
2. The agency shall conduct at least two (2) visits in person with the foster parent applicants, including at least one (1) visit to the home, and shall interview every age-appropriate member of the household.
3. At least three (3) confidential personal references must be obtained on the foster family.
4. Each member of the foster family shall have a physical exam within six (6) months before the initial approval.
5. The agency shall ensure that the foster parents receive at least ten (10) hours of preservice training before placing a child in the home.
6. In addition to the required hours of preservice training, the foster parent(s) shall have current CPR and First Aid training. A foster home shall not have a child placed in their care until they have received the CPR and First Aid training.
7. If the agency approves the foster parent(s), the agency shall specify in the home study the number, age, sex, and other characteristics of children for whom the home is approved to provide care. For each foster parent, an individualized training plan shall be developed taking into consideration the age and characteristics of children for whom the foster parent has expressed preferences.
8. Foster parents shall provide documentation that they carry homeowner's or renter's insurance and general liability insurance.

200.3 Personal Qualifications / Home Study

- 1.** In a two-parent home, the husband and wife shall be joint applicants, shall each participate in the approval process, and shall provide verification that they have been married at least two (2) years.
- 2.** No person may serve as a foster parent if any adult member of that person's household is a homosexual. Homosexual, for purposes of this rule, shall mean any person who voluntarily and knowingly engages in or submits to any sexual contact involving the genitals of one person and the mouth or anus of another person of the same gender, and who has engaged in such activity after the foster home is approved or at a point in time that is reasonably close in time to the filing of the application to be a foster parent.
- 3.** The stability of the foster family shall be evaluated and determined to be appropriate.
- 4.** Foster parents shall be at least twenty-one (21) years of age.
- 5.** All members of the household older than twelve (12) years shall receive a Mantoux skin test for tuberculosis every three (3) years, as long as test results remain negative. Household members with a positive skin test must provide documentation from a physician every two years certifying that they are free from communicable tuberculosis.
- 6.** All preschool age children in the household shall have proof of current health immunizations.
- 7.** Foster parents shall be physically, mentally, and emotionally capable of caring for children.
- 8.** The foster family shall provide documentation of sufficient financial resources to meet their needs.
- 9.** The foster family shall provide a plan for child care if both parents are employed outside the home.
- 10.** Each foster parent shall obtain at least fifteen (15) hours of training each year after the first year. This does not apply to foster parents for infants in short term foster care awaiting adoptive placement. Such foster parents shall obtain ten (10) hours of training for the primary care giver and five (5) hours of training for the secondary care giver each year.

11. Each foster parent shall maintain current CPR certification and First Aid training.
12. No new placements of children shall occur with foster parents who have not satisfied the annual training requirements. Administrative-level staff, designated by the agency Director, may grant an exemption to this restriction for up to sixty (60) days. The administrator shall review the quality of care provided by the foster parents, and the reasons for failing to complete the training on time, in deciding whether to grant an exception.

200.4 Physical Requirements of the Home

1. The foster home shall be accessible to community resources needed by foster children.
2. The foster home shall be clean and free of hazards.
3. The foster home shall have a continuous supply of sanitary drinking water. If the source is not a municipal water system, the water must be tested and approved by the Arkansas Department of Health.
4. The foster home shall have at least one (1) flush toilet, one sink with running water, and one bath or shower with hot and cold running water.
5. There shall be operational smoke alarms within ten (10) feet of the kitchen and each bedroom.
6. There shall be a chemical fire extinguisher in the cooking area of the home.
7. The foster parents shall practice and document emergency evacuation drills with each new child entering the home, if appropriate, and at least quarterly thereafter.
8. All heating units with hot external areas shall be screened or otherwise shielded to prevent contact with children.
9. The home shall have at least two (2) exterior doors situated to provide safe exit.
10. The home shall have an operational telephone.
11. Each child shall have adequate space for storing clothing and personal belongings.

12. All household pets shall have proof of current rabies vaccinations.
13. An assessment of the safety of the home shall include any water hazards, dangerous pets, and firearm safety. All firearms shall be maintained in a secure, locked location.

200.5 Sleeping Arrangements

1. Each bedroom shall have at least fifty (50) square feet of floor space per occupant.
2. Each bedroom used for foster children shall have a window to the outside.
3. No more than four (4) children shall share a bedroom.
4. Each foster child shall be provided with a comfortable bed, in good condition.
5. Children of the opposite sex shall not share the same bedroom if either child is four (4) years old or older.
6. No children shall share a double bed if either child is four (4) years old or older.
7. No child under age six (6) years shall occupy a top bunk.
8. Foster children, except infants under age two (2) years, shall not share a sleeping room with adults.
9. Each foster child shall be provided with clean bedding, in good condition, that shall be laundered at least weekly, or as needed.

200.6 Medications

1. Foster parents shall administer medications only in accordance with directions on the label.
2. All medications shall be stored in a secure location, and psychotropic medications shall be kept securely locked.

3. Foster parents shall be aware of possible side effects of all medications.
4. The dispensing of all medications shall be logged.

200.7 Transportation

1. Foster families shall have their own transportation available.
2. Any vehicles used to transport foster children shall be maintained in compliance with motor vehicle laws, and be insured.
3. Foster parents shall allow foster children to be transported only by persons having a valid driver's license.
4. Foster children shall be transported only while wearing safety belts, or in child safety seats, according to Arkansas law.

200.8 Responsibilities of Foster Parents

1. Foster parents shall provide regular activities to promote the physical, social, intellectual, spiritual, and emotional development of the children in care.
2. Foster parents shall provide each child their own clothing that is clean, well-fitted, seasonal, appropriate to age and sex, and comparable to community standards.
3. Foster parents shall allow foster children to acquire and keep personal belongings.
4. Foster parents shall fully cooperate with the child placement agency's efforts to achieve the case plan goals for each foster child, including visitation.
5. Foster parents shall provide routine transportation for each child.
6. Foster parents shall attend and participate in case planning and case plan reviews.
7. Foster parents shall attend school conferences concerning a foster child, and shall notify the placing agency of any situations that may affect the case plan or require agency involvement.

8. Foster parents shall notify the child placement agency promptly of serious illness, injury, or unusual circumstances affection the health, safety, or welfare of the foster child.
9. Foster parents shall cooperate with the child placement agency and the Licensing Unit in conducting monitoring and investigations, and shall provide information required to verify compliance with rules.
10. Foster parents shall maintain absolute confidentiality of private information about each foster child and the birth family.
11. The foster parents shall give advance notice to the agency of any major changes that affect the life and circumstances of the foster family, whenever possible.
12. Foster parents shall keep a life book for each foster child that includes:
 - a. Periodic photographs of the child;
 - b. A record of the child's memberships, activities, and participation in extra curricular school or church activities.

200.9 Monitoring & Re-evaluation

1. The agency shall monitor the foster family home at least quarterly for continued compliance with the standards of approval for foster homes. This does not apply when there is no child in the home of foster homes for infants in short term foster care awaiting adoptive placement. Before a child can be placed in such a foster home, a monitoring visit shall be done within the three (3) months prior to placement. An annual re-evaluation is still required.
2. The child placement agency shall conduct an annual re-evaluation of the foster family home. Any foster home that does not substantially comply with the standards for approval shall not be approved for placement until compliance is achieved.
3. If the foster family experiences any major life changes (e.g., marriage, divorce, separation, health problems, death, change of residence, change of household composition), the child placement agency shall re-evaluate the home at that time.

200.10 Visitation

1. The agency shall develop a visitation plan that specifies when and how visits will occur between the child and the parents.
2. The child placement agency shall carry out the visitation plan to meet the terms of the plan.
3. Foster parents shall allow foster children and their families to communicate by mail and by phone according to the child's case plan.

The standards in 200.10 do not apply to children in short term foster care awaiting adoptive placement.

200.11 Agency Responsibilities

1. The agency shall provide the foster parents with the information necessary to provide adequate care to each foster child, including the child's health, reason for entering care, probable length of placement, and siblings. As additional information is obtained by the caseworker, it shall be promptly shared with the foster parents.
2. The agency shall provide foster parents with instructions for contacting agency personnel any time.
3. An agency caseworker shall visit the child in person at least monthly while the child is in foster care.
4. The agency shall ensure that each child in foster care has a medical exam at least annually.
5. The agency shall include foster parents in case planning for each child, and shall provide a copy of the current case plan and visitation plan.
6. The child placement agency shall remain legally responsible for the supervision and decision making regarding foster children. Foster parents have daily responsibility for the care of the children.
7. The child placement agency shall have a written plan that provides for timely reimbursements to foster parents for costs of care and fees for services.

8. If the child placement agency receives a complaint of non-compliance with licensing standards, the agency shall investigate to learn if the foster home remains in compliance.
9. A written report of complaint investigations, including findings and any corrective action, shall be maintained in the foster home record.
10. The agency shall maintain a record for each foster family that contains all information and documentation required by licensing standards.
11. The agency shall prepare a closing summary, including reasons, if the home closes.

Therapeutic Foster Care

In addition to all requirements in Section 100 and Section 200.1 through 200.11, the following standards shall be met in order to be licensed as a Therapeutic Foster Care Agency:

200.12 Therapeutic Foster Home Capacity

1. The number of children placed in one therapeutic foster home shall not exceed two (2), except in the case of a sibling group.
2. Before placing more than one (1) child in a home, the agency shall consider extraordinary problems/needs of each child (e.g., violent behavior, sexual offenses, seizure disorders). Justification of the appropriateness of placing a child in a home with another child shall be documented.

200.13 Staffing Requirements, Staff Training & Support

1. Primary responsibilities of program staff shall include treatment planning, leadership of the treatment team, case management, clinical and administrative supervision, twenty-four (24) hour crisis intervention, and discharge planning.
2. The therapeutic foster care agency shall employ a Clinical Director who shall be clearly responsible for implementation of treatment planning and service delivery. The Clinical Director shall be qualified by a master's degree in a human service field, shall have two years' experience in placement or treatment, and shall be a licensed mental health professional (LCSW, LPC, LMFT, Ph.D., psychologist, psychiatrist, etc.).
3. The therapeutic foster care agency shall employ at least one caseworker who shall coordinate the implementation of the treatment plan. The caseworker shall be qualified by a bachelor's degree in a human service field, or shall be a mental health paraprofessional, and shall be supervised by the Clinical Director.
4. All casework staff shall be trained in crisis prevention and intervention, CPR, and First Aid within the first sixty (60) days of employment.

5. All casework staff shall be provided with eight (8) hours of orientation, either prior to employment or within the first week of employment, which shall provide an overview of the following areas:
 - a. The agency's policies and procedures;
 - b. The client's rights, including confidentiality;
 - c. How to handle medical and non-medical emergencies;
 - d. The caseworker's clinical limitations;
 - e. How to document clinical information in the child's and family's records.
 - f. General information regarding commonly prescribed medications and their side effects.
6. The agency shall provide twenty-four (24) hour on-call crisis intervention support to supplement that provided by the caseworker.

200.14 Therapeutic Foster Parent Responsibilities

1. The therapeutic foster parents shall be provided with a written list of duties clearly detailing their responsibilities.
2. Therapeutic foster parents shall be responsible for implementing in-home treatment strategies specified in each child's treatment plan.
3. Therapeutic foster parents shall keep a written record, updated at least weekly, of each child's behavior and progress toward treatment goals.
4. The physical health of the therapeutic foster parents shall be equal to the stress inherent in the care of special needs children, as evidenced by the physician's statement.

200.15 Therapeutic Foster Parent Training

1. Therapeutic foster parents shall be trained in crisis prevention and intervention.
2. Prior to the placement of children in their home, therapeutic foster parents shall complete at least thirty (30) hours of skill-based preservice training consistent with the agency's treatment methodology and the needs of the population served.
3. Each therapeutic foster parent shall complete at least twenty-four (24) hours of skill based training annually, excluding CPR and First Aid.

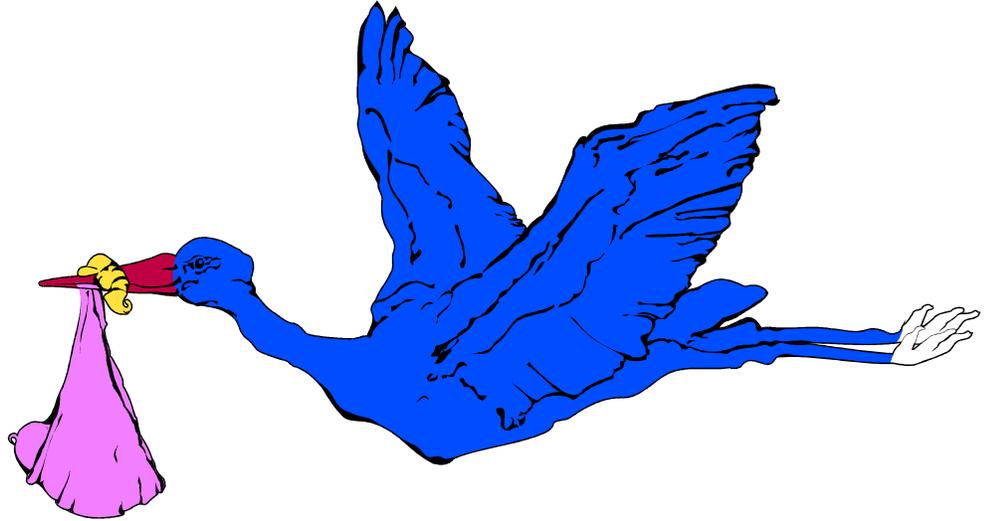
200.16 Medications

1. The agency shall have an intervention policy that is non-medical, unless a specific medical condition is indicated.
2. When psychotropic medications are prescribed by a physician they shall be used in concert with other interventions.

200.17 Service Delivery

1. The agency shall ensure that professional or casework staff visit with the child face-to-face at least once per week during the first three months after the child's placement with the agency, and at least every other week thereafter.
2. No caseworker shall be responsible for managing more than twelve (12) children's cases.
3. The agency shall have a written program description that is available to residents and parents/guardians. The following information shall be included:
 - a. Program philosophy and mission;
 - b. Services and treatment modalities;
 - c. Treatment planning procedures;
 - d. Behavior management program and expectations of each child;
 - e. Admission, exclusion, and discharge criteria;

300. Child Placement Agencies: Adoptions



In addition to all standards in Section 100, the following standards shall be met.

300.1 Selection of Adoptive Home

1. The agency shall select the home that is in the best interest of each child, the least restrictive possible, and is matched to the child's physical and emotional needs. The placement shall be based on an individual assessment of each child's needs.
2. The agency shall place children only in approved adoptive homes.

300.2 Approval Process of Prospective Homes

1. In a two-parent home, the husband and wife shall be joint, applicants, shall each actively participate in the approval process, and shall provide verification to the social worker or agency conducting the home study that they have been married at least two (2) years.
2. The agency shall ensure there is a completed home study for each prospective adoptive family to determine if they should be approved as an adoptive home.

3. The social worker or agency conducting the home study shall have at least two (2) visits in person with the prospective adoptive family during the initial approval process. One of the visits shall be in the home of the prospective adoptive family.
4. The worker shall have a separate, face to face interview with each prospective adoptive parent.
5. The caseworker shall interview each age-appropriate member of the household in person.
6. Each member of the adoptive household shall have a physical exam within six (6) months prior to the approval by the social worker or agency conducting the home study, and annually thereafter until placement to ensure that no person has a health condition or disability that would interfere with the family's ability to care for a child.
7. All members of the household older than twelve (12) years shall receive a Mantoux skin test for tuberculosis every three (3) years, as long as test results remain negative. Household members with a positive skin test must provide documentation from a physician every two years certifying that they are free from communicable tuberculosis.
8. The agency shall notify applicants in writing within sixty (60) days of completion of the final home visit concerning the acceptance, reason for further delay, or denial of their application.

300.3 Contents of the Home Study

The adoptive home study shall contain the following information, current to within one (1) year prior to each adoptive placement: The home study shall be approved only by the social worker or agency conducting the home study.

1. The family's motivation for adoption and the desired characteristics of the child or children to be adopted.
2. Each family member's attitudes toward adoption.
3. Attitudes of the applicants toward the birth parents(s), including parent search issues.

4. Resolution of any infertility issues.
5. The mental health, emotional stability, and maturity of the applicants.
6. The physical health of all household members, including verification to the social worker or agency conducting the home study that a medical exam was performed.
7. The financial status and stability of the family, including verification to the social worker or agency conducting the home study of income and employment.
8. At least three (3) confidential personal references on the family. The references do not need to be updated unless this is a new adoption in the family or there have been significant changes.
9. The family's ability to cope with stress, loss, and crisis.
10. Adjustment and well-being of any minors residing in the home.
11. The family's child-caring skills and willingness to acquire additional skills.
12. The family's discipline practices.
13. Religious affiliation.
14. A description of the home, its location, and its environment.
15. An assessment of the safety of the home, including all water hazards, dangerous pets, and firearm safety. All firearms shall be maintained in a secure, locked location.
16. A statement in the home study narrative or an addendum that the adoptive parents report to the social worker or agency conducting the home study that they have or have not been denied approval as an adoptive home in the past, and if so, why.
17. A statement regarding the availability and results from criminal records and child maltreatment central registry checks, dated to within one (1) year prior to placement.
18. The stability of the adoptive family and their marriage, if applicable, shall be discussed and determined to be appropriate.

19. A recommendation regarding adoption, including the age, sex, characteristics, and special needs of children best served by this family.
20. If the adoptive family experiences any major life changes (e.g., marriage, divorce, separation, health changes, change of residence, change of household composition), the social worker or agency shall re-evaluate the family prior to placement of a child. An additional home visit is required if there has been a change of residence.

300.4 Services to the Adoptive Parents

1. The agency shall provide services to the adoptive applicants to help them make an informed decision about adoption.
2. The agency shall provide a written statement of exclusion (e.g., single parents, unwed couples), if applicable, to adoptive applicants before a home study is conducted.
3. The following information (if available) shall be provided to adoptive parents regarding the child being considered for adoption:
 - a. Specific and accurate information about the needs and characteristics of the child.
 - b. The health/medical history of the child and the child's biological family.
 - c. The health status of the child at the time of placement.
 - d. Genetic and social history of biological relatives, including:
 - Medical history
 - Health status, if alive
 - Cause of and age at death, if deceased
 - Height, weight, eye and hair color
 - Levels of education and professional achievement
 - Ethnic origins
 - Religion.
4. The agency caseworker shall ensure that at least two (2) post-placement visits in person are made before the final decree of adoption is issued, or the stipulated time of the fulfillment of the

interlocutory decree. One of the visits shall be in the home of the adoptive family.

5. The agency shall have a plan for caring for children in case the placement disrupts before the issuance of a decree of adoption.
6. The agency shall offer supportive services to the adoptive family for at least six (6) months following placement.

300.5 Services to Birth Parents

If the agency is providing casework services to either birth parent, the following services shall be offered:

1. An intake study completed within thirty (30) days after the client's decision to work with the agency.
2. Obstetrical care during pregnancy, birth, and up to six (6) weeks after birth.
3. Counseling for both parents that shall include the following:
 - a. Information, rights, options, and obligations regarding the adoption process.
 - b. Issues related to grief and loss.

300.6 Birth Parent Records

The agency may elect to keep birth parent records and the child's records in the same file. If the agency has provided casework services to the birth parents, the following information shall be kept in a confidential file:

1. The parents' case plan, including any reviews/updates.
2. All correspondence with the birth parents.
3. All signed documents between the agency and the birth parents.
4. Documentation of all casework services provided before and after the adoption, current to within one (1) month of occurrence.

300.7 Adoptive Family Records

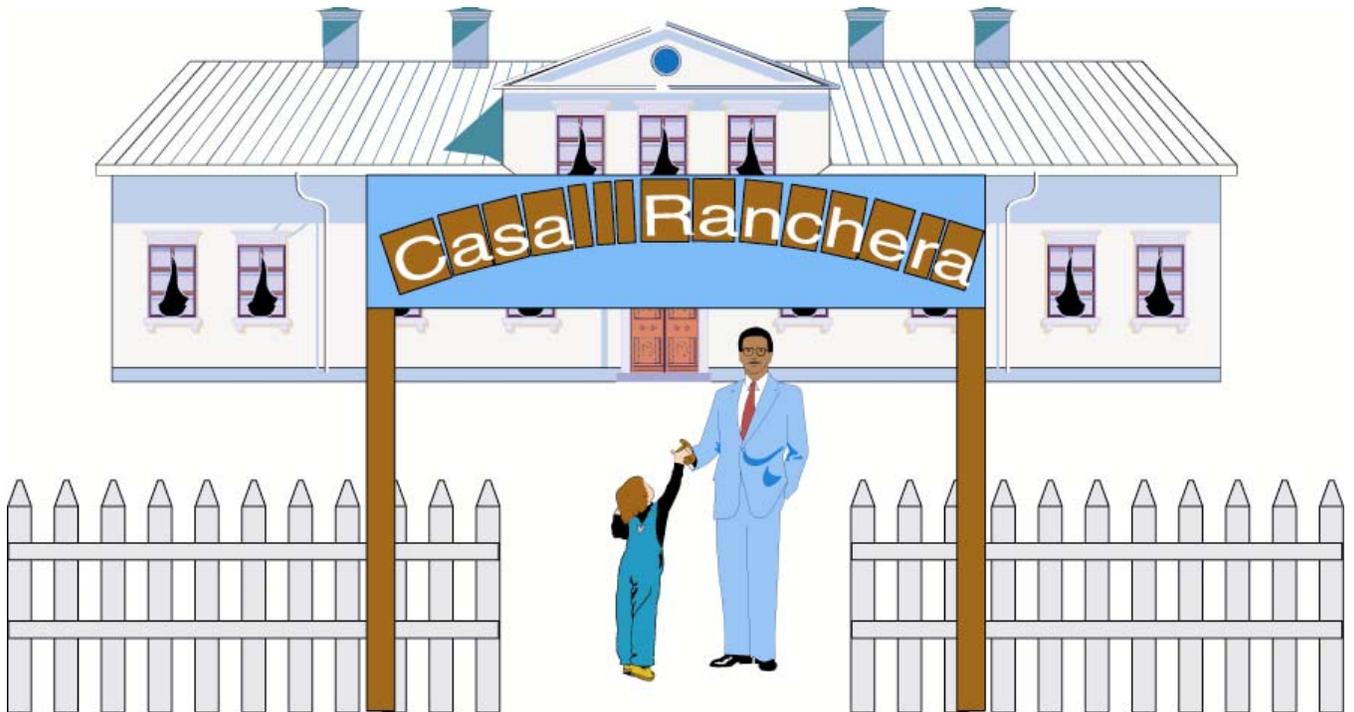
The agency shall keep a confidential case record for each family that received a child for adoption. The record shall contain:

1. The application to adopt;
2. The completed home study;
3. Criminal Record checks and Child Maltreatment Central Registry checks;
4. A copy of the information given to the adoptive parents regarding the child they received;
5. Copies of all legal documents concerning the adoption.

300.8 Record Maintenance

1. The agency shall maintain a permanent file on any adoption finalized, which shall be accessed according to Arkansas law.
2. If the agency establishes or contracts with a Mutual Consent Voluntary Adoption Registry, it shall be maintained according to Arkansas law.

400. Residential Child Care Facilities



In addition to all standards in Section 100, the following standards shall be met:

400.1 Admission

1. The facility shall establish that all persons referred for admission are under the age of eighteen (18) years at the time of admission. Residents who remain in the program after reaching age eighteen (18) years shall continue to be subject to the facility's behavior management program.
2. Except an emergency shelter, the facility shall admit a child under age six (6) years only if that child is a part of a sibling group of whom one child is age six (6) years or older, or if it is the summer before the child is eligible to enter first grade. Exception is also made for the infant child of a mother who is admitted to the facility.
3. Emergency shelters may admit children for a maximum of ninety (90) days.

4. When a child under the age of six (6) years is in care, the facility shall evaluate the continued appropriateness of the placement every ninety (90) days and document the evaluation in the child's record.
5. If a facility has been inactive for more than six (6) months, the Licensing Unit shall be notified before children are taken into care.

400.2 Personnel

1. Each facility shall employ child caring staff who shall be responsible for ensuring the proper care, treatment, safety, and supervision of the children in care at the facility.
2. There shall be a staff/child ratio of at least 1:9 during waking hours and at least 1:12 during sleeping hours. If any child is under age six (6) years, the ratio shall be at least 1:7 at all times. Only staff who directly supervise children shall be counted in this ratio. Staff members own children shall be counted in the ratio. *Psychiatric facilities see Section 500.*
3. Agencies that mix children requiring different levels of supervision shall maintain the most intensive staff/child ratio.
4. Child caring staff shall be at least twenty-one (21) years old and have a high school diploma or the equivalent.
5. Assistant child caring staff shall be at least nineteen (19) years old, have a high school diploma or the equivalent, and be under the direct supervision of regular staff.
6. All child caring staff and each member of a houseparent's family older than twelve (12) years shall receive a Mantoux skin test for tuberculosis upon entry to the program and every three years thereafter, as long as test results remain negative. Staff and houseparent family members with a positive skin test must provide documentation from a physician every two years certifying that they are free from communicable tuberculosis.

400.3 Staff Training

1. All direct care staff shall be trained in crisis intervention strategies.

2. No staff shall be allowed to participate in a physical restraint until properly trained to do so. Psychiatric facility staff shall be certified in physical intervention.
3. All direct care staff shall have thirty (30) hours of job related in-service or workshop training each year. First aid, CPR, and in-service training at the facility may be included. Part-time staff shall have at least fifteen (15) hours of job related in-service or workshop training each year.
4. At least one (1) staff currently certified in CPR and First Aid must be able to immediately respond to an emergency.

400.4 Personal & Medical Care

1. The facility shall provide each child with adequate and nutritious food.
2. The facility shall ensure that each child has sufficient sleep for his/her age and physical condition.
3. Each child shall have a medical exam at least annually. Health exams need not be repeated during the year if a child moves from one facility or agency to another, provided the results of the exam are available to the receiving facility or agency.
4. Each child shall be instructed in good grooming and personal hygiene habits.
5. Each child shall be provided with his/her own clothing that is clean, well fitting, seasonal, and appropriate to age and sex, unless otherwise directed by a physician.
6. All medications shall be administered to children by staff according to medical instructions. *Psychiatric facilities see Section 500.*
7. The dispensing of all medications shall be logged.
8. Medications belonging to children shall be returned to the parent or custodian upon discharge. *Psychiatric facilities see Section 500.*
9. When psychotropic medications are prescribed by a physician, they shall be used in conjunction with other treatment interventions.

10. The facility shall notify a child's parent(s) or legal guardian and law enforcement immediately after the child is discovered to have run away, and promptly upon the child's return.
11. The parent or guardian shall be promptly notified of any serious illness or injury.

400.5 Education, Work, & Training

1. The facility shall teach each child the daily living tasks required as a part of living in a group setting, and shall assign only light chores that are age-appropriate.
2. The facility shall safeguard money earned by each child, and shall ensure that each child's earnings are available to that child under staff supervision for personal use.
3. The facility shall not allow a child's outside employment, chores, or extracurricular activities to interfere with the child's time for school, sleep, family visits, or case plan activities.
4. The facility shall not use a child as a substitute for staff.
5. No child shall be allowed to operate machinery or dangerous equipment without proper adult supervision.

400.6 Grounds

1. The grounds of the facility shall be kept clean and free of safety hazards.
2. The facility shall provide sufficient outdoor recreation space and age-appropriate play equipment to meet the needs of each child in care.
3. Swimming pools shall be inspected and approved annually by the Arkansas Department of Health.

400.7 Buildings

1. All buildings used by children or staff shall be inspected and approved annually for fire safety as required by authorized fire inspection officials.
2. All buildings used by children or staff shall be inspected and approved annually for health and sanitation as required by the Arkansas Department of Health.
3. All buildings shall comply with local zoning ordinances and land use requirements where those exist.
4. All buildings shall comply with building codes in effect at the time the building was converted to use as a child care facility.
5. All buildings and furnishings shall be maintained in a safe and clean condition.
6. There shall be no more than twelve (12) children in a sleeping unit. Sleeping units sharing the same building shall be separated by a wall, kitchen, dining room, or other such area that gives a sense of separation. This does not apply to psychiatric treatment facilities.
7. All parts of buildings used as living, sleeping, or bath areas shall have a heating and ventilation system that keep the temperature a minimum of 65 degrees.
8. The facility shall provide a living area that has at least thirty-five (35) square feet of floor space per child. The dining area and indoor recreation area may be included in this space.
9. The facility shall provide a dining room.
10. The facility shall have a kitchen.

400.8 Sleeping Arrangements

The facility shall provide bedrooms for the children that meet the following requirements:

1. There shall be no more than four (4) children per bedroom.
2. There shall be at least fifty (50) square feet of floor space per child in each bedroom.

3. No child age four (4) years or over shall share a bedroom with a child of the opposite sex.
4. Each child shall have a separate bed with a mattress, sheets, pillow, pillowcase, and adequate cover, all in good condition.
5. Beds shall be positioned to ensure all children can easily exit the room in case of emergency.
6. No child under the age of six (6) shall occupy a top bunk.
7. Bedding shall be changed at least weekly, more often if needed.
8. Each child shall have an area to store personal belongings.
9. Staff sleeping quarters shall be separate from children's sleeping rooms.
10. Room arrangements shall be based on characteristics of the individual resident to ensure the safety of each child.

400.9 Bathrooms

The facility shall provide bathrooms for the children that meet the following requirements:

1. There shall be a separate toilet, bathtub or shower, and sink for each six (6) children.
2. There shall be an adequate supply of hot and cold running water.
3. The bathroom shall be clean and sanitary.
4. There shall be separate bath and toilet facilities for boys and girls.
5. There shall be an adequate supply of soap, towels, and tissues.

400.10 Health & Safety

1. The facility shall have an operable telephone or comparable communication system.

2. The facility shall have a continuous supply of clean drinking water. If the water source is not a municipal system, the source must be approved by the Arkansas Department of Health.
3. A private sewage/septic system shall be approved by the Arkansas Department of Health.
4. There shall be operational smoke detectors near the cooking area, heating units, and within ten (10) feet of each bedroom.
5. A portable chemical fire extinguisher shall be kept in the cooking area of each building.
6. There shall be an emergency evacuation plan diagramed and posted in each building used by children.
7. Fire drills shall be practiced each month, and severe weather and other appropriate emergency drills shall be practiced quarterly. A record of drills shall be maintained, showing date and time of day of the drill, number of participants, and length of time required to reach safety. Each newly admitted child shall be instructed in emergency procedures during orientation.
8. All medications shall be kept securely locked.
9. The facility shall have proof of current rabies vaccinations for all household pets.

400.11 Transportation

1. The facility shall have its own transportation available.
2. Any vehicles used to transport children shall be maintained in compliance with motor vehicle laws, and be insured.
3. Children shall be transported only by a staff person possessing a valid driver's license.
4. Children shall be transported only while wearing safety belts, or in child safety seats, according to Arkansas law.

500. Psychiatric Residential Treatment Facilities



In addition to all standards in Sections 100 and 400, the following standards shall be met:

500.1 Licensing Approval & Monitoring

1. A multi-disciplinary team shall assist the Licensing Specialist in the initial study for advisory purposes. The team shall include a licensed mental health professional in the appropriate field.
2. At the discretion of the Licensing Unit, a multi-disciplinary team may be asked to assist the Licensing Specialist during monitoring visits for advisory purposes.
3. All applicants for a Psychiatric Residential Treatment Facility license after January 1, 2000 shall obtain a Permit of Approval (POA) from the Arkansas Health Services Agency prior to submitting an application or change of status request to the Child Welfare Agency Review Board.

500.2 Personnel

The agency shall employ:

1. A Medical Director who is licensed in Arkansas as a medical doctor or doctor of osteopathy, and who is board certified or board eligible in psychiatry by the American Board of Psychiatry and Neurology;
2. A Director of Nursing/Nurse Manager who is licensed in Arkansas as a Registered Nurse;
3. A Program Director who has at least a master's degree in a human services field and is licensed in Arkansas as a mental health professional;
4. One or more therapists having at least a master's degree in a human services field and licensed as mental health professionals;
5. Child caring staff who are at least twenty-one (21) years of age and have a high school diploma or the equivalent;
6. The staff/child ratio shall be at least 1:6 during waking hours and at least 1:8 during sleeping hours. Only staff who directly supervise children shall be counted in this ratio.

500.3 Program

1. The agency shall have a written program description that is available to residents and parents or guardians. The following information shall be included:
 - a. program philosophy and mission;
 - b. services and treatment modalities;
 - c. treatment planning procedures;
 - d. behavior management program and expectations of each child;
 - e. levels and privileges (if applicable);
 - f. admission, exclusion, and discharge criteria
 - g. aftercare services.

2. The agency shall keep documentation that includes:
 - a. prior treatment documents and intake information;
 - b. assessments;
 - c. master treatment plan;
 - d. treatment plan review;
 - e. daily observations and nursing summaries;
 - f. medication and physician's orders;
 - g. therapy progress notes;
 - h. physician notes.
3. The agency shall establish safeguards to limit access to records by authorized individuals only.
4. The agency shall have written policies and procedures for family therapy, family visitation, and therapeutic passes subject to progress, treatment and physician's orders.
5. If family involvement is contraindicated, the agency shall make reasonable efforts to identify acceptable substitutes and shall include them in the therapeutic process.
6. The agency shall establish and post a written list of children's rights.
7. The agency shall establish a procedure for hearing children's grievances, and shall ensure that each child understands the process.
8. Records for each child shall be kept for five (5) years from the date of discharge.

500.4 Behavior Management

1. The agency shall have a written policy governing the use of behavior control measures with children, including physical, mechanical, or chemical restraints and seclusion rooms.

2. Chemical restraints shall be used only if so ordered by a physician.
3. Seclusion or mechanical restraints shall be used only if ordered by a physician, clinically qualified registered nurse, or other licensed independent practitioner. The agency may authorize other qualified, trained staff members who are not licensed independent practitioners to initiate the use of seclusion or restraint before an order is obtained from the licensed independent practitioner. The following licensed independent practitioners, if clinically qualified, may be approved by the agency to order seclusion or restraints or to conduct the face-to-face assessments required following such order: licensed certified social worker, licensed marriage and family therapist, licensed psychological counselor, licensed Ph.D. psychologist, licensed professional counselor, licensed professional associate counselor, or other licensed mental health professional. The licensed professionals shall work under the supervision and/or review of the agency medical director.
4. Each written order for a physical restraint or seclusion is limited to two (2) hours for children ages nine (9) to seventeen (17) years, or one (1) hour for children under age nine (9) years. A physician, clinically qualified registered nurse or other authorized licensed independent practitioner must conduct a face-to-face assessment of the child within one (1) hour after the initiation of the ordered intervention.
5. The original order may only be renewed in accordance with these limits for up to a total of twenty-four (24) hours. After the original order expires, a physician, clinically qualified registered nurse or other authorized licensed independent practitioner must see and assess the child before issuing a new order.
6. Staff shall search each child before placement in seclusion, and all potentially hazardous items shall be removed.
7. Staff shall visually check each child in seclusion or restraints at least every fifteen (15) minutes, and shall document each check.

500.5 Health Care Services

1. The agency shall have a written policy for conducting health and related exams and assessments upon admission.
2. All controlled substances shall be kept under double lock.

3. Medication shall be dispensed in accordance with state and federal laws.
4. The agency shall have a written plan for prescribing, receipt, storage, dispensing, and accounting for all medications, including medications in the client's possession at the time of admission.
5. Disposal of unused medications and contaminated medical supplies shall follow established medical procedures.
6. Any stimulant or psychotropic medicine requiring intra-muscular injection shall be administered only by a physician, registered nurse, or LPN.
7. The agency shall require medical representation at major treatment staffings on each child.

500.6 Building Requirements

1. Seclusion rooms shall meet the following criteria:
 - a. At least thirty-five (35) square feet of floor space;
 - b. Sufficient lighting, with a shatterproof, recessed light fixture beyond reach of the child;
 - c. A door able to be opened from the outside at all times without use of a key or a removable locking device;
 - d. A door with a shatterproof observation window;
 - e. Located reasonably near to the staff work area.
2. The facility shall be designed, constructed, and furnished to reduce the risk of suicide and assault including, but not limited to:
 - a. Light fixtures that are recessed or abut to the ceiling;
 - b. No wooden or wire hangers;
 - c. No metal flatware or kitchen utensils;
 - d. Non-breakable windows or an alarm system that would signal when a child has left the facility without permission;

- e.** No exposed electrical wires, cords, chains, or ropes;
- f.** Sturdy, well-constructed furniture that cannot be broken for use as a weapon or means of self-inflicted injuries;
- g.** No exposed open electrical outlets.

600. Sexual Offender Programs



In addition to all standards in Section 100, and standards in Section 200, 400 and/or 500, as applicable, the following standards shall be met:

600.1 Licensing Approval & Monitoring

1. A multi-disciplinary team shall assist the Licensing Specialist during the initial study for advisory purposes. This team shall include a licensed mental health professional.
2. At the discretion of the Licensing Unit, a multi-disciplinary team may be asked to assist the Licensing Specialist during monitoring visits for advisory purposes.

600.2 General Requirements

1. A sexual offender program shall not be located within one thousand (1000) feet of an elementary school, day care center, or day care family home.
2. The agency shall have written policies governing the supervision and monitoring of children on the grounds and in the community, including direct visual or auditory monitoring of moderate or high risk offenders (based on 600.3.3.d).
3. The agency shall have a written philosophy of public safety and a policy describing procedures to ensure public safety.
4. The staff/child ratio shall be at least 1:6 during waking hours and at least 1:8 during sleeping hours.
5. The agency shall have a written plan providing for appropriate supervision of all children, including allowance for diminished supervision in accordance with each child's progress.
6. Twenty-four (24) hour awake supervision is required for residential child care programs and psychiatric residential treatment programs.

600.3 Admission

1. The agency shall have written policies regarding description of the target population, admission/exclusion criteria, and discharge criteria.
2. The agency shall have a written policy describing sexual offender risk levels it will accept for admission, and therapeutic interventions it will utilize for each risk level.
3. Intake information shall include:
 - a. description of the offense;
 - b. psychosexual assessment;
 - c. relapse risk factors;
 - d. treatment precautions;
 - e. progress indicators;

- f. discharge summary from previous offender-specific treatment;
- g. justification for recommended level of treatment.

600.4 Personnel

1. The Program Director or Clinical Director (the person supervising casework services) shall meet all other requirements, plus have not less than forty (40) hours of sexual offender treatment training and a minimum of two (2) years of sexual offender treatment experience. Certification as a sexual offender treatment trainer may be substituted for the required experience.
2. Direct care staff shall have a minimum of ten (10) hours of sexual offender treatment training within sixty (60) days of their employment.

600.5 Staff Training

All direct care staff shall have at least ten (10) hours of sexual offender training annually, which may be included in the required thirty (30) hours of annual training (Section 403.3).

600.6 Program

1. The agency shall offer a written program description that includes treatment tasks appropriate to the previously identified needs of the individual client (see Section 603.3), including but not limited to:
 - a. acknowledgement of offense;
 - b. cognitive distortions;
 - c. cycle of abuse;
 - d. human sexuality;
 - e. sexual arousal patterns;
 - f. victim empathy;
 - g. social skills development;

**STANDARDS FOR APPROVAL
OF
FAMILY FOSTER HOMES**

**STATE OF ARKANSAS
ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN & FAMILY SERVICES
FOSTER CARE SERVICES
P. O. BOX 1437 (SLOT S570)
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**STANDARDS FOR APPROVAL OF FAMILY FOSTER HOMES
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1.0 **Definition**

A family foster home is a private residence of one (1) or more family members that receives from a child welfare agency any minor child who is unattended by a parent or guardian in order to provide care, training, education, custody or supervision on a twenty-four (24) hour basis, not to include adoptive homes. There must be no more than five children physically in the home including their own children. There must be no more than two children under the age of two years and no more than three children under the age of six. There must be no more than three foster children. Certain exceptions can be made to keep sibling groups together (see Section 6.0, Item #7, "Maximum Capacity of Foster Children").

2.0 Authority

Standards for approving and supervising a family foster home are promulgated under the authority of Arkansas Code Annotated 20-76-201 and 20-76-202.

3.0 Statement of Policy and Purpose

It is the policy of the Division to promote and encourage the provision of safe and adequate foster care designed to meet all the needs of children when the child's natural family is unable to provide adequate care. Therefore, the goal of the Division's family foster home program is to provide an approved family foster home for every foster child under supervision of the Division, as follows: The family foster home placement should be the least restrictive, most family-like setting consistent with the foster child's special needs. It should be within close proximity to the child's parent/legal guardian, i.e., within fifty miles of the parental home.

The family foster home makes it possible for children who cannot remain with their own birth/legal parents or guardians to live with a family and to have the experiences associated with normal family life. These experiences should include opportunities for physical and emotional development and socialization. Placement of a child in a family foster home is considered to be a temporary situation until a permanent plan can be developed and implemented for the foster child. Foster parenting is not intended to be a permanent solution to the child's placement needs. Unless specified otherwise, the presumption is that the child's goal is to be returned to the parents. Persons wanting to adopt a child should not regard foster parenting as an alternative to adoption.

4.0 Types of Family Foster Homes

There are four types of family foster homes which are approved and supervised according to established standards. These homes are emergency, planned-term, respite and specialized.

A. Emergency Family Foster Homes

Emergency homes are homes in which the family foster parents agree to provide temporary, short-term care for any child who is referred by the child-placing agency in an emergency situation. The same standards that apply for regular family foster homes also apply for these homes. Emergency referrals include children placed in emergency custody of the child-placing agency by the courts, children from whom the child-placing agency is searching for a suitable regular family foster home, and children who must be removed from a regular family foster home before another suitable family foster home is located.

Family foster parents in an emergency family foster home would be expected to accept any child referred by the child-placing agency at any hour of the day or night. The preferences according to age, sex, or condition of children shall be identified prior to approval of the home as an emergency foster home. Placement of a child would be of short duration. This would be pending outcome of a court hearing or location of a suitable regular family foster home or relative. Failure of the emergency family foster home to abide by the terms of their agreement with the Division may result in the home being closed as an Emergency

Family Foster Home. Such closed homes will no longer receive the higher rate emergency homer receive.

B. **Planned-term (Regular) Family Foster Homes**

Planned-term family foster homes are homes in which the family foster parents agree to provide 24 hour per day care for a particular foster child. There will be an agreement between the child-placing agency and the family foster parents that the family can care for that child as a substitute family until such a time as a permanent plan can be developed and implemented for that child. The family foster parents will be given pertinent information about the foster child. This included reasons for placement, circumstances for removal from the parent's home, where siblings are placed, a copy of the case plan and visitation plan. They will be kept informed concerning plans for the child's future. In many instances it will be appropriate for family foster parents to reach out to the birth/legal parents. However, this outreach will be supervised by members of the reunification services team.

Family members and the physical characteristics of the home must be evaluated to determine special qualifications of the prospective foster family. Evaluation is considered with regard to special training and expertise, experience, and preference as to the numbers, ages, sex and characteristics of children who may be placed in their home.

C. **Respite Family Foster Homes**

In certain situations, placement arrangements are needed for a foster child to stay overnight. A weekend, with a family or individual may be needed to provide family foster parents a brief time-out from the stress of foster parenting. Birth/legal parents in crisis may also need a brief time-out from parenting a child. The type family foster homes used in these cases are called respite family foster homes. It is not the same as the "Visiting Resource" home. That type of home is recruited and approved by residential facilities or other institutional settings. They are used for the purpose of allowing foster children residing in their facilities an opportunity to experience a family setting, including an overnight stay at a friend's home or the home of a relative of the foster family. Respite family foster homes shall meet all standards and requirements for a regular family foster home.

D. **Specialized Family Foster Homes**

These are homes in which both parents have received training in addition to pre-service family foster parent training. They have been approved to accept children whose physical, mental, emotional, and/or social handicapping conditions are of such degree that only those with special training can provide needed services. In some instances, it may be appropriate for specialized family foster parents to work with birth/legal parent(s). They can help them learn to deal with the child's special needs. Specialized Family Foster Homes receive a special service fee in addition to regular board payments.

E. **Kinship Foster Homes**

Kinship foster homes are homes in which adult relatives within the first, second, or third degree of kin to the parent or stepparent are recruited by the Family Service Worker to provide 24 hours per day care for children who are related through blood or marriage. These homes must meet all of the minimum licensing requirements for a family foster home. Relatives who are approved for placement of children in their home may choose to be a kinship foster home or a regular foster home. Kinship foster homes will be approved only for placement of relative children. If the relatives choose to be a regular foster home, they will have the responsibility of caring for relative and non-relative foster children.

There will be no distinction in licensing requirements between kinship foster homes and all other approved foster homes in Arkansas. A waiver on a non-safety standard can be granted on a case-by-case basis and is subject to approval by the Child Welfare Agency Review Board. The approval of a kinship foster home can be expedited by providing one-on-one pre-service training.

Once permanency is achieved for the relative children placed in a kinship family foster home, relatives may choose to become a regular family foster home if they remain in compliance with licensing standards. This will be a decision made by both the relatives and DCFS based on the best interest of the relative children.

Kinship foster homes are to receive an approval letter and certificate (CFS-481) identifying approval as a kinship foster family. A new approval letter should be issued if the family becomes a regular foster home.

5.0 **Selection**

The Division is responsible for selecting a suitable family foster home for each child placed in its care. The home must meet family foster home standards and the individual child's needs for the duration of placement. The preferences of the family foster parents in regard to selection of foster children for that home must be strictly adhered to. In order to have a suitable family foster home for each foster child, to minimize the risks involved in placement of a foster child away from his own family, and to assure that the foster child will not be moved from foster home to foster home, it is necessary to select families on the basis of careful assessment and evaluation. At least one parent in the foster home shall be able to communicate effectively in the language of the child. **However, this does not apply to foster parents for infants or short term emergency placement.** It is necessary to have a sufficient number and variety of homes available and to improve the skills of the family foster parents through training and supervision. Family foster parents are required to have a minimum of thirty (30) hours of pre-service training. **The family foster parent must complete CPR and First Aid training and receive certification in both areas prior to approval to become a foster parent. No child placements can be made in the foster home until the foster parent(s) has obtained CPR and First Aid certification.** Family foster parent applicants are encouraged by the Division to undergo a self-assessment intended to eliminate applications from families that cannot give the physical and emotional care necessary for healthy nurturing of children.

6.0 **Family Foster Home Standards**

Standards for family foster homes are set to assure good care and growth-producing living experiences in a safe home environment for every foster child under supervision of the child placing agency. These written standards are used to determine the suitability of applicants to be family foster parents.

Standards are categorized as Character, Suitability and Qualifications for the Family Members and Physical Standards for the home. Standards are to be met by the family for the duration of their service as a family foster home.

A. Character, Suitability and Qualifications for the Family Members

1. **Joint Application:** In a two-parent home, the husband and wife shall be joint applicants. Each shall actively participate in the foster home assessment. This joint family commitment shall be reevaluated annually.
2. **Personal characteristics:** Family foster parents must have the personal characteristics which enable them to assume the responsibility of caring for foster children. No person may serve as a foster parent if any adult member of that person's household is a homosexual. "Homosexual", for purposes of this rule, shall mean any person who voluntarily and knowingly engages in or submits to any sexual contact involving the genitals of one person and the mouth or anus of another person of the same gender, and who has engaged in such activity after the foster home

is approved or at a point in time that is reasonably close in time to the filing of the application to be a foster parent. These personal characteristics include:

- a. The capacity to love and care for children and respond to children's needs;
 - b. The capacity and willingness to give love, affection, and care to a child without expecting he child to return this love and affection;
 - c. The willingness to allow for socialization of the foster child with his/her peers;
 - d. Flexibility in their expectations, attitudes, and behavior in relation to meeting the needs of children;
 - e. Ethical standards and values which are conducive to the well-being of children;
 - f. The ability to accept a foster child's background without passing moral judgment on the child or the child's birth/legal family;
 - g. The ability to accept a foster child's relationship with his or her birth/legal family;
 - h. The ability and willingness to accept, understand, and utilize training, guidance and supervision from the child-placing agency or other professional people in order to meet the needs of foster children and their families of origin;
 - i. Emotional stability, including a satisfactory method of handling angry feelings;
 - j. Satisfactory and stable adult relationships, which include not only a satisfactory and meaningful marital relationship, but also supportive relationships with several relatives and/or friends;
 - k. The ability to function adequately in their chosen life style; i.e., ability to enjoy and accept the responsibility of their job, their family life, their friends, and their personal lives;
 - l. An acceptance of their own childhood experiences. An absence of any qualities which indicate that the family foster parent could abuse children;
 - m. The capacity to absorb the presence of a foster child without undue disruption to their own family life. The ability to cope with the departure of the foster child; and
 - n. The maturity to exercise good judgment and appropriate use of authority, along with the youthful qualities of vitality and flexibility which are necessary to care for children.
3. **Age:** Applicants shall be age 21 or over. Applicants shall not be approved as a family foster home if one or both spouses are less than age 21. The family foster home shall undergo a "second party review," if one or both applicants are age 65 or over or when one or both spouses of currently opened family foster home reaches age 65. This will be conducted by the Foster Care Unit, Central Office. A request for a "second party review" shall contain specific information and documentation. This will be used to assess each family foster parent's age and how it will affect his/her ability to care for a specific foster child.
4. **Health:** A physical examination for each member of the household is required prior to approval. The findings of the physical examination must verify that all members of the household are free of any physical or emotional health conditions which would adversely affect the welfare of a foster child. A psychological examination may also be required. All members of the household older than twelve (12) years shall receive a Mantoux (TB) skin test for tuberculosis every three (3) years, as long as test results remain negative. Household members with a positive test must provide documentation from a physician every two (2) years certifying that they are free from communicable tuberculosis. Documentation will be via the CFS-475 (Physician's Report).

Immunization for all children in a foster home (birth/legal children of the foster family and foster children) must be kept up to date.

Family foster parents must keep the division informed concerning any changes in their physical or mental health. Annual physical examination documentation by use of the CFS-478 is necessary for foster families.

Family foster parent(s) shall provide the Division with the health history of each member of the household. This history will include physical and mental health services and treatment received. This requirement can be satisfied by submitting a completed CFS-478 (Physician's Report) at the time a physical is obtained for each person in the household during the time of initial Foster Home assessment. A physical disability in either family foster parent that does not interfere with ability to give adequate care to a child shall not be a barrier to foster parenthood. The impact of the disability on the individual should be evaluated. This shall include how it affects his personality and whether it may have significance to a specific foster child.

5. **Family Composition:** The family should contain two parents, a mother and a father. Both parents are needed in order to provide maximum opportunities for personality development of foster children. Exceptions will be considered for single parent households on the basis of the applicant's special qualifications to fulfill the needs of a particular foster child. Use of a single parent household is acceptable for those children whose need for a two-parent household is not a crucial aspect of the care required. Single applicants with professional training, such as nurses, may be desirable for special needs children. Other children and adults (grandparents, aunts, etc.) who are a part of the household shall be assessed on the basis of how they might be affected by the presence of a foster child and also the effect they themselves might have on the foster child. Homes will not be approved if there are transient roomers or boarders.
6. **Marriage Verification and Stability:** Marriages and divorces shall be verified. The pattern of marital stability shall be considered. Family foster parents must have a stable marriage. Not only will the unstable marriage have a negative effect on foster children placed in the home, but the special problems of some foster children could contribute to the break-up of an already unstable marriage. Applicants who have been married fewer than three years will require a "second party review" to be conducted by the Division. A request for a "second party review" shall contain specific information and any necessary clarification in order to assess the stability of marriage and family.

If a family foster parent couple is divorcing, a "second party review" of the family foster home shall be conducted by the Division. A request for a "second party review" shall contain pertinent information for determination of the continued placement of any foster children already placed in the home.

In addition, a "second party review" of the family foster home shall be conducted when an approved single family foster parent marries. A request for a "second party review" shall contain specific information as to the character, suitability, and qualifications of the new spouse to assume the shared role of family foster parent with his/her spouse.

7. **Maximum Capacity of Foster Children:** There will be no more than five (5) children in the home (including the family foster parent's own children and any other children who normally reside in the home of the foster family). No more than three shall be foster children.

In no event shall there be more than two children under the age of two there shall be no more than three children under the age of six placed in the home at one time.

The sole exception to the above limits shall be in those instances in which the placement of a sibling group in a family foster home with no other children in the home would exceed the limits.

In addition, the number of children in a family foster home will be determined by the stamina, capacities, skills of the family foster parents; by the effect upon the equilibrium preferences of the family unit; by physical space available for children; and by the family foster parents' ability to meet the needs of all children present in the home.

The applicants must have legal custody or guardianship of any children (other than foster children) in the home that are not their birth children or relatives. Family foster parents shall not keep children for more than one child-placing agency. Family foster parents will not provide babysitting (day care) service for other children on a regular basis in their home unless they are approved as a Registered Family Home [see Section 6.0, Item #11(a)].

Birth/legal children of the family foster parents shall take part in the family foster home assessment. The extent of their involvement shall be determined by their age and level of maturity. These children must be in agreement to their parents' decision to become family foster parents. Their agreement must be reevaluated annually.

8. **Religion:** Foster children must have the opportunity for religious, spiritual, and ethical development. Family foster parents shall respect the religious preferences of the foster child and his or her birth/legal family. They must be able to present their own religious beliefs to foster children in such a way as to take into consideration the foster child's own religious background. The family foster parents shall never force their own religious beliefs on a foster child whose religious background differs from their own. Family foster parents shall arrange transportation to religious services for a child when necessary.

However, lack of religious affiliation or of a religious faith will not be a barrier to consideration of family foster parent applicants.

9. **Education:** The level of formal education attained by the family foster parent applicants shall be sufficient to allow them to function in their community, in their employment, and in their home.

(Example: Family foster parents should be able to follow physician's instructions, read labels on medication, and administer proper dosages of medication.) The level of their aspirations for children shall be in accord with the particular child's ability. Their awareness of local educational facilities is important to foster children. Family foster parents shall have a positive attitude toward both academic and vocational education and be willing to meet the child's individual needs.

10. **Financial Stability:** The family shall have sufficient, reliable income to assure the family's stability and security, without including the board payment. The foster family shall provide documentation of sufficient financial resources to meet their needs. A copy of this documentation shall be placed in the foster parent's case record. Management of income shall be considered more important than amount of income. The family shall understand that keeping foster children is not a profitable venture.

11. **Employment:** Both parents may be employed outside the home only with certain provisions. We strongly encourage either the husband or the wife to remain at home with a foster child for as long as necessary after placement to provide security and initial adjustment for the foster child. Careful consideration will be made before infants and preschool children are placed in a home where both family foster parents have outside employment. When placing school age children in a home where both parents are employed, the Division shall do so on the basis of careful evaluation of what is best for the individual child. Suitable plans for the care and supervision of foster children before and after school, during school holidays and vacations, and when children are ill and absent from school must be made and approved by the Division. Arrangements for a suitable caretaker must be made ahead of time to prevent last minute arrangements that could result in an inappropriate caretaker.

Single parent households where the sole parent is employed outside the home shall be considered the same as a two-parent household where both parents are employed outside the home. Only school age children shall be placed there.

If employment is seasonal, the family must have compensatory income or savings in the off seasons. Demands made on family foster parents' time by overtime work, revolving shifts; etc., are considered pertinent to their ability to provide adequate care for a foster child.

At no point shall family foster homes also serve as licensed Day Care Family Homes. There shall be no exceptions.

Family foster parents shall not provide day care services on a regular basis, including as a Voluntary Registered Home. Exceptions to this rule will only be considered under the following conditions:

- a. Family foster parents shall not care for more than five children physically in the home; the maximum of five includes any foster or birth children whether in school or not; and the home must be registered, AND
- b. Family foster parents have a secondary caregiver available at a moment's notice. This caregiver would assume responsibility for the care of the day care children in the home in the event they must attend to the needs of a foster child, AND
- c. That alternate caregiver must be listed as such on the Voluntary Registration Application. They must meet the same requirements as the family foster parent who is registered. For example, there must be a Criminal Record and Child Maltreatment Central Registry Check.

12. Criminal Record and Child Maltreatment Central Registry Check:

- a. Family foster parent (s) and all members of the household 10 years of age and older shall consent to the Division making a Child Maltreatment Central Registry Check in all the states in which the applicant has lived in the last six years, and in the person's state of employment, if different. The person must have no history of true abuse and/or neglect. The Division shall repeat the Child Maltreatment Central Registry Check every two (2) years on all persons required to have the check. Also, family foster parents and all members of the house hold age 14 or older shall consent to the Division making a Criminal Record Check. The Division shall repeat an Arkansas State Police Criminal Record Check every five (5) years on any person required to have the check. This is required under the "Minimum Licensing Standards for Child Welfare Agencies" (PUB-004).
- b. The members of the household shall be free of criminal convictions for offenses which have been declared as rendering an applicant ineligible for application or retention of a license. THESE INCLUDE:

- Murder
- Voluntary manslaughter
- Criminally negligent homicide
- Kidnapping
- Aggravated kidnapping
- Rape
- Aggravated rape
- Public lewdness
- Indecent exposure
- Rape of a child
- Sexual abuse of a child
- Indecency with a child

Assault
Aggravated assault
Injury inflicted on a child
Contributing to the delinquency of a minor
Bigamy
Incest
Interference with child custody
Enticing a child
Criminal nonsupport
Sale or purchase of a child
Solicitation of a child
Prostitution
Promotion or prostitution
Aggravated promotion of prostitution
Compelling prostitution
Obscene display or distribution
Obscenity
Sale/distribution/display of harmful material to a minor
Sexual performance by a child

In addition, any criminal conviction involving drugs shall be subject to a "second party review" by the Foster Care Unit, Central Office, prior to approval of the home.

13. **Knowledge of Child Growth and Development:** The family foster parents must have a working knowledge of child growth and development. This must include knowledge of childcare, milestones in development, first aid, and nutrition. Awareness of the emotional needs of children is as important as awareness of the physical needs of children. Children's need for medical care will be met. Corporal punishment is not allowed in a Divisional Family Foster Home. Family foster parents are expected to use time-outs, denial of privileges, and explanation of expectations, etc., as disciplinary measures. The Care and Development of Child shall be maintained as follows:

a. **Daily Activities**

1. Family foster parent(s) shall provide structure and daily activities designed to promote the individual physical, social, intellectual, spiritual and emotional development of the children in their home.
2. Family foster parent(s) shall cooperate with the Division to help the foster children maintain an awareness of their past, a record of the present, and a plan for the future. Foster parents shall keep a life book for each foster child that includes periodic photographs of the child and a record of the child's memberships, activities, and participation in extracurricular school or church activities.
3. Family foster parent(s) shall ask foster children to assume work responsibilities reasonable for their age and ability and commensurate with those expected of their own children.

b. **Clothing and Personal Belongings**

1. Family foster parent(s) shall, with the assistance of the Division, provide each foster child with his/her own clean, well-fitting, attractive, seasonal clothing appropriate to age, sex, individual needs, and comparable to the community standards.
2. Family foster parent(s) shall include the foster children in the selection of their own clothing whenever possible and appropriate.

3. Family foster parent(s) shall allow foster children to bring their personal belongings to the family foster home and acquire additional belongings.
4. Family foster parent(s) shall send all personal clothing and belongings with the children when they leave the family foster homes.

c. Discipline and Control

1. Family foster parent(s) shall train and discipline children with kindness and understanding.
2. Family foster parent(s) shall establish well defined rules which set the expectations and limits of behavior that are relevant to the child's level of growth and development, which are applied in a consistent manner.
3. Family foster parent(s) shall teach and train each child with techniques that stress praise and encouragement; discipline should be positive rather than negative.
4. Family foster parent(s) shall not subject children to verbal abuse, derogatory remarks about themselves or family members or threats of removal from the family foster home.
5. Methods of discipline that are unacceptable for use by family foster parents with foster children include but are not limited to:
 - a. Cruel, severe, or humiliating actions, such as washing mouth with soap, taping or obstructing child's mouth, placing painful or unpleasant tasting substances in mouth, on lips, etc.; placing child in dark areas; any kind of humiliation in public;
 - b. Physical punishment inflicted in any manner, such as hitting, pinching, pulling hair, slapping, kicking, twisting arm, forced fixed body positions, etc.;
 - c. Denial of meals, clothing, shelter, withholding implementation of the case plan, or any denial of basic rights;
 - d. Denial of visits, telephone, or mail contacts with family members;
 - e. Assignment of extremely strenuous exercise or work;
 - f. Locked isolation of any kind; and
 - g. Punishment of any kind for poor toilet habits.

d. Health Care

1. Family foster parent(s) shall cooperate with the Division in medical and dental care planning for the foster child.
2. Family foster parent(s) shall make medical and dental appointments as needed. Family foster parents should accompany the child to the initial health screening and any on-going health or mental health services provided. If this is not possible, the family foster parent shall be available by telephone to the person conducting the screening. The family foster parent shall consult with the health care provided about the child's health care needs.
3. Family foster parents with whom the child is placed should be involved in the comprehensive health assessment of the child.

4. Family foster parent(s) shall report any corrective or follow-up medical or dental care the child needs to the Division.
5. Foster families shall have their own transportation available. Area Managers may grant a waiver in situations where kinship families have been recruited specifically for a child. Family foster parent(s) shall be responsible for arranging transportation for foster children to all necessary medical and dental appointments. The Division shall provide assistance as needed.

e. **Education**

1. Family foster parent(s) shall enroll each school-age child in an accredited school within five school days of the placement of the child.
2. Family foster parent(s) shall cooperate with the Division. They shall take part in the selection and arrangement for educational programs appropriate for the child's age, abilities, and case plan.
3. Foster parents shall attend school conferences concerning a foster child and plan with school personnel when there are school problems. Foster parents shall report serious situations that may require Division involvement to the Division; for example, any situation that may affect the case plan or a situation that puts the child in jeopardy of suspension or expulsion.

f. **Religious and Ethnic Heritage**

1. Family foster parent(s) shall recognize, encourage, and support the religious beliefs, ethnic heritage, and language of a child and his/her family.
2. Family foster parent(s) shall arrange transportation to religious services or ethnic events for a child whose beliefs and practices are different from their own and who wishes to attend such events.
3. Family foster parent(s) shall not coerce children into participation in religious activities or ethnic events against their will.

14. **Acceptance of Division Regulations:** The family foster parents must abide by the policies of the child placing agency and accept the Division's supervision. Family foster parents should strive to provide continuous care for the foster child placed in their home until such time as a permanent plan is implemented for the child. In some cases, it may become necessary for an agreement to be reached between the Division and the family foster parents that a placement is not appropriate.

B. **Physical Standards for the Home**

1. **Accessibility of the Home:** The family foster home shall be accessible throughout the year to fulfill the needs of the foster child. For example, to make available education and religious training, recreation, parental visiting, supervision by the Division and medical care for the child. The accessibility of the home shall be judged in relation to the family foster parents' ability to transport the child for medical care, etc., should that be needed.
2. **Neighborhood:** The neighborhood/community in which the family foster home is located will be one which is accessible. It will provide a healthy environment and be free from health

hazards, attractive nuisances (i.e. , dangerous objects accessible to children), and threats from persons in and about the neighborhood/community (i.e., incidents of violent crime).

3. **Ownership of Home:** If the foster family does not own the home in which they live, the person who owns the home shall verify that he/she has no objections to the applicant caring for foster children in the home.
4. **General Appearance of the Home:** The home shall be free from physical and health hazards.
5. **Indoor Arrangement and Use of Rooms:** Rooms shall be arranged to allow convenient living. There must be adequate space for privacy, play, and study for all family members. There shall be sufficient seating for the family to eat together. A foster child must sleep in a bedroom. A foster child must not sleep in a living room or dining room or in any room through which one must pass in order to get to another room. Children of the opposite sex shall not share the same bedroom if either child is four (4) years old or older. No children shall share a double bed if either child is four (4) years old or older. No child under age six (6) shall occupy a top bunk. Each child shall be provided with clean bedding, in good condition, that shall be laundered at least weekly, or as needed. Foster children, except infants under age two (2) years, shall not share a sleeping room with adults. No more than four children shall share a bedroom. There shall be 50 square feet of space per child in his/her bedroom. Each bedroom used for foster children shall have a window to the outside.

The number of foster children placed in a family foster home also shall be limited by the number of persons who can satisfactorily live within the physical limits of the home. Individual space shall be provided for the child's personal possessions and a designated space for hanging clothes in or near the bedroom occupied by the child shall be provided for that child. Space requirements may be waived on a case by case basis for Kinship Foster Homes.

6. **Water Supply:** The home shall have a continuous supply of clean drinking water. Water supplied by any source other than a city water department shall be tested yearly by the Arkansas Health Department to assure that it is safe for human consumption. If a water supply is found unsafe, an alternate compliance of the water supply must be agreed upon, put in place, and maintained.
7. **General Safety Standards:** The home shall be free from physical hazards which would endanger the physical safety of children. This shall be verified by inspection of the entire dwelling, the yard surrounding the house, the basement, the attic (if accessible), the garage or carport and storage area. Specific qualities to check for include:
 - a. The home shall be reasonably clean and sanitary.
 - b. The home shall have adequate light, heat, ventilation and plumbing for safe and comfortable living. Bedrooms shall have windows which provide natural light and ventilation.
 - c. The home shall have a minimum of one flush toilet, one wash basin with running water and one bath or shower with hot and cold water.

- d. Medicines, cleaning supplies, insecticides, gasoline, hazardous tools, knives, guns, etc., shall be stored out of reach of children or kept in locked closets or drawers. Guns must be unloaded and stored in a secure, locked location separate from ammunition. Foster parents shall be aware of possible side effects of all medications and shall administer medications only in accordance with directions on the label. Foster parents shall keep a log of all medications dispensed. All medications shall be stored in a secure location, and psychotropic medications shall be kept securely locked.
- e. Heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes within reach of children shall be screened or otherwise protected.
- f. The home shall have a safe sewage disposal system. All garbage and other wastes shall be kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health hazard or nuisance.
- g. The home shall contain at least one approved fire extinguisher, readily accessible and in working condition. Within 10 feet of the kitchen and each bedroom, there shall be fire alarms or smoke detectors maintained in good working order at all times. There also shall be a chemical fire extinguisher in the cooking area.
- h. Fire hazards, such as dangerous or defective heating equipment, flammable materials, defective electrical appliances or electric cords, excessive use of extension cords, etc., shall be eliminated or corrected.
- i. Exterior doors shall not be blocked to prevent easy exit. Neither shall interior doors or halls be blocked or cluttered to prevent easy passage.
- j. The family shall have a plan for taking shelter during a storm.
- k. Emergency phone numbers shall be posted near each telephone, to include at least fire and ambulance (and 911 in areas in which the service is available) and the responsible adult to contact in an emergency.
- l. Yards shall be free of dangerous debris, trash, uncovered cisterns, etc.
- m. Small children shall have access to a play area. Yards shall be large enough to provide simple play space for children. There shall be a fence or barrier to prevent a child's access to a busy street or highway, body of water, or other dangerous area.
- n. Mobile homes used as family foster homes shall be properly installed, tied down and stabilized. If the mobile home is located in a trailer park, there must be sufficient fenced play space for children outside. There must be at least two exits from the mobile home.
- o. Toys shall be safe, in good repair, and shall be age and developmentally appropriate for the children by whom they will be used. Adequate toys will be

available for all children in care. Play equipment shall be safe, hazard-free, properly anchored, and shall be age and developmentally appropriate for the children by whom they will be used. All household pets shall have proof of current rabies vaccinations.

8. Fire Safety

- a. Family foster parent(s) living in apartment buildings shall give evidence that the building has been approved for building and fire safety within the last two years.
- b. Family foster parent(s) shall have an evacuation plan and shall share it with each child. They shall conduct fire drills at least quarterly during each year. Family foster parents shall make sure all children understand the procedures at the time they are placed in the home. All drills conducted shall be documented and the documentation placed in the family foster home record. This documentation shall reflect:
 1. The date and time of the drill;
 2. The persons participating in the drill; and
 3. The length of time needed to clear the home.
- c. Family foster homes, including mobile homes, shall have at least two doors which provide unrestricted exits in case of fire.
- d. There shall be a drawn escape plan which shall be posted within the home and outlines the exits in the home.

9. Telephone

The family foster home shall have a working telephone.

7.0 Approval of Family Foster Homes

A family foster home assessment shall be completed to determine that applicants meet established standards for family foster homes. Also, written notice of approval will be given to that home. Both steps must have been taken before approving the placement of any foster child in that family foster home.

The objective of the family foster home assessment will not be to accumulate data, but to use information obtained in a dynamic way; first, to help evaluate the applicants and, second, to help the applicants make an informed decision about their own suitability to serve as family foster parents.

The family foster home assessment will consist of a minimum of the following steps to assure that the home meets standards:

- A. Physician's statement of health for all family members;
- B. Health Department inspection of the home shall be made, specifically the water supply and sewage disposal system. See also Section 6.0, item B.6., requiring annual testing of the water supply, if it comes from a source other than city water;
- C. Divisional inspection of the house and surroundings, including receiving documentation that the foster parent carries homeowner's or renter's insurance and general liability insurance, which may be included in the homeowners policy;
- D. Personal interviews with, or written responses from references;
- E. A case record which includes documentation of compliance with standards and documentation that the foster parent(s) completed CPR and First Aid training and received certification in both areas prior to approval. The

case record shall also include a narrative summary of all pertinent information, and recommendation for approval. Terms of approval; i.e., the number of children for which the home has been approved, their ages and sex and any special needs must be specified. The preferences of the family foster parents will be strictly adhered to by the Division;

- F. A child Maltreatment Central Registry Check of the family foster parent and any others residing in the home age 10 or over; and
- G. A Criminal Record Check on all persons age 14 and over residing in the home.

8.0 Denial of a Family Foster Home

Any applicant who does not meet all standards for approval as a family foster home, or who has received an unfavorable second party review in waiving a standard contained in this document shall be denied for placement of foster children. No standard contained in the "Minimum Licensing Standards for Child Welfare Agencies" (PUB-004) can be waived without prior approval of the [Child Welfare Agency Review Board](#). Documentation or reasons a home was denied for placement of children shall be made in the case record, and the applicant shall be informed in writing of the reason for denial.

9.0 Appropriate Selection and Placement

Applicants who meet standards established for family foster homes shall be selected for placement of foster children when the child's individual needs can be met by that family. [An individualized training plan shall be developed for the foster parent\(s\) taking into consideration the age and characteristics of children for whom the foster parent\(s\) has expressed preferences.](#) It shall be recognized that each family has special qualifications and limitations. There shall be a written agreement documented by forms CFS-462 and CFS-462A, provided for that purpose, between the child-placing agency and the applicant. The agreement shall state that only foster children who can benefit from the individual family environment will be placed in that particular home.

The written agreement shall be signed upon approval during the home study process and shall include:

Expectations and responsibilities of the Division, the staff and the family foster parent(s);
the services to be provided;
the financial arrangements for the children placed in the home;
the authority the family foster parent(s) can exercise for the children placed in their home;
the actions which require Divisional staff authorization;
the legal responsibility for damage or risk resulting from children in their homes;
the Division's process and procedures for investigating complaints;
and, the Division's procedure for giving advance notice of termination of a placement except for documented emergencies. (See the County Office Contact Persons Form placed at the end of this publication.)

10.0 Reevaluation of a Family Foster Home

The Family Service Worker will monitor the foster family home at least quarterly for continued compliance with the standards of approval for foster homes. The Family Service Worker shall formally complete a Checklist for Compliance (CFS-475) on the foster family every three months and will file the completed form in the family foster home record. The Family Service Worker or Agency Designee will formally complete Section F (On-going Monitoring) of the CFS-475. Family foster homes must be reviewed annually; i.e., no later than the anniversary month of the family foster home's approval, to assure that they continue to meet all standards and policy requirements. [The foster home record must document that the foster parent\(s\) maintained current certification in](#)

both CPR and First Aid. Any family foster home that does not continue to meet standards will be closed for placement of foster children.

Other than annual reevaluations, family foster homes also shall be reevaluated if any of the following conditions develop:

- A. Death or serious illness among the members of the foster family;
- B. Separation or divorce of family foster parents;
- C. Loss of or change in employment status by either family foster parent;
- D. Change in residence;
- E. Suspected maltreatment of any child in the home; or
- F. Any other major life changes in the family foster home.

11.0 Responsibilities of the Division

- A. The Division shall be responsible for selecting a family foster home specifically trained and suited to the foster child's special needs. The Division also shall be responsible for the proper implementation of a permanent plan for that child.
- B. The Division shall supervise all foster child placements. Children in Foster Care will be visited regularly and such visits will take place no less than weekly. The Family Service Worker shall make periodic visits in the foster home. A portion of this visitation shall be set aside for separate and private conversation between the Family Service Worker and the child to assess the quality of care being provided.
- C. The Division shall evaluate the specific strengths, needs, preferences and experience of each family foster home. This shall be used to determine the number, ages, sex and characteristics of children who will be placed in the home. These determinations shall consider the family foster parents' own family life. No child may be placed in a family foster home in violation of the limitations established in this assessment or the family foster parents' preferences.
- D. The Division shall make training available to the family foster parents. Training will be at times and locations that will enable the family foster parents to meet their training requirements. Assistance to the family foster parents with reimbursement for transportation and childcare shall be provided by the Division, as needed.
- E. The Division shall provide support services, such as emergency, respite care, day care, transportation, crisis and after-hours intervention, counseling, and family foster parent mentors for the family foster parents. These services shall be available, as needed, to assist in providing proper care or to prevent the disruption of a child's placement.
- F. The Division shall not place children with any family foster parents who have not satisfactorily completed the required 30 hours of pre-service training or who have not satisfied the in-service training requirements on 15 hours annually, for each foster parent, after the first year. The Division can make an exception for any foster parent whose annual in-service training hours are more than 60 calendar days overdue.
- G. The Division shall keep a record for each child that includes legal documents (e.g., birth certificate, social security card, court orders). The Division delegates the responsibility for the day-to-day care of the foster child to the family foster parents. Family foster parents shall be provided with the following information for every foster child placed in their home:
 - 1. Full and complete information about the child, except as prohibited by law;
 - 2. Health care information regarding the child, including;

- a. The child's Medical Passport and any revisions, as on-going medical or mental health care information regarding the child becomes available;
 - b. The child's [Client Medical, and Psychological Information \(CFS-6012\)](#) completed within seven days of the Comprehensive Health Assessment and provided to family foster parents within five days of completion or revision; and
 - c. The Child's Health Plan (CFS-369) completed within fourteen days of completion of the Comprehensive Health Assessment and provided to family foster parents within five days of completion or revision.
- 3. Reasons for the child's placement and circumstances leading to removal from the home;
 - 4. Probable length of placement;
 - 5. A copy of the child's case plan and visitation plan from the Case Plan ([CFS-6010](#)) and any revisions to either within five days of completion;
 - 6. Other information pertinent to the provision of services to the child, as the individual situation warrants;
 - 7. CFS-462 (Initial Family Foster Home Agreement); and
 - 8. CFS-462A (Family Foster Home Agreement Addendum),
- H. The family foster parents shall be notified of all staffings and judicial reviews for foster children placed in their home. Family foster parents shall be provided the opportunity to have input in shaping the case plan. Family foster parents shall have their roles and the roles of the child's Family Service Worker clearly defined with regard to carrying out each of the specific tasks of the child's case plan. The family foster parent role delegates responsibility for the day-to-day care of the foster child to the family foster parents. However, DCFS retains legal responsibility for supervision, decision making, and assuring continuity of care for the child.
 - I. The Division shall notify [immediately](#) the child's family, the OCC Attorney, [Child Abuse Hotline](#) and the [Attorney ad litem](#) if the child is the subject of an allegation of child maltreatment. If the alleged child maltreatment occurred in the foster home, the [Attorneys ad litem](#) for all children placed in the home shall be notified.
 - J. The Division shall continually monitor the appropriateness of the placement.

12.0 Responsibilities of the Family Foster Parents

- A. Family foster parents shall comply with the objectives of the family foster home program by providing care and supervision in a family environment for every foster child placed in their home by the division. This care and supervision shall include experiences associated with normal family life and an opportunity for the child to develop to his or her full potential emotionally and physically.
- B. Family foster parents shall recognize that foster care is a temporary arraignment until a permanent plan can be established and implemented. Family foster parents shall cooperate with the Division by respecting the rights of the foster child's birth/legal parents, participating in training offered by the Division, accepting the Division's supervision of any child placed in their home, and participating in periodic reevaluations of the home. The family foster parents shall cooperate with the [Division](#) by recognizing that the Division sees foster care as a temporary but integral step in arriving at a permanent plan for the

child. They shall agree to allow parental and sibling visitation, as scheduled by the Division. Family foster parents shall agree to provide a home for the foster child as long as that placement is appropriate for the child.

- C. Family foster parents shall provide continuous care for any foster child placed in their home until the permanent plan can be implemented, unless there is agreement between the Division and the family foster parents that the placement is not appropriate.
- D. Family foster parents shall agree to participate in pre-service and in-service training programs for family foster parents, as specified by policy.
- E. Family foster parents shall provide direct care and have decision making authority concerning the foster child's daily living. However, they cannot make independent major decisions that have far-reaching effects on the foster child's life, such as consents for surgery, military service or marriage. They should not make decisions that have far reaching effects for the child's personal appearance without consulting the Family Service Worker, i.e. , haircuts.
- F. Family foster parents shall provide reasonable opportunities for mail/phone contact and visits with parents/legal guardians and with siblings.
- G. Family foster parent(s) shall notify the Division immediately of serious illness, accidents, or any unusual circumstances affecting the health, safety, physical or emotional well-being of the foster child.
- H. Family foster parents shall share the primary responsibility of helping foster children who are age appropriate to develop independent living skills along with the child's assigned Family Service Worker.
- I. Family foster parent(s) shall sign an agreement with the Division to provide foster care (Initial foster Home Agreement [CFS-462]) and a separate agreement for each foster child placed in the home (Foster Home Agreement Addendum [CFS-462A]).
- J. The family foster parents shall respect the rights retained by the birth/legal parents and the Division.
- K. Family foster parents shall maintain absolute confidentiality of private information about the foster child and his/her birth/legal family. It is understood that the foster family interacts with others. Nevertheless, information about the child's history, or information which the child wishes to keep private must not be discussed with others. Policies, activities and programs of the Department of Human Services are discussed publicly in generalizations only. Identification of particular cases or children must not be made without prior approval.
- L. Family foster parents shall make every effort to give the division advance notice if it becomes necessary to request removal of a foster child placed in their home. If at all possible, they should give at least two weeks notice to the Division.
- M. Family foster parent(s) shall maintain records in accordance with Division procedures and forms for the children placed with the family. This includes both health and progress records.

13.0 Family Foster Parent Liability

- A. Foster parents must carry homeowner's or renter's insurance and general liability insurance, which may be included in the homeowners policy; Any claims for damages or destruction to family foster parent(s)' personal property that is not covered by Home Owner's Insurance or to the property of others due to the actions of a foster child placed in a

foster home will need to be filed with the Arkansas Claims commission. Family foster parent(s) or the individual can request the appropriate application to submit a claim by contacting the Arkansas Claims commission, State Capitol Building, Room 061, Little Rock, Arkansas 72205, telephone 682-1619.

- B. Prior to filing a claim with the Claims Commission, the family foster parent(s) or the individual will need to contact the local Division of Children and Family Services county office to provide information needed to complete an incident report. This incident report will be submitted to Central Office by county staff and will be used to assist the Claims Commission in processing the claim.

- C. Also, according to Act 941 of 1989: "Family foster parents approved by a child welfare agency licensed by the Department of Human Services shall not be liable for damages caused by their foster children, nor shall they be liable to the foster children nor to their parents or guardians of the foster children for injuries to the foster children caused by acts or omissions of the family foster parents unless the acts or omissions constitute malicious, willful, wanton or grossly negligent conduct."

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FOSTER PARENT HANDBOOK INTRODUCTION

Family Foster Care is a program designed to provide a substitute family life experience in a Division of Children and Family Services (DCFS) approved home, Kinship Foster Home, or licensed facility for a child who needs care for a temporary, or in some instances, for an extended period of time. During this time, the birth/legal family is either nonexistent or dysfunctional due to social, emotional, economic, and/or physical reasons. Foster care is founded on the premise that all children have a right to a safe supportive environment in which to grow, preferably a home environment.

The purpose of foster care is to provide a healthy home and community experience for the child while the conditions which caused the placement away from the birth/legal family are being resolved. Thus, foster care is intended to be temporary. The length of a child's stay in foster care will depend a great deal on the conditions which caused the placement and the time and the resources available to resolve them. The goal of foster care is to work toward a permanent placement for the child, preferably, return to the birth/legal parents.

Foster care is a team effort involving DCFS, the family foster parents, the foster child, and the birth/legal parents. When all those directly involved in the situation understand their own and each others' roles and cooperate as team members in a team effort, the quality of the experience for all is increased, and the effect on the child's future well-being is greatly influenced.

Kinship Foster Homes are homes in which adult relatives within the first, second, or third degree of consanguinity to the parent or stepparent are recruited by the Family Service Worker to provide 24 hours per day care for children who are related to the kinship foster parent by blood or marriage. These homes must meet all of the minimum licensing requirements for a Family Foster Home. Relatives who are approved for placement of children in their home may choose to be Kinship Foster Home or a regular Foster Home. Kinship Foster Homes will be approved only for placement of relative children. If the relatives choose to be a regular Foster Home, they will have the responsibility of caring for relative and non-relative foster children.

There will be no distinction in licensing requirements between kinship foster homes and all other approved foster homes in Arkansas.

Once permanency is achieved for the relative children placed in a Kinship Foster Home, relatives may choose to become a regular Family Foster Home if they remain in compliance with licensing standards. This will be a decision made by both the relatives and DCFS based on the best interest of the relative children.

Kinship Foster Homes are to receive an approval letter and certificate (CFS-481) identifying approval as a kinship foster family. A new approval letter should be issued if the family becomes a regular foster home.

It is your responsibility as family foster parents and kinship foster parents to provide twenty-four hour nurturing care to the foster child. You also have a responsibility to help the child develop a good self image and have positive feelings about his past, present, and future.

Good communication among all team members, as well as mutual respect, understanding, and honesty is essential elements for achievement of these goals. All team members share the responsibility for ensuring that lines of communication are kept open and in use.

Because of the difference in responsibilities and perspectives, conflicts may arise. How well conflicts are worked out will determine the success with which the team is able to serve the needs of the child.

This handbook has been prepared to provide you with information you may need. This handbook is only a reference guide. Contact your local DHS County Office for clarification and interpretation of any information provided here.

RESPONSIBILITIES OF THE FOSTER CARE TEAM

FOSTER CHILD

Children have certain inherent rights based on their special status as children and their inability to care for themselves. Among these inherent rights are the right to live with their birth/legal family and to receive love, protection, nurturance, and support until they reach the age of majority; the right to be free from harm, neglect, and abuse; to receive an education; to have physical care and medical attention; to enjoy all facets of family life; to be disciplined and to receive religious and moral training, and to grow into self-sufficient, independent young adults.

When a child's right to live with his own birth/legal family is in jeopardy, the child has a right to be represented by legal counsel and to have his legal rights protected in any judicial procedure which addresses custody or guardianship. DCFS has certain responsibilities to children who have been removed from the custody of their birth/legal parents. Responsibilities of DCFS to foster children are as follows:

- To place the child in a family foster home, kinship foster home, or, other substitute care facility that can best serve the child's needs and is the least restrictive environment;
- To place the child close to birth/legal parents to allow frequent contact;
- To have regular visits for the child with birth/legal parents, siblings, and others with whom there is a significant relationship, unless restricted by court order;
- To give the child honest information regarding all decisions;
- To provide the child the basic rights inherent to all children as stated above;
- To allow the child to participate in case planning, conferences, staffings, and court hearings, etc., whenever possible and age appropriate;
- To keep a record for each child that includes legal documents (e.g., birth certificate, social security card, court orders).

- To help the child return to the birth/legal parents' home at the earliest possible time or to be legally freed to form new family ties with relatives or adoptive parents; and
- To prepare the child for independence.

BIRTH/LEGAL PARENTS

Birth/legal parents are the key to long-range planning for the foster child. They are central members of the foster care team. The child began with them, identifies with them, and in most instances, longs to return to them. The return of the child to his home is dependent on his birth/legal parents' ability to improve their situation. Otherwise, his birth/legal parents face the possibility of long-range plans being made which may include termination of parental rights. With the exception of parents of children for whom the Department of Human Services is guardian or birth/legal parents whose rights have been permanently terminated, DCFS has certain responsibilities to the birth/legal parents of children placed in the custody of the Department of Human Services.

Responsibilities of the DCFS to birth/legal parents are:

- To offer and provide services directed toward preservation of the family as a unit and the avoidance of foster care if at all possible;
- To inform the birth/legal parents of the reason for removal of the child when foster care is necessary;
- To advise birth/legal parents that they can seek the assistance of an attorney anytime a legal action involves the child. If the birth/legal parents cannot afford an attorney, they can advise the court of this and seek assistance from Legal Aid, the Lawyer Referral Service, or other private means;
- To understand birth/legal parents without criticism or judgment and to acknowledge the birth/legal parents share in the child's life;
- To advise birth/legal parents of what parental privileges are retained while the child is in foster care;
- To advise birth/legal parents of what conditions must be met in order to have the child returned to them;
- To include birth/legal parents in developing the case plan for the child;
- To provide birth/legal parents every possible assistance and service for resolution or correction of conditions necessary for return of the child;
- To insure that birth/legal parents have full cooperation from all foster care team members toward achievement of case goals; and,
- To return the child to the birth/legal parents' home when the necessary changes or conditions required by the court or DCFS have been made and circumstances that necessitated the removal have been eliminated.

Responsibilities of birth/legal parents are:

- To cooperate as a foster care team member by participating in staffings, and court hearings;
- To maintain contact and communication with the child including keeping appointments for visitation and placing and returning calls;
- To help develop and follow the case plan, thereby, making a permanent plan for the child;
- To notify DCFS at the earliest possible time if the birth/legal parents are no longer willing to work toward reunification and they wish to relinquish their

parental rights and/or that another relative exists who would offer a permanent home to the child;

- To make necessary changes or correct conditions which prevent the child's return;
- To provide emotional support for the child;
- To be involved, whenever possible, in specific activities affecting the child such as medical care, religious, and social events; and,
- To provide financial support for the child. The court has a chart and will designate an amount for the birth/legal parents to pay.

FAMILY FOSTER PARENTS and KINSHIP FOSTER PARENTS

As temporary substitute parents, you are close to the foster child on a day-to-day basis. This closeness makes you a vital member of the foster care team. You are in an excellent position to evaluate the child's current needs and ensure they are being met in your family or through resources in the community.

You, as team members with a unique perspective of the child, can contribute a special knowledge to DCFS and to the birth/legal parents including information about the child's behavior, relationships with playmates and other members of your family, and adjustment to school and to the neighborhood.

By your observations of the child's relationship with his birth/legal parents and the child's reactions to visitation, you can enhance the DCFS work with the birth/legal parents. In some instances, you may also serve as actual role models for the birth/legal parents. This role modeling may be the first opportunity the parent has had to observe and learn effective parenting skills.

The responsibilities of DCFS to Foster Parents and Kinship Foster Families are:

- To provide pre-service training and continuing education for your role as family foster parents;
- To provide all available information concerning the child and the birth/legal family situation to enable you to make an informed decision about your ability or inability to provide care for the child in your home and participate in the case;
- To involve you as a team member in preplacement activities and case planning as well as staffings, and court proceedings;
- To ensure that you have a clear understanding of your role as well as the role of other team members in achieving case goals;
- To provide you with reimbursement for food, clothing and shelter which you have given children in your care;
- To allow you to continue your own family patterns and routine, as much as possible;
- To allow you to request the removal of a child from your home, with notice;
- To give notice, whenever possible, when a child is to be removed from your home;
- To promptly inform you of any complaint against your home or of any condition or problem in your home which adversely affects your "approved" status as family foster parents and to provide guidance and support from DCFS toward resolution of the condition or problem (See section on Complaint Against Foster Family Other Than Child Maltreatment.)
- To provide you access to a grievance procedure when differences arise with DCFS which have not been resolved to your satisfaction (See section on Family Foster Parent Grievance Procedure); and,

- To inform you of DCFS programs, services, and policies which relate to foster family care.

The responsibilities of Family Foster Parents and Kinship Family Foster Parents to DCFS, the child and the child's family are:

- To participate in family foster parent pre-service training and continuing education programs designed to enhance your ability to care for foster children;
- To assist in the development of an individualized training plan and follow the plan;
- To abide by the policies and the decisions of DCFS and accept DCFS's supervision;
- To participate in DCFS resources, community resources, and court activities as a team member with pertinent information based on day-to-day knowledge of the child in your care;
- To assist the child and DCFS in planning and achieving the child's return to his birth/legal parents' home or to a permanent placement;
- To provide a nurturing family life experience to the child including guidance, stimulation, affection, and appropriate discipline;
- To train and discipline children with kindness and understanding;
- To establish well defined rules, set expectations and limits are consistent with the child's age. There will be consequences for inappropriate behavior and the child will be apprised of the behaviors and actions that are not acceptable prior to any discipline being administered.
- To train and teach each child using techniques that stress praise and encouragement, discipline should be positive not negative.

Children shall not be subjected to verbal abuse, derogatory remarks about themselves or their family members; nor should they threaten to have the child removed from the foster home.

Methods of discipline that are unacceptable for use by foster parents with the child include but are not limited to:

1. Cruel, severe, or humiliating actions, such as washing mouth with soap;
2. Taping or obstructing child's mouth;
3. Placing painful or unpleasant tasting or hot substances in the mouth, lips, etc.;
4. Placing a child in dark areas;
5. Humiliation in public;
6. Physical punishment inflicted in any manner, such as hitting, pinching, pulling hair, slapping, kicking, twisting the arms, forced fixed body positions, etc.;
7. Denial of meals, clothing, shelter;

8. Withholding implementation of case plan, or any denial of basic rights;
9. Denial of visits, telephone, or mail contact with family members;
10. Assignment of extremely strenuous exercise or work;
11. Locked isolation of any kind; and
12. Punishment of any kind for poor toilet habits.

DCFS or foster parents shall never give permission for the school to use corporal punishment, (whip), the child. The school may elect to whip but we can never give permission for them to do so.

- To provide food, clothing, shelter and personal care;
- To lock up all medicines, cleaning supplies, insecticides, gasoline, hazardous tools, knives, guns, or similar dangerous objects. Guns must be unloaded and stored in a secure, locked location separate from ammunition. Foster parents shall administer medications only in accordance with directions on the label. All medications shall be stored in a secure location, and psychotropic medications shall be kept securely locked. Foster parents shall be aware of possible side effects of all medications. Foster parents shall keep a log of all medications dispensed;
- To provide for enrollment and regular school attendance when age appropriate in an accredited school and to encourage the expression of the child's strengths and special talents. Home Schooling is not allowed;
- To cooperate with DCFS in arranging for routine medical and dental care as well as ensuring that the child receives appropriate care during any illness; to accompany the child on all medical appointments; to monitor the child's intake of medicine (prescription or non-prescription);
- To maintain a record of health care, especially immunization records via Medical Passport;
- To keep a lifebook for the child to record developmental progress as well as regular and special events in the child's life while the child is in your home;
- To speak positively of the child's birth/legal family;
- To maintain absolute confidentiality of private information about the child and the child's birth/legal family;
- To support the case plan, including the visitation plan and help the child feel comfortable with this;
- To maintain open communication with all team members; and, this includes communication with the child's birth/legal family when contact between you and the family is part of the case plan;
- To notify DCFS of any pertinent conditions, problems, or major family changes;
- To provide the child with opportunity for recreational activities and for participation in family, school, and community activities;
- To provide information to your Family Service Worker that will be useful in case planning, to participate in staffings and court hearings;
- To assist in preparing the child and showing support for any move that must be made (to birth/legal parents' home, relatives, another foster home, or an adoptive home);
- To keep the terms of the CFS-462 (Initial Foster Home Agreement) and CFS-462A (Foster Home Agreement Addendum); and,
- To notify DCFS of any needs, requests, pertinent changes or problems.

THE DEPARTMENT OF HUMAN SERVICES (DHS) AND ITS AGENT, THE DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)

The Department of Human Services acting through its agent, the Division of Children and Family Services, serves as the court-appointed legal custodian of the child and has the ultimate responsibility for ensuring that the child has the best possible foster care experience and that appropriate long-term plans are made. There is also a direct vested interest in resolution of the problems or conditions affecting the status of the birth/legal family. The cooperative efforts from the courts, other agencies, and community resources are necessary to ensure that responsibilities to the child and assistance in resolution of problems or conditions affecting the child's birth/legal parent are carried out.

Department/Division responsibilities are:

- To serve as the court-appointed legal custodian of the child;
- To provide the foster child, birth/legal parents, foster family, and kinship foster family with the necessary support services to accomplish goals set out in the case plan;
- To work with birth/legal parents, foster families, and kinship foster family to see that the child's emotional needs are met;
- To conduct regular staffings, and arrange for Judicial Reviews of the case;
- To provide necessary medical or psychological services, evaluations, care or treatment needed by the child;
- To ensure that the child has planned regular visitation with his birth/legal parents; or, if there are barriers to visitation, to provide services directed toward removal or reduction of barriers to visitation;
- To ensure visits for child with siblings by planned regular contact (once every two weeks);
- To maintain regular contact with all team members according to the case plan;
- To keep all team members informed of significant changes in the status of the case or individual team members;
- To provide opportunity for a religious experience with respect for the child's and birth/legal parents' religion;
- To take the legal steps necessary to place the child in a permanent home when return to the birth/legal parents is not possible within a reasonable length of time, usually not more than one year; and,
- To keep the terms of the CFS-462 (Initial Foster Home Agreement) and CFS-462A (Foster Home Agreement Addendum).

APPROVAL, TRAINING, AND SUPPORT OF FAMILY FOSTER HOMES AND KINSHIP FOSTER FAMILY HOMES

FAMILY FOSTER HOME AND KINSHIP FOSTER HOME APPROVAL PROCESS

The process of preparing and evaluating you as prospective family foster parents is termed a family foster home assessment. An assessment will be conducted prior to the placement of a child in your home.

The purpose of the family foster home assessment is threefold: to educate you, to assess your character, suitability, and qualifications to open a foster home, or kinship foster family home and to see that you meet the "Standards For Approval of Family Foster Homes" (PUB-022).

Providing you with appropriate information is essential for you to make an informed decision to pursue operation of your home as a family foster home based on the realities of the foster care system.

Assessing the character, suitability, and qualifications of your family to operate a family foster home will be done in relation to the following areas:

- Your family's capability to provide for the needs of a child who placed in your care;
- Your family's ability to accept and encourage the child's relationship with the birth/legal family and your ability to relate to the child in a helpful way; and,
- Your family's ability to work as part of a team with DCFS staff, other agencies, and community resources to reach the goals set forth in the case plan.

Note: "Minimum Licensing Standards for Child Welfare Agencies" (PUB-004) states: "No person may serve as a foster parent if any adult member of that person's household is a homosexual". "Homosexual" for purposes of this rule, shall mean any person who voluntarily and knowingly engages in or submits to any sexual contact involving the genitals of one person and the mouth or anus of another person of the same gender, and who has engaged in such activity after the foster home is approved or at a point in time that is reasonably close in time to the filing of the application to be a foster parent.

Other standards include:

- Age - The minimum age is 21 years. The family foster home shall undergo a "second party review," if one or both applicants are age 65 or over or when the current foster parent reaches age 65.
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- Health - All family members must pass a medical exam and have a doctor's recommendation, at the time the home is initially approved. All members of the household older than twelve (12) years shall receive a Mantoux (TB) skin test for tuberculosis every three (3) years as long as the results remain negative. Household members with a positive skin test must provide documentation every two (2) years certifying that they are free from communicable tuberculosis.
- Physical Disabilities - Physical disabilities of any of your family members will be evaluated to determine the effect the disability has on your family's ability to provide adequate care to a child and how the disability may affect a child's adjustment to your family;
- Marriage and Divorces - Evidence of stable marriage of at least 3 years duration and stable family situation;
- Family composition - May not have over three foster children or no more than five children total including the foster family's own children;
- Parenting Ability;
- Employment - In homes where both parents or a single parent is employed outside the home, careful consideration must be given to the age and characteristics of children for whom the home wishes to provide care as well as to the family's plan for child care. Stable employment history is required of the primary wage earner in the family foster home. The family foster home shall not be licensed as a Day Care Family Home.
- Income - Evidence of stable income sufficient to meet the needs of your family is required for approval. The foster family shall provide documentation of sufficient financial resources to meet their needs. A copy of this documentation shall be placed in the foster parent's case record.
- Physical Standards - Physical conditions of your home will present no hazard to the safety or health of a child.
- Location, condition, and physical layout of your home will be considered;
- Telephones are required;
- Transportation - The family foster parents shall maintain a mode of transportation which complies with state motor vehicle laws and shall allow foster children to be transported only by a licensed driver and must have insurance.
- Cleanness of your home will be considered;
- References - A minimum of 3 references who are familiar with your child caring experiences and practices will be contacted regarding your character and ability to provide for children, and,
- [Central Registry Check](#) - a Child Maltreatment Central Registry Check will be conducted on the family foster [parent\(s\)](#) and each member of the household age ten (10) years or older. The Division will repeat the Central Registry Checks every two (2) years.
- [Criminal Record Check](#) - an Arkansas State Police Criminal Record Check will be conducted on the family foster [parent\(s\)](#) and all members of the household age fourteen (14) and older. The Division shall repeat the Criminal Record Checks every five (5) years.

- CPR and First Aid Training and Certification - The family foster parent(s) must complete CPR and First Aid training and receive certification in both areas prior to approval to become a foster parent.

If it is believed that a foster family or applicant possesses special abilities or circumstances which would make them a good foster home in spite of their inability to meet a standard the county office may request a second party review be conducted by the Area Manager or their designee for consideration of an exception of a standard in areas where such reviews are permitted.

TRAINING

DCFS recognizes the child's right to be placed in a home able to deal with the special problems and traumas of out-of-home care. Foster parenting is a specialized field different from parenting your own children and for which special training is essential. As foster parenting is far too complex to be covered in one course, DCFS will provide opportunities for training of prospective family foster parents and training related to the special needs of children in out-of-home placements. An individualized training plan will be developed taking into consideration the age and characteristics of children for whom the foster parent has expressed preferences.

Pre-Service Family Foster Parent Training

Training of prospective family foster parents and Kinship Foster Parents will be done by using group processes, but may be done on an individual basis when necessary. All family foster parents shall complete a minimum of 30 hours of pre-service training prior to accepting the first child. [In addition to the required hours of pre-service training, the foster parent\(s\) must complete training in CPR and First Aid and receive certification in both areas prior to approval.](#) No child shall be placed in the foster home until the foster parent(s) has [obtained CPR and First Aid certification.](#)

Continuing Education

The DCFS County Office will require your participation in local educational and training opportunities. Each family foster parent shall annually participate in a minimum of 15 hours of approved training. These may cover a wide range of topics related to parenting, child development, behavior problems, medical needs, etc., and may be offered by educational systems (college, university, local school system), Health Department, Community Mental Health Centers, and others. Special TV programs related to child abuse, parenting adolescents; etc. may also be considered training.

Videos or TV Programs are only accepted on a limited basis. No more than 5 hours of videos or TV programs will be accepted per year and must be approved by the Area Manager or their designee. However, to be considered as training these programs must be discussed with the Family Service Worker assigned to the family foster parents and receive prior approval before the program is viewed. Participation shall then be documented in the family foster home case record. The DCFS County Office will inform you of any training and educational opportunities known to them.

A state-wide foster parent training conference and area wide conferences are held yearly to give foster families and kinship foster families the opportunity to obtain the required hours. Both in-state and out-of-state conferences may be considered training. Funds may be available to defray expenses for these educational opportunities. Prior approval is required for reimbursement. Contact your Family Service Worker.

Your DCFS County Office will maintain your training record, both DCFS Non-DCFS sponsored. You are responsible for reporting to your Family Service Worker your participation in Non-DCFS sponsored training.

Both travel and baby-sitting expenses incurred by you when you attend local and DCFS sponsored training are reimbursable. Your Family Service Worker must be contacted prior to the training for approval of such expenses.

REEVALUATIONS OF FAMILY FOSTER HOMES

The Family Service Worker will monitor the foster family home at least quarterly for continued compliance with the standards for approval of foster homes and complete the Checklist for Compliance (CFS-475). The Recruiter Trainer or Family Service Worker shall formally review each foster home and complete a Checklist for Ongoing Monitoring (CFS-475) and the Family Foster Parent Reevaluation (CFS-451). The review will be filed in the family foster home record. Family foster homes must be reevaluated annually; i.e., no later than the anniversary month of the family foster home's approval, to assure that they continue to meet all standards and policy requirements. Any family foster home that does not continue to meet standards will be closed.

This reevaluation is necessary to ensure that changes in your family, either physical changes or changes in attitudes, do not adversely affect children placed in your home. After having actually experienced foster children in your home, you may have very different feelings about family foster parenting and your abilities to work with different types of children. You will be given the opportunity to express the changes in your feelings since you were approved or were last evaluated. Also, your Family Service Worker may assess your abilities as shown by your past experiences with foster children. This information will be recorded in your record to be used by any Family Service Worker placing or supervising a child in your home.

The Family Foster Parent Reevaluation (CFS-451) will be mailed or given to you to be completed prior to the home visit by the recruiter/trainer or your Family Service Worker. (The recruiter/trainer or Family Service Worker will make an appointment with you to conduct your reevaluation when they have been notified that you have completed the TB (Mantoux) skin tests for all family members.) During the visit, the recruiter/trainer or your Family Service Worker will interview your family and view your current TB (Mantoux) skin test report. The Foster Parent Reevaluation (CFS-451) will be filed in your record, and a narrative entry will be made in your record which reflects your Family Service Worker's assessment of the following items:

- Continued compliance with Family Foster Home Standards;
- The foster parent maintained current [certification in both](#) CPR and First Aid;
- How your family has met the needs of the children placed; including physical, emotional, educational and recreational needs;
- Identification of persons in your home at the time of the reevaluation;
- Your attitudes toward birth/legal parents;
- Impressions and Evaluation;
- Objective evaluation of present and future capacity of you as a family foster home;
- Strong points of your family foster home;
- Weak points of your family foster home;
- How your family has met the needs of the children placed in your home;
- Health and Financial Status;
- Recommendation;
- Age, sex, and special characteristics of children who should be placed in your home;
- Problems which can and cannot be handled; and
- Recommended length of placement desirable.

You will be notified of the disposition of your reevaluation in writing within 10 days. When you are re-approved, you will receive a Family Foster Home Approval Certificate.

A reevaluation of a family foster home shall be conducted whenever there is a major change in the lives of family foster parents including, but not limited to:

- A death or serious illness among the members of the foster family;
- Separation or divorce;
- Loss of or change in employment;
- Change in residence;
- Suspected abuse or neglect of any child;

- Addition of family members (birth, adoption, elderly relatives moving in, etc.)

SUPPORT TO FOSTER FAMILIES AND KINSHIP FAMILY FOSTER HOMES

As an integral part of DCFS delivery system, you can expect support from DCFS in the form of training, in-home contacts, case consultation, board payments, special services to children in your care, and recognition and acknowledgment of your efforts.

In order to prevent the disruption of a child's placement in a foster home and to assist the foster parent in providing proper care to a child, DCFS shall establish, either directly or through contract, placement support services to assure stable placements for children in DCFS custody. Support services shall include the following:

Your Family Service Worker

Your Family Service Worker will visit frequently in your home. When the Family Service Worker visits your home, the main objective is to discuss the case plan, any changes in the plan, or specific problems within the placement. You are not expected to have answers to all problems, nor is the Family Service Worker. You have the child-raising experience; the Family Service Worker has the objective knowledge about foster children. Together, solutions are found. The Family Service Worker is not expecting to be a formal guest in your home. Nor should the Family Service Worker be a casual acquaintance or a "best friend". The relationship is most positive when it is pleasantly professional. Problems with the Family Service Worker's visiting occur when family foster parents, and/or foster child, do not know the purpose of the visit. Problems also arise when the Family Service Worker is seen as a negative authority person. For example, threatening the child with "if you're not good I'll call the worker", or perceiving the Family Service Worker as someone who will solve all the problems, i.e., "We'll call the worker; she'll take care of everything," is not productive; this does not support the team approach and it undermines the foster family's authority. You and the Family Service Worker are partners working together and, this partnership works best when each of you present the other to the child as a positive influence in that child's life, each one bringing his or her contribution to the effort taking place on behalf of the child.

Visits To Family Foster Home

There will be at least weekly visits in your home during the first month of placement. In most instances visits will be scheduled with you. Afterwards, periodic visitation in your home will be provided by the Family Service Worker, except if the child is under seven years old, then at least one visit will occur monthly. Additional visits may be made to the home if there are problems.

The visits will be used to relay necessary information to the child and to voice your feelings about the placement and subsequent adjustment jointly, as well as, privately, and to ascertain if the needs of that particular child are being met. Each visit will include a private conversation with the child away from the foster parent. Another purpose of home visits is to monitor continued compliance with Family Foster Home Standards.

Availability of DCFS Family Service Workers to Foster Families

For foster parenting to be a successful experience, you must have access to your Family Service Worker. If your Family Service Worker is absent from the office when you telephone, your calls will be returned promptly. If a visit is necessary, this will be scheduled.

You will be furnished telephone numbers of Family Service Workers who may be contacted after hours (See section on DCFS County Office contact persons in the back of this Handbook). It is expected that you will first attempt to contact the Family Service Worker for the particular child in your home. After hours contact should be used for emergencies only. You will be provided with information which you may need for the child in your home in an emergency situation, such as the child's Medicaid card and Medical Passport. At the time

of placement you will be provided with as much information as is known about the child, such as; expected length of stay, information regarding illnesses, chronic health problems, medication, habits, etc.

Crisis and After Hours Response

When you receive a child, you will also receive the home phone number of the assigned Family Service Worker.

You will have access to a Family Service Worker in your county twenty-four hours a day, seven days a week. You will be provided with a list of after hours numbers (on-call pager numbers) where the local on-call Family Service Worker can be reached. If the after hours call requires a direct contact with the child's Family Service Worker, the on-call worker will provide the assigned Family Service Worker's home phone number to you or will contact the assigned worker and have that worker contact you.

Foster Parent Liaison

Each DCFS service area has an assigned Foster Parent Liaison who serves as an advocate for the foster parent.

Some of the liaison's duties include:

Visits to the foster home;
Checking for licensing compliance;
Providing training information;
Providing information regarding available resources; and
Any other duties identified by the Area Manager that will promote the success of the foster home.

The Foster Parent Liaison will work with the foster parents to improve the overall working relations between DCFS and the Foster Parent Association.

Day Care for Foster Children

Generally pre-school age foster children should not be placed in a foster home where both foster parents or a single foster parent are employed outside the home. Day care may be authorized for a child in foster care if day care is determined to be appropriate as part of the case plan or if court-ordered. Appropriate reasons include: 1) illness or other emergency in the foster home, 2) socialization and/or therapeutic benefits for the child, or 3) to ensure the child may be placed in a foster home in his/her county or close proximity. In the case of illness or other emergency in the foster home, the possibility and impact of another foster home placement upon the child should be weighed along with anticipated length of the existing problem in the home. When seeking day care for socialization/therapeutic purposes, the opinion of a physician shall be obtained to support the basis for the day care. The service may be authorized for up to three (3) months at a time. Day care can only be provided by DCFS when resources are available. The foster parent must use a Day Care Provider who is on the voucher system. Ask the Family Service Worker about day care approval prior to selecting a day care provider or using day care. If day care services are sought for foster children, the day care facility/home must be licensed by the Division of Childcare and Early Childhood Education or on the Voluntary Day Care Registry.

Counseling

Where there is a need for counseling services for the family foster home to prevent disruption and to promote stabilization, counseling shall be provided. Requests for counseling are made to your Family Service Worker.

Respite Care

Respite care is available to foster parents in areas where a contract for respite care is in place. In areas where a contract is **not** in place, foster parents may provide respite care for each other. If the foster parent elects to use another foster parent for respite, the board payment will be keyed to the foster parent who is providing the respite care. If the service is provided by a contractor, the board payment of the foster family will not be effected.

To use this service, contact your Family Service Worker. The Area Manager or their designee must approve all requests.

Transportation

Transportation costs such as attending staffings, court, visits with parents, siblings, and all medical appointments will be reimbursed, (other extraordinary costs may be approved on a case by case basis).

Transportation costs are reimbursed to foster parents at a rate of \$.29 per mile. The family foster parent completes a travel reimbursement form (TR-1) and submits it to the County Supervisor for approval and processing. Foster families should have their own transportation available to transport the child to appointments/activities. Area Managers may grant a waiver in situations where kinship families have been recruited specifically for a child.

The foster family will complete a TR-1 for regular travel and a separate TR-1 for Medicaid travel, e.g., when a child is taken to receive services from a medical provider. When the foster parent needs assistance with transportation, the foster parent should contact the Family Service Worker as soon as possible. The Family Service Worker, a Social Service Aide, or a volunteer transporter may be assigned to assist with travel.

Community Resources

The DHS County Office will inform you of available resources in your community as well as resources in other areas which may be relevant to a particular child. This information will be updated as new services become available.

It will be the responsibility of DCFS to pursue any resource needed for a child mutually agreed upon. Your assistance may be enlisted for this purpose.

Family Foster Parent Associations

The formation of active and independent family foster parent associations is encouraged.

DCFS will provide support by the appointment of a DHS County Office liaison to the association. The DCFS representatives will also be available when called upon to provide information about the Foster Care Program and allow you to voice any concerns you may have with the policies of DCFS.

Income Tax Information

Board payments paid to you are not considered taxable income by the Internal Revenue Services.

Current tax laws may allow special treatment for foster parents. Because IRS laws are complex and subject to change from year to year, for specific tax advice foster parents should refer to Publication 17, "[Your Federal Income Tax](#)" or consult with an accountant or tax specialist.

GRIEVANCE PROCEDURE

You have the right to appeal decisions affecting you and the operation of your home. Most problems can be solved at the local level if you and your Family Service Worker keep each other informed about matters of interest and importance pertaining to the child. It is most important for foster parents and Family Service Workers to discuss and work out issues and problems as they occur. If two way communication is maintained, it will facilitate problem solving.

All complaints may not be grievable and while the DCFS County Office will make every effort to reconcile every disagreement, some situations may not be reconcilable. Such situations result in decisions made by the DCFS County Office based on current policy and procedure, for example closing the foster home due to the advancing age of the foster parents.

Examples of issues that you may want to take through the Grievance Procedure are:

- Removal of a child from the foster home without appropriate cause and/or without appropriate notice.
- Visits without preparation and/or notice.
- Failure by DCFS to share appropriate information.
- Failure by DCFS to provide necessary support; i.e., failure to return phone calls or habitually being unavailable when needed. This area includes such things as failure to help with initial clothing or problems with the child, medical/Medicaid coverage and/or providers.
- Failure by the DCFS to keep the terms of the initial written agreement with the foster home; i.e., CFS-462 (Initial Foster Home Agreement) and the CFS-462A (Foster Home Agreement Addendum.)

Prior to filing a grievance, you should request an informal discussion of the problem with your Family Service Worker and the immediate supervisor. If the problem is not resolved at this point and the issue is a grievable one then you may file a grievance according to the procedures listed below. Any time frame specified within the grievance procedures may be modified by mutual consent and notification to all involved parties.

If after you have discussed your grievance with your Family Service Worker and the supervisor and if you believe that DCFS has failed to uphold its policies and philosophies, then, you must state your grievance in writing and submit it to the DCFS County Office Supervisor in the county where you live thirty (30) days from the date the grievable action occurred. The DCFS County Office Supervisor will schedule a meeting with you within ten (10) working days of the receipt of your written grievance and attempt to resolve the problem.

If you are not satisfied with the results of this meeting, a copy of the grievance and written reports of the previous two (2) meetings will be forwarded to the Foster Care Unit, Central Office. A Grievance Committee hearing will be scheduled within ten (10) working days. The hearing will be held in the county where you live.

The Grievance Committee will be composed of three persons: A representative selected by the DCFS County Office, a representative selected by you, and a representative selected by DHS Central Office. You may also select an individual (such as an attorney, friend, or relative) to present your case. The Grievance Committee member selected by the DCFS County Office will not be from the county where you live or any individual who is within the direct chain of authority for the resident county. During the hearing, all parties will be given an opportunity to present their side of the problem.

The Grievance Committee will submit their findings and recommendation(s) within twenty (20) working days from the date of the Grievance Hearing to the Assistant Director of Community Services.

You and the DCFS County Office will be notified, in writing, by the appropriate decision-making personnel of the decision within ten (10) working days from the date the Grievance Committee's findings and recommendation(s) are submitted.

If corrective action is required by the DCFS County Office, the corrective action will begin no later than ten (10) working days after the DCFS County Office and you are notified of the decision. A written report of completed action will be submitted to Central Office no later than thirty (30) days after corrective action has commenced. If corrective action has not been finalized within the 30 day time frame, an interim report will be submitted by the DCFS County Office every 30 days until completed.

If corrective action is required by you, you must indicate the steps necessary to correct the deficiency within ten (10) days after notification from the appropriate decision-making personnel. This corrective action plan must receive the approval of the DCFS County Office Supervisor. You will notify your local DCFS County Office and DHS Central Office within sixty (60) days of the original findings being received, that all corrective steps have been accomplished. In

the absence of said notification from you, it will be presumed that you have elected not to comply with the findings of the appropriate decision-making personnel.

The decision of the appropriate decision-making personnel will be considered final, and no other appeal procedure within DHS is appropriate.

REPORTS OF CHILD MALTREATMENT INVOLVING MEMBERS OF FOSTER FAMILY HOMES

Arkansas Code Annotated Sect.12-12-507(e), requires that, "When a person, agency, corporation or partnership then providing substitute care for any child in the custody of the department, or employee or employee's spouse or other person residing in the same home is reported as being suspected pursuant to procedures established by the department. Such procedures shall include referral of allegations to the Arkansas State Police Crimes Against Children Division (CACD) or appropriate law enforcement agency should the allegation involve severe maltreatment.

When an allegation of suspected child maltreatment involving a member of a foster family is received, the Area Manager or Assistant Director of Community Services will be notified. A Crimes Against Children Division (CACD) Investigator will be assigned. Once assigned, the investigator will immediately notify the appropriate law enforcement agency of the report and its contents. If appropriate, the Prosecuting Attorney will be notified. The investigator will request that law enforcement specify if law enforcement will:

- Conduct the investigation; or
- Jointly conduct the investigation with the assistance of the investigator; or
- Supervise the investigator's conduct of the investigation.

Once the decision is made as to who will conduct the investigation, the investigation will be initiated.

In cases involving alleged child maltreatment of foster children, DHS Central Office will determine whether or not the allegations warrant immediate inspection/interview of the child(ren). If such action is deemed necessary, the investigator will request immediate law enforcement/DCFS County Office assistance in ensuring the safety of the involved child(ren). The victim children will be interviewed outside the presence of the alleged offender. All children residing in the home will be interviewed, including the foster parents' biological children. There will be interviews conducted with the alleged offender and any other witnesses. During the course of the assessment the home will be physically inspected. The information obtained during the inspection/interview will determine whether or not the involved child(ren) and/or other foster children in the home will be removed pending final outcome of the investigation. The Area Manager may elect to remove any children in the home during the maltreatment assessment.

Case records (paper copies) of all cases where the allegations are determined to be unsubstantiated will be destroyed at the end of the month in which the determination was made. DHS is permitted to keep information on unsubstantiated reports to assist in future risk and safety assessment but this information shall not be subject to disclosure except as permitted in Sect.12-12-512(a) (1).

If the investigative determination is that allegations of child maltreatment are true, one of two actions will be taken. The family foster home may be closed immediately. In all cases found to be true involving sexual abuse, serious physical abuse, and conduct warranting felony criminal charges being filed the family foster home will be closed. In some cases, it may be found that the foster family can correct problems which resulted in the child maltreatment. In these cases, a corrective action plan would be established with the foster family. If it is found that corrective action is not possible, the foster home will be closed.

COMPLAINTS AGAINST FOSTER FAMILY OTHER THAN CHILD MALTREATMENT

Any complaint against you will immediately be brought to the attention of your DCFS County Office Supervisor.

After the investigation has determined the validity of the complaint. An agreement will be made between you and your Family Service Worker for corrective action and a time frame for resolution of the problem identified. You will be advised, in writing, of the complaint, the outcome of the investigation, any corrective action needed to be made, and any other action that will be taken.

DCFS will offer any assistance available to correct the problem. If, after working with you, the problem still exists, another meeting will be held with you to discuss closing your home.

Any complaint, regardless of nature, must be recorded in detail in your record.

The report will include the following information:

1. Date and nature of complaint;
2. Source of complaint;
3. Reaction of your family;
4. Services offered to your family;
5. Conclusion of investigation; and
6. Corrective action.

CLOSING A FAMILY FOSTER HOME

Division's Decision

If it is deemed necessary by the DCFS County Office to close your foster home, a written summary will be prepared documenting past and present reasons for closure as well as all efforts by the DCFS County Office to eliminate the problem. The final assessment and determination of closure will be made by the Family Service Worker and the immediate supervisor with assistance from the Area Program Specialist, Area Manager and DHS Central Office staff, if appropriate. The closure process will include a mandatory face-to-face conference with you at which time reasons for the closure will be explained. The DCFS County Office will provide you with written notification of the closure which will include the reasons for the closure and your right to appeal the decision by filing a grievance.

By Request of Foster Family

If the foster family requests that their home be closed as a foster home, the Family Service Worker will discuss the reasons for closure with the foster parents. The request for closure by the foster parents will be confirmed in writing by the Family Service Worker and sent to the foster parents.

FOSTER CARE PLACEMENTS

LEGAL FACTORS PERTAINING TO FOSTER CARE

All children entering foster care do so under authorization by the court.

Legal custody constitutes authorization by the court for DCFS to assume physical control of a child. A child will never be placed in foster care without legal custody. We have legal custody when we use a 72 hour hold, the law gives us custody at that time.

Termination of parental rights with the power to consent to adoption is primarily granted in cases where the child cannot return home. Adoption may occur without further notice to the birth/legal parents.

SELECTION OF A FOSTER CARE HOME

Based on information from the family assessment the Family Service Worker will select the foster care home that best meets the child's needs.

The law requires that a child be placed in the least restrictive, most family like environment possible. A child will also be placed as close to his birth/legal parents as possible. Placement should be in the same county, unless the child needs special services not available in that county. Factors taken into consideration in selecting a foster care home include the child's age, sex, religion, disabilities, interests, problems, existence as part of a sibling group, case plan, proximity to family (within a fifty mile radius), maintaining enrollment in the child's school, developmental needs of the child and, training and skills of foster parents. Consideration will be given to the foster home's preferences of children approved for their home. There will be no violation of the limitations of these preferences.

THE FAMILY FOSTER HOME AND KINSHIP FOSTER HOMES

Family foster care and Kinship Foster Homes offer a less restrictive environment than other types of out-of-home placement and are particularly adapted to meet the developmental needs of a child.

A foster home is suitable for any child who can accept family life, attend community schools, and live in the community without danger to himself or others. This includes children with special needs.

PREPARING THE FAMILY FOSTER PARENTS FOR PLACEMENT OF A CHILD

The Family Service Worker will realistically describe the foster child to you when asking you to accept a child. However, in emergency situations, all information may not be known.

The following will be included in the child's description:

- Age;
- Probable length of placement;
- Education and school information;
- Health of child, special health needs;
- Handicaps, special equipment, facilities, or help needed;
- Behavior, both positive and negative, that can be expected
- Siblings and where located;
- Major reason the child is in foster care;
- A general indication of the case plan including the plan for visitation of both parents and any siblings; and,
- Interests.

This information is confidential.

The Family Service Worker will arrange pre-placement visits between the child and your family. Several visits are preferred, but a minimum of one pre-placement visit is required except in emergencies.

The Family Service Worker will know or at least meet you before he takes a child for pre-placement or placement visits in your home.

The Family Service Worker will discuss with you:

- General requirements; for example, that foster parents may not care for more than 3 foster children and a total of five children in the home, including their own.
- Where the child will be in school, how the child will get to school, arrangement for the transfer of school records, who will have a conference with the teacher or principal;
- Activities, toys, etc. the child likes, fears the child may have;
- Financial arrangements;
- Your feelings of the impending placement;
- Your perception of the child; and
- Maintaining the child's records.

Foster parent(s) shall maintain records in accordance with DCFS' procedures and forms for the children placed with the family. The records shall include:

a. Health Records:

- Name, address, and telephone number of a person to contact in case of emergency and those persons authorized to give medical consent;
- A record of the child's medical and dental appointments, illnesses and health problems, prescribed medications, shot record and hospitalizations (Medical Passport).

b. Progress Records:

- The dates of arrival and departure of the child in the foster home;

- Progress notes on those areas of the child's case plan as indicated in the written agreement in which foster parents are involved;
- Journal of the child regarding significant events;
- School reports;
- Significant photographs of the child taken periodically; and
- A record of the child's memberships, and participation in extracurricular activities.

The Family Service Worker helps you to understand the child is going through a series of changes; i.e., separation from the birth/legal parents; anxiety from having to cope with DCFS personnel, a new family, and new surroundings; suggests ways you can help the child through these changes; stresses to you that there will be good times and bad times during the placement, and that the bad times are no reflection on your parenting ability. The need to avoid the potential harm to a child due to several moves is important. The Family Service Worker will assist you and your family through difficulties which occur in order to help assure continuity for children who are placed in your home.

FINANCE

BOARD PAYMENT

DCFS makes a monthly board payment to foster parents. This monthly board payment includes payment for room and board, clothing, school and personal supplies, and a small allowance for the child. The amount listed below is included in the monthly board payment and must be used for the child. The money may be spent monthly or can be saved and used to purchase more expensive items at a later time. All medical and dental services, including hospitalization, will be paid by Medicaid funds and /or state funds. The board payment is received between the 6th and 10th of each month. Board payments will be paid through the 26th day of each month.

After the initial purchase of clothing for a child is made, you are expected to provide clothes from the regular board payment. Other services or supplies needed by the child must be authorized and approved as per DCFS policy. (See section on Additional Expenses.)

Clothing and Personal Allowances:

1. Foster parents shall provide, with the assistance of DHS, each child with their own clean, well fitting, attractive, seasonal clothing appropriate to age, sex, individual needs, and comparable to the community standards.
2. Foster parents shall include the child in the choosing of their own clothing whenever possible and age appropriate.
3. Foster parents shall allow the child to bring and acquire personal belongings.
4. Clothing and personal needs money paid monthly to foster parents is based on the age of the child. The foster parents are to spend that amount of money for the child. Money may be spent monthly or can be saved and used for a larger purchase at a later time.
5. Foster parents shall send all personal clothing and belongings with the child when the child leaves the foster home.

Listed below are the clothing and personal allowances money broken out by age of the children:

Birth through 5 years	
Clothing_____	40.00
Personal Needs_____	15.00
<hr/>	
TOTAL	55.00
6 through 11 years	
Clothing_____	45.00
School and Personal Needs_____	25.00
<hr/>	
TOTAL	70.00
12 Through 14 years	
Clothing_____	55.00
School and Personal Needs_____	30.00
<hr/>	
TOTAL	85.00
15 years and older	
Clothing_____	65.00
School and Personal Needs_____	35.00
<hr/>	
TOTAL	100.00

Board rates are established as part of policy, and any exception must receive prior approval(See section on Special Board Rates Below).

If a child is absent from your home for hospitalization or a trial placement for 10 days or less and is to return to your home, no change of status is necessary. The child's Family Service Worker must always be advised of this absence from your home.

If a child is in your home for part of a month, a partial board payment will be made to you based on the number of days the child was in your home. Board payment

is calculated on 30 days and the agency pays according to the number of nights a child was in your home. Payment for stays less than twenty-four (24) hours will be based upon a daily rate determined by the Division.

FOSTER CHILD'S PERSONAL ALLOWANCE

From the board payment, you will give an allowance to the child. The amount will be based on the age of the child. See the breakout listing on the previous page regard to the amount paid.

SPECIAL BOARD RATES

There are occasions when the regular board rate is inadequate when caring for a special needs child.

The needs can be identified, and your Family Service Worker can request authorization for a special board rate. When a child receives SSI, the majority of the check is given to the foster parent with the remainder going into a savings account for the child.

OVERPAYMENTS TO FAMILY FOSTER PARENTS

If you should receive board payment checks in error, the money should be returned. Contact your Family Service Worker immediately for instructions on how to return the check. You should never transfer money from one home to another or spend the check for another child that has been placed in your home. The foster parent receives a billing form each month with the check they receive. The billing form lists each child that was in the home for that month. It lists the case number, number of days the child was there, and the amount of money paid for each child. If you receive money to which you are not entitled it should be returned to finance immediately. (Consult your Family Service Worker for instructions. Board payments are made to the foster parent for the actual nights the child spent in that home.)

REDUCED BOARD RATES

Children's board rates sometimes need to be reduced rather than increased. This applies to those children who are residents of a state institution; i.e., School for the Deaf or Blind/ Rehabilitation Training Facility, Human Development Center or who are attending college and for whom the case plan includes visits in the family foster home on weekends, holidays, or summer vacation. Board Payments will only be made for a child visiting in a foster home for the actual time the child is there.

FOSTER CARE PAYMENT AND ELIGIBILITY FOR ASSISTANCE AND FOOD STAMPS

Board payments, made by DCFS for the care of children in homes of Public Assistance recipients, are not considered as a resource in determining eligibility for assistance or the amount of the grant. This payment is designated for certain purposes and is not available to the foster parents.

In determining purchase requirements for Food Stamps, it is necessary to consider the board payment. You may request more specific information about Public Assistance and Food Stamps from your DHS County Office.

SCHOOL LUNCHES

Foster children are eligible for free meals in all schools which participate in the National School Lunch/Breakfast Programs and in the Commodity-only schools.

WIC PROGRAMS

WIC stands for Women, Infants and Children Food Program. The program provides nutritious foods for pregnant and nursing women and infants and children up to age 5 years. Eligibility is determined by a medical assessment of nutrition

risks; i.e., iron poor blood, improper growth, etc. Foster children may be eligible for WIC. WIC is administered by the Health Department.

INITIAL CLOTHING ORDER

When a child is first placed in foster care, an initial clothing order may be issued. Your Family Service Worker will assess with you which clothing items are needed and issue the authorized amount of clothing allowance. Purchases will be made using the DHS-1914 Process. The Service Worker will accompany the foster parent to the store to approve the purchase.

REPLACEMENT OF CLOTHING

A monthly allowance for clothing is included in the board payment to take care of replacements. During the months when there are no replacements, you must save the clothing allowance for the months when more than usual amounts of clothing are needed.

With the approval of the DCFS County Office Supervisor and Area Manager, it is permissible to issue another clothing order. This should happen only in an exceptional circumstance. You should contact your Family Service Worker in the event that this need should arise.

PAYMENT FOR MEDICAL SERVICES

Medicaid is the primary source of medical payment for foster children.

If you do not receive a Medicaid card for a child in your home, you should contact your Family Service Worker. (You should get a card within a week for a new child and by the third of the month thereafter.) When there are no Medicaid providers available in cases of emergency, the Family Services Worker (with the approval of the DCFS County Supervisor) will authorize and bill medical services via DHS-1914 or contract. In the event medical services is denied by Medicaid, the child's medical needs will be met with Foster Care funds. A child shall not be denied medical services because the child is not Medicaid eligible.

ADDITIONAL EXPENSES

In addition to the items already listed, the following items are allowable with the approval of the DCFS County Office Supervisor:

- Required School Materials and School Fees, including athletic wear.

Foster parents must have prior approval for such purchases.

- Graduation Expenses

High School Graduation expenses will be authorized for the following items:

Ring	Required Minimum Fee
Cap/Gown Rental	Required Minimum Fee
Diploma	Required Minimum Fee
Annual	Required Minimum Fee
Pictures and announcements	A combination total is authorized for these two items;

- Holiday Allowance

Children will be provided additional funds so they may participate in Holiday giving. The amount will be based on the age of the child. Consult your Family Service Worker with regard to the amount provided. The money is included in your November check and is to be used by the child.

- Emergency medical services and drugs not purchasable by Medicaid;

- Non-Medical transportation provided by you or public carriers when directly related to the case plan for the child. (See Transportation section.)
- Day Care or Baby-sitting fees.

Day care or baby-sitting fees when you are required to attend training or for your own child(ren) when transporting a child to services are also reimbursable. This does not include day care for your employment.

Any other expenses must receive prior approval from the Area Manager. This can be requested by your Family Service Worker.

INCIDENTAL EXPENSES

An Incidental Expense Fund is established for the purpose of normalizing a child's life experience while in care. For example, camp fees, music lessons, field trips and other items not specifically covered by other means can be met by this fund. Items covered by the board payment are not eligible. In addition, these funds shall not be used for Holiday gifts. The Family Service Worker will assist the family foster parent to access these funds when the money is needed for a situation that meets the policy guidelines.

MEDICAL SERVICES

MEDICAL PASSPORT

In order to comply with health care standards in the interest of good clinical practice and effective service to children in foster care, an abbreviated health record ("Medical Passport") shall be completed for each child. The Medical Passport will include initial health screening, timely comprehensive health assessments and a descriptive health plan for each child.

The Family Service Worker or Health Service Unit shall request medical records on the child for the time prior to entry in foster care. The medical history information gathered shall be given to the physician who will do the comprehensive health assessment. The medical history is to be used to supplement and correct the child's Medical Passport. Requests for medical records are documented on the Requested Medical Records Log (CFS-353).

The Medical Passport forms are to be completed during initial placement into foster care. The Family Service Worker shall complete forms Medi-Alert (CFS-362), Placement Plan - Placement Provider Information (CFS-6007). The Family Service Worker and the family parent are to complete Receipt for Medical Passport (CFS-365* optional) together. The CFS-352 is used for Initial Dental Exam, Medical, Vision, Hearing, & Psychological Episodic. The CFS-366 is used for the Initial Physical.

After each health care visit, the Family Service Worker, Health Service Unit, or Health Care Specialist shall collect records of the child's health care, keep the child's Medical Passport up to date, and shall provide the revised Passport to the child's foster parent.

INITIAL HEALTH SCREENING

A child who enters the custody of DHS shall receive an initial health screening:

* not more than twenty-four hours after removal from home, if reason for removal is an allegation of severe maltreatment or there is evidence of acute illness or injury.

* not more than seventy-two hours after removal from the home for all other children.

The foster parent should accompany the child to the initial screening, and to any appointments for on-going health or mental health services. If this is not possible, the foster parent shall be available by telephone to the person

conducting the screening. The Family Service Worker or Health Service Unit shall inform the foster parent of the results of the screening, and any instructions for the child's care and treatment, and shall give the foster parent the name of the person who performed the screening, and the names of the child's prior health care providers, if known.

The initial health screening should include a head-to-toe physical. If possible the physical should be conducted by the child's Primary Care Physician,(PCP). Within the first thirty days the following tests will be conducted:

- a complete blood count;
- a check for anemia and infection;
- abnormalities in the urine (urinalysis);
- HIV, sickle cell and other communicable diseases, shall be considered for children in high risk groups.
- Immunizations, tuberculin skin test (TB), lead poisoning levels are usually completed at the local County Health Office.

Upon completion of the initial health screening, the Family Service Worker or Health Service Unit shall complete the Medi-Alert (CFS-362) form of the Medical Passport and give a copy to the child's foster parent.

All health screening requirements conform to the Child Welfare League of America's 1988 Standards for Health Care Services for Children in Out-of-Home Care as mandated by the Arkansas Child Welfare Reform Document, Attachment "A", dated February 24, 1992.

Assessing Health Needs

If the initial health screening indicates that treatment or further evaluation is needed within thirty days, the Family Service Worker or Health Service Unit shall ensure that the need is promptly met.

The foster parent should accompany the child to receive treatment, and shall consult with the health care provider about the child's health care needs. DCFS shall provide assistance with transportation, child care for other children in the foster home, and other necessary support to enable the foster parent to accompany the child to this and any subsequent health care visits. This assistance may either be provided through the use of DCFS staff, including paid or volunteer aides, or through agreements to reimburse the foster parent for such supportive services.

If the foster parent cannot accompany the child, the Family Service Worker or Health Service Unit shall accompany the child, and convey the health care provider's diagnosis and instruction to the foster parent. The Medical Passport shall be revised and this revision provided to the foster parent.

Comprehensive Health Assessment

A comprehensive health assessment should be completed within sixty days of placement.

The Comprehensive Health Assessment should be completed by a Multidisciplinary Team (MDT). The MDT should address and attempt to integrate the medical examination, a vision and hearing screening, speech and language assessment, and emotional, developmental, educational, social, and cultural aspects of the child's well being. Medications should be provided as necessary.

Within the first 60 days a dental examination should be completed for signs of infection; gross abnormalities; malocclusion, painful areas; inflammation of the gums; plaque deposits, decayed or missing teeth, and an assessment of the continuing dental hygiene practices for the child. All follow-up dental work that is recommended by the provider shall be completed in thirty days.

Birth/legal parents or relevant members of the extended family should be encouraged, where appropriate, to participate in the Comprehensive Health Assessment.

The Comprehensive Health Assessment should produce a written summary of the medical, mental health, educational, dental and social status and needs of the child. The Multidisciplinary Team shall complete the Child's Health Services Plan at the Comprehensive Assessment. The Family Service Worker or Health Service Unit shall provide copies of the health plan and updates to the child's birth/legal parents, foster parent, and the child if age ten or older within seven days.

Continuing Health Services

After the initial physical, dental, visual, and hearing examinations are completed during the Comprehensive Health Assessment, all subsequent examinations shall be accomplished as part of the ongoing Early Periodic Screening Diagnosis Treatment (EPSDT) screening program, based on the respective periodicity schedules. The medical provider will complete CFS-352 at each examination. A physical examination control schedule shall be maintained so that examinations are conducted according to the Health Department's EPSDT periodicity schedule. The Family Service Worker or Health Service Unit shall update the CFS-362, CFS-6007, CFS-368 as necessary, after each physical examination.

The initial screening can be received at any age. The Family Service Worker shall schedule all subsequent screenings according to the following periodicity schedules:

MEDICAL PERIODICITY SCHEDULE (02-08/95)

* 2-6 WKS., 8-10 WKS, 4 MOS., 6 MOS., 9 MOS., 12 MOS., 15 MOS., 18 mos., 24 mos., 3 yrs. 4yrs., 5yrs., 6 yrs., 8yrs., 10 yrs., 12 yrs., 14 yrs., 16 yrs., 18 yrs., and 20 yrs.,

* prior to placement for adoption.

DENTAL PERIODICITY SCHEDULE (02-08/95)

<u>Age</u>	<u>Periodicity Schedule</u>
6 Mo. to 1	one exam

1 to 21, an appointment will be scheduled every six months and the exam is to be completed within 30 days of the date scheduled.

HEARING PERIODICITY SCHEDULE

Same as medical schedule until age 5, then one screen at age 12 and age 18 (gross until age three, after age three, audiometer).

VISION PERIODICITY SCHEDULE

Same as medical schedule until age 8, then at age 12, 14, 18 and 20(gross until age 3, vision test after age 3).

If a child needs a screening outside the periodicity schedule, the Family Service Worker may issue an EMS-694 marked, "Foster Child - Unscheduled EPSDT Screening authorized by the Division of Children and Family Services", 30 days before the appointment.

Mandatory Immunizations

State law requires that certain immunizations are obtained before a child enters school. Foster parents should assist in maintaining current immunizations.

RECOMMENDED IMMUNIZATION TIMETABLE

<u>Recommended Age</u>	<u>Vaccine(s)</u>
Birth	Hepatitis B (option 1) Primary 1
1 mos.	Hepatitis B (option 1) Primary 2

2 mos.	DTP (primary 1)/OPV(primary 1)/Hib (HBOC)(PRP-T)-(PRP-OMP) Primary 1/ Hepatitis B (option 2) primary 1
4 mos.	DTP (primary 2)/OPV Primary 2/ Hib(HBOC) (PRP-T)(PRP-OMP) primary 2/Hepatitis B (Option 2)primary 2
6 mos.	DTP (Primary 3)/OPV (last Primary) Hib(HBOC) PRP-T)primary 3/Hepatitis B(Option 1 and 2)Last Primary*
12 mos.	Hib (PRP-OMP) Last Primary/Hepatitis B(Option 1 and 2) Last Primary*
15 mos.	DTP(Last Primary)/MMR(Primary)/Hib(HBOC (PRP-T)/Last Primary/Hepatitis B(Option 1 and 2) Last Primary*
4 to 6 yrs. Before 7th. grade entry Every 10 yrs.	DTP (Preschool)/OPV (Preschool) MMR (Reinforcing)** Td (Tetanus Booster)

* This dose is given any time between age six and 18 months, whenever a dose of any other vaccine is due.

** The reinforcing dose of MMR can be administered at either 4-6 years or at 10-14 years.

The immunization schedule shown above should serve as a guideline only; acceptable alternate schedules do exist, and consultation may be required in some cases.

Hospitalization

- When a foster child is hospitalized, the Family Service Worker working with the child must provide the hospital with the child's Medicaid number, if applicable, vital statistics, previous medical history, and other identifying information as indicated.
- The Family Service Worker signs both the admission forms and the required consent for surgery if indicated. A second opinion by a medical specialist will be obtained before major surgery whenever possible.
- The Family Service Worker completing admission forms must leave with the hospital the name and telephone number of the Worker to be contacted regarding the child.
- Foster parents shall not sign a foster child into the hospital or sign other medical or surgical consent. Physicians and hospitals may determine that an emergency exists and waive the usual required consent, or they may take consents on the telephone with a second party at the hospital listening and verifying the consent. As soon as possible, the Family Service Worker shall visit the hospital and sign the required consents.

PRESCRIPTION DRUGS

Foster children are eligible for prescription drugs through the State Prescription Drug Program.

When there are no Medicaid providers available in cases of emergency, the Family Service Worker (with the approval of the DCFS County Supervisor) will authorize and bill for medication and medical services via Form DHS-1914.

ADDITIONAL INFORMATION

EDUCATIONAL SERVICES

It is the responsibility of DCFS to provide educational opportunities to help each child meet his full potential. To insure that children in the custody of DHS receive a quality education, it is DCFS' policy to enroll foster children only in accredited public schools. Home Schooling is not permitted.

DCFS will not pay tuition for a foster child to attend a private school.

Tutoring can be purchased for a child in need of additional educational assistance. Consult your Family Service Worker with regard to this. Educational testing and counseling should be available to a foster child as he begins to make career/curriculum decisions. If a child desires to pursue college or vocational training after high school, the Family Service Worker will assist the child in the exploration of resources to pursue this plan.

FOSTER CARE STAFFINGS

A staffing is a meeting of key persons who are responsible directly or indirectly for problem solving and decision-making in regard to a child's case plan.

Staffings on the child is held within the first thirty days of the [child entering foster care](#). [The second staffing will be held ninety \(90\) days from the date the child entered foster care](#). [After the second staffing, subsequent staffings will be held at a minimum of every three \(3\) months while the child is in foster care](#).

You will be invited to all staffings on children currently in your care in accordance with the CFS-462 A (Foster Home Agreement Addendum). However, it may not be necessary for you to attend the entire staffing.

Your Family Service Worker will inform you in advance of the purpose of the staffing, and what information you may be called upon to present. Information presented by you may include the following:

- Your observations about the child;
- If visits have occurred between the birth/legal family and the child, the child's reactions as perceived by you;
- The child's adjustment in your home and community;
- Any problems the child is currently experiencing and difficulties this may be causing your family; and,
- Your input regarding development of case plan and your assessment of progress in those areas.

VISITATION BETWEEN THE CHILD AND HIS BIRTH/LEGAL PARENTS/SIBLINGS

In order to achieve reunification of families, DCFS shall strive to ensure visitation be made available within the first five days of placement. Visits will be based on the families needs and reasons for the home placement.

The foster parent plays a very important role in the visitation of the child with parents and siblings. This role includes acceptance of the visits, emotional preparation of the child and supportive follow up with both the child and the child's worker. You can help the child by preparing the child for changes in the family circumstances or any thing that might be unexpected and difficult for the child to accept. The same supportive attitude is needed after the visit.

Your help is vital to the success of the child's visitation with family members. However, you may find visitation difficult in some situations. For example, a child may be returned to you upset, with lost clothing, uncombed hair, etc. These kinds of things may cause you to question the value of the visits. At such times, it will help to discuss your feelings with your worker and to remind yourself of the reasons for visitation. Frequently, with your supportive understanding, such problems can be worked out satisfactorily for all concerned.

In any case, you always need to report to the child's worker the reaction of the child to the visit and your perceived observation.

DCFS Policy regarding visitation include the following items:

A. Parent/Child Visitation

1. Unless otherwise ordered by a court, children in foster care shall have weekly visits with their parents. However, in the exercise of professional judgment, if such visits are contrary to the health and welfare of the child, an exception may be made to omit the visits. This provision shall not be construed to compel a child to visit with his/her parents over the child's objection.
2. Unless otherwise ordered by a court, a visitation schedule shall be established within three days of initial placement. Visits shall begin no later than five days from the date DHS assumes custody of the child unless, in the exercise of professional judgment, such visits are contrary to the health and welfare of the child or are impossible due to circumstances outside DCFS' control.
3. Visits shall, if possible, take place in the parents'

home or in the most homelike setting available or in some appropriate educational or recreational setting. The DHS office is the most restrictive setting for visits and should be avoided if possible.

Visits are to increase in frequency and duration to include weekend visits leading up to the child's return home, unless specific documented harm is caused by the visits.

4. Children in foster care shall have reasonable opportunities to communicate in writing or by telephone with their parents.

B. Siblings Visitation

1. If a child has a sibling, the Family Service Worker shall arrange sibling visits. Sibling visits shall take place at least once every two weeks unless, in the exercise of professional judgment, the children's best interests require less frequent visitation
2. Sibling visits shall, if possible, take place in the parents' home, in the home of one of the siblings, in the most homelike setting available or in some appropriate setting such as an educational or recreational setting.

PUBLICATION OF INFORMATION ABOUT FOSTER CHILDREN

There are occasions when questions may be asked or pictures requested for purposes of newspaper, television, or radio publicity. All publicity must be approved through your Family Service Worker and the DCFS County Office Supervisor.

FOSTER CHILDREN AND AUTOMOBILES

DCFS does not authorize or sign for a driver's license or for the purchase of an automobile on behalf of foster children.

Occasionally you may wish to allow foster children in your home to drive. This is at your own risk. Individual approval in such instances must be obtained from the DCFS County Office Supervisor who should be advised of the following facts:

- Does the child possess the physical and emotional maturity to drive an automobile?
- Do you plan to carry adequate property and liability insurance?
- Is Driver's Education available, either through the school, the State Police, or other persons qualified to instruct the child?
- Are you willing to sign for the child's license?
- Have the birth/legal parents been advised of the child's desire to drive, and do they approve?
- Is there written permission in the case record signed by birth/legal parents/guardian? If parental rights have been terminated and DHS has the power to consent to adoption, the situation will be discussed with the Agency Attorney before a decision is made.

If the answers are affirmative, your Family Service Worker must verify that the child has a learning permit and subsequent appropriate license.

RUNAWAYS

Foster parents need to be aware that if a child runs away from home, the first reaction should be to notify the child's Family Service Worker and/or DCFS County Office Supervisor. The Foster Parent must be able to provide information regarding clothes the child was wearing, etc., to aid the worker in making a report to the police.

WHEN A FOSTER CHILD IS ARRESTED

When a foster child is arrested, you should notify your Family Service Worker. Your Family Service Worker will talk to law enforcement officials to find out where the child is being held, the alleged offense, times of the hearings, and possible repercussions. Your Family Service Worker will determine if the child understands his rights and has not unknowingly waived his rights to silence and to presence of an attorney during any questioning.

Your Family Service Worker will attempt to have the child released to your custody if you are willing to sign a statement that you will return with the child on the day of the detention hearing and/or the adjudication hearing. The child's birth/legal parents will be notified. The DHS Attorney will be notified, and will contact the Prosecuting Attorney to assure that both the rights of DCFS and the child are protected and that the child has an attorney. The DHS Attorney will represent DHS, when appropriate, in the court hearing. Your Family Service Worker will go to court with the child.

FOSTER PARENT ADOPTION

Once the parental rights have been terminated the child/ren are adoptable. You may apply to the DCFS to adopt a child. A distinction is made between foster parents who apply through the regular adoption program and foster parents who apply to adopt a particular child.

Foster parents applying through the regular adoption program must meet the same requirements as all other adoption applicants. Your Family Service Worker will refer you to the Adoption Specialist.

When you are interested in adopting a foster child in your home, DCFS will consider the benefits provided by you for that child and other certain conditions. The child's desires will be especially considered. Does the child consider your home as his home and you as his parents? Your Family Service Worker will speak with the child alone regarding this major decision in his or her life and help the child consider all the facts.

If you wish to adopt a child in your home, you should make your request known to your DHS County Office by completing DCFS the "Request for Consideration to Adopt" (CFS-489) if you meet the basic qualifications outlined on the form. Discuss your desire for adoption with your Family Service Worker to determine your eligibility.

INDEPENDENCE

Independence replaces the definition of long-term foster care and means a permanency planning hearing disposition for the juvenile who will not be reunited with his/her family and no other permanent plan is available and:

- a compelling reason exists why termination of parental rights is not in the juvenile's best interest; or
- the juvenile is being cared for by a relative and termination of parental rights is not in the best interests of the juvenile.

This category applies only to those children who are secure in their setting, who have been with you for a number of years, and for whom this is the most suitable plan that can be made. The following criteria must be met:

- The child is secure and has demonstrated his adjustment in your home and is firm in the decision, after consideration, that he does not wish to be adopted;
- You have revealed your love and affection for the child but cannot adopt;

- The child has resided in your home sufficiently long to develop close ties; and,
- It is apparent that the child should not be placed with birth/legal parents, relatives or adoptive parents.
- Child is 14 years old or older.

The Foster Parents will be named in the court order as Long Term Foster Parents.

INDEPENDENT LIVING PROGRAM

The Independent Living Program works with youth age 16 through age 20 who are interested in furthering their educational/vocational goals and who volunteer to be in the program. The program coordinates and provides life skills training and educational assistance in order to prepare youth for the transition into mainstream society. Training is provided in accordance with case plans and coordinated through their Family Service Workers in the area. To learn about these services, please contact the DCFS County Office.

WHEN FOSTER CARE CAN BE CONTINUED PAST 18 YEARS

When a child reaches the age of 18 and is still in an educational or training program, foster care services can be continued with proper approval. Your Family Service Worker will discuss options with the child. The child will discuss his plans with the Family Service Worker and sign a form reflecting his interest to continue in foster care.

If foster care is to be continued past a child's 18th birthday, an agreement will be established between DCFS, the child, and you in those cases where it is considered appropriate to do so.

LIABILITY OF FOSTER PARENTS

Foster parents must carry homeowner's or renter's insurance and general liability insurance, which may be included in the homeowners' policy.

Any claims for damages or destruction to a foster parent's personal property, not covered by Home Owner's Insurance, car insurance or to the property of others due to the actions of a child placed in a foster home will need to be filed with the Arkansas Claims Commission. Foster parent or the individual can request the appropriate application to submit their claim by contacting the Arkansas Claims Commission, 101 East Capitol Ave., Suite 410, Little Rock, AR 72201-3823, Telephone: 501-682-1619.

The foster parents or the individual will need to contact the DCFS County Office and provide information needed to complete an incident report. This incident report will be submitted to DHS Central Office and will be used to assist the Claims Commission in processing the claim.

DHS shall not be liable for damages caused by foster children, nor shall they be liable to the foster children nor to the parents or guardians of the foster children for injuries to the foster children caused by acts or omissions of the family foster parents unless the acts or omissions constitute malicious, willful, wanton, or grossly negligent conduct. (Act 941 of 1989)

NOTE: The information contained within this handbook is a guideline to the Family Foster Care Program. If any information contained herein should be in disagreement with official DCFS policy as written in the DCFS Services and Procedures Manual or with state/federal law; then the policy or law shall take precedence. We urge you to discuss any concerns related to foster children in your home with your Family Service Worker.

DIVISION OF CHILDREN AND FAMILY SERVICES
COUNTY OFFICE CONTACT PERSONS

CHILD'S NAME _____

FAMILY SERVICE WORKER _____

Work Phone _____

Emergency Phone _____

FAMILY SERVICE WORKER'S SUPERVISOR _____

Work Phone _____

Emergency Phone _____

DCFS COUNTY OFFICE SUPERVISOR _____

Work Phone _____

Emergency Phone _____

In the event you need to contact the Division of Children and Family Services for any reason, please call the persons listed above in the order they are listed. For example, if you can't reach the Family Service Worker or feel you have need to speak to a supervisor, please call the second name listed.

This form may be duplicated to use with children who have different case workers.