



Arkansas Department of Human Services
Division of Children and Family Services

Referral for Transitional Service Support

TO: (TYS Coordinator) Area: Date:
FROM: (FSW) Phone: County:

Youth's Name: Birth Date: Age: Gender:
CHRIS Number: Social Security Number:
Address: City: State: Zip Code:
Foster Parent / Facility Name: Phone:

TO BE COMPLETED BY FAMILY SERVICE WORKER: (Check all boxes and provide all the information that applies.)

- 1. Youth has been informed about Transitional Services?
2. Youth has a Transitional Team?
3. Youth is older than 14, and neither currently incarcerated, nor in a trial home visit?
4. Youth wants to participate?
5. Youth was given a copy of PUB-50: Be Your Own Advocate?
6. The Casey Life Skills Assessment (CLSA) has been completed?
If Yes, Date CLSA was completed: Overall Assessment Score: %

COMMENTS:

Empty box for comments

YOUTH IS BEING REFERRED FOR:

- Life Skills Classes
Assessment & Reassessment
Benefits (household start-up, post-secondary tuition, etc.)
Transitional Team Participation
Support for Youth's Transitional Goal of Employment or Education
ETV

Family Service Worker Name Signature Date
Youth's Signature (REQUIRED) Date

TO BE COMPLETED BY THE TYS SUPERVISOR:

Youth is approved for the following:

- Life Skills Classes
Assessment & Reassessment
Benefits (household start-up, post-secondary tuition, etc.)
Transitional Team Participation
Support for Youth's Transitional Goal of Employment or Education
ETV

TYS Supervisor Name Signature Date

**Arkansas Department of Human Services
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Residence Checklist for Youth

TYPE RESIDENCE: Apartment Duplex Dormitory House Other

IS THERE REASONABLE ACCESS TO:

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schools |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hospital |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clinic |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Transportation Facilities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Churches |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Libraries |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recreation Resources |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grocery Stores |

DOES THE YOUTH'S RESIDENCE COMPLY WITH THE FOLLOWING?

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <u>Does the youth have an escape plan in case of a fire?</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is building appropriate, safe, comfortable, uncongested, pleasant and homelike? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is building kept repaired, safe, in clean condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If within the same building, is youth's living quarters separated from others? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the youth housed with someone else? <u>If yes, identify who: _____</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the youth have adequate bath and toilet facilities? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the temperature of the youth's living quarters fall within the range of 65° - 78°? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do all rooms used by youth have adequate ventilation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is lighting adequate? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is there an operable telephone accessible to youth? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is sewage disposal system approved by city or Health Department? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is water supply from city or approved by Health Department? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is there adequate hot and cold water? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are disaster plans posted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are fire extinguisher and smoke alarms provided? Date of Extinguisher check: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all windows openable? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all doors readily opened from both sides? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the youth's residence protected from insect and rodent infestation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does door(s) to youth's residence have workable locks? |

Would you live in the youth's residence? Yes No

Do you have any concerns about the youth's residence?

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Checklist for Compliance
Foster Home Record**

Reviewer: _____

Date of Review: _____

Foster Home: _____

Date Home Opened: _____

Provider Number: _____

Date Home Closed: _____

Family Service Worker: _____

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Is the foster home record set up in the record order and filed in the special divided folders as outlined in Appendix 4?
 Yes No

APPROVAL (Is the following or its equivalent filed):

- Yes No CFS-462 (Initial Foster Home Agreement)?
- Yes No CFS-475 (Checklist for Compliance)?
- Yes No CFS-485 (Foster Home Face Sheet)?
- Yes No CFS-450 (Foster Home Study/Application & Attachments for each child in family)?
- 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 (State Police 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 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 30 days from completion of foster parent pre-service training or, where applicable, within 60 days from completion of foster parent pre-service training?
- Yes No If determination of approval/denial could not be made within 30 days of completion of foster parent pre-service training, was a letter sent to the applicant(s) at the end of the 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 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-404: General Medical Report?
- Yes No Does the record document that the foster family and foster family's physical surroundings meet all standards for approval as a foster home? (Refer to CFS-475B)?
- Yes No If exception of a standard/policy is necessary, was a written alternative compliance/policy waiver approval obtained and filed in the record?
- Yes No Does the record document that the assessment included at least two 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 Foster parent pre-service training completed (Refer to CFS-475C)?

Comments:

Family Service Worker/Evaluator's Signature: _____

Name of Family Service Worker/Evaluator: _____

Supervisor/Designee Signature: _____

Name of Supervisor/Designee: _____

Date: _____

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STANDARDS FOR APPROVAL OF FOSTER HOME:

- Yes No Joint Application/Commitment: Are both the husband and wife of a foster parent applicant couple equally committed to, or if already approved, do they continue to be equally committed to assuming the role of foster parent?
- Yes No Commitment of the Birth/Legal Children: Birth/legal children of the foster parent applicant(s) or approved foster family have taken part in the assessment and agree to their parent(s)' decision to become 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 foster parent applicants' decision to become foster parents?

Personal Characteristics: Foster parents must have the personal characteristics which enable them to assume the responsibility of caring for foster children. Foster parent applicant(s) or approved 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 of 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 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 foster home reaches age 65, the foster parent(s) must have a written alternative compliance approved by the DCFS Director and/or the Child Welfare Licensing Board?

Physical and Mental Health:

- Yes No a. A physical examination (via CFS-404 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 12 years shall receive an annual skin test for tuberculosis, as long as the test results remain negative. A household member with a positive skin test must provide documentation from a physician every two years certifying that he/she is free from communicable tuberculosis.
- Yes No c. Immunizations for all children in the 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 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 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 foster home?
- Yes No b. Single parent 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. In the household, are any adults cohabitating with a sexual partner outside of marriage which is valid under the constitution and laws of this state?

Marriage Stability:

- Yes No a. Record documents that marriage(s) and/or divorce(s) have been verified?
- Yes No b. Applicants demonstrate a stable marriage?
- Yes No c. Approved foster parents have demonstrated a continued stable marriage?
- Yes No d. An approved single foster parent who marries, has had a request submitted to the Assistant Director of Community Services for review and forwarded to the Division Director. (The request will include training completed, Criminal Record and Central Registry checks on the new spouse, personal references, upcoming wedding date or marriage certificate.) Upon approval, the Division Director will forward the request to the Child Welfare Licensing Board for alternative compliance.

Children:

- Yes No a. There are no more than eight children in the home, including the foster parent's own children. (There must be no more than eight children physically in the home. There may be no more than five unrelated children in care. Up to eight children from the same sibling group may be placed in the same home. If a sibling group of more than five children are placed together, that foster home shall not have more than eight children including the foster parent's own 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. Applicant(s) or approved 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 d. Foster parent(s) is not keeping children for more than one child placing agency?
- Yes No e. Foster parent(s) is not providing day care services on a regular basis in their home?

Religion:

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

Education:

- Yes No a. Foster parent(s) has a positive attitude toward both academic and vocational education according to individual needs?
- Yes No b. Foster parent applicant(s) or approved foster 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. Foster parent(s) are 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. If both parents 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 foster parent applicant(s) or approved foster parent(s) has a working knowledge of child growth and development?

Acceptance of Agency Regulations:

- Yes No a. The 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 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 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 years or older will not share a double bed.
- Yes No e. Children of the opposite sex are not sharing a bedroom, if either child is four years old or older, except for a mother in foster care with her child?

- 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 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 foster parents have a mode of transportation available for foster children to participate in necessary school, recreation, and medical activities?
- Yes No b. The 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 foster parents have all vehicles owned by them to include liability insurance as required by Arkansas Statutes?
- Yes No d. The foster parents allow foster children to be transported only by person possessing a valid driver's license?
- Yes No e. The 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 washbasin 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 10 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 exterior doors situated to provide safe exit, or the home shall have a written statement from the Fire Department that the alternative escape route is approved. Interior doors or halls are not 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 foster homes have at least two exits and are properly installed and stabilized?
- Yes No s. If the mobile home is located in trailer park, 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:

Family Service Worker/Evaluator's Signature: _____

Name of Family Service Worker/Evaluator: _____

Supervisor/Designee Signature: _____

Name of Supervisor/Designee: _____

Date: _____

CLEAN

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TRAINING:

1. Pre-Service

- Yes No Does the record document a minimum of 30 hours of attendance and participation of foster parent applicant(s) in foster parent pre-service training?
- 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 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 foster parent(s) to increase their skills and abilities as foster parents?

Comments:

Family Service Worker/Evaluator's Signature: _____

Name of Family Service Worker/Evaluator: _____

Supervisor/Designee Signature: _____

Name of Supervisor/Designee: _____

Date: _____

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TRANSFER OF 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 foster home? (Refer to CFS-475B)
- 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 alternative compliance/policy waiver approved by the DCFS Director or the Child Welfare Licensing Board?

Comments:

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Name of Family Service Worker/Evaluator: _____
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PLACEMENT HISTORY:

Does the record have filed?

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

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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 foster home? (Refer to CFS-475B)
- Yes No Does the record document that the foster family meets 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 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?

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Name of Supervisor/Designee: _____

Date: _____

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ANNUAL RE-EVALUATIONS:

- Yes No Does the record document the results of the annual 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 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 foster home at least monthly whenever there were foster children residing there?
- Yes No Is there on-going summary/ 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 foster home, etc.)?
- Yes No Does the record document health (CFS-404: General Medical Report) 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 foster home? (Refer to CFS-475B)
- 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 (Foster Parent Re-evaluation Form)?
- Yes No CFS-479 (Foster Home Re-evaluation Notice)?

- Yes No If exception of a standard/policy is necessary, was a written alternative compliance/policy waiver approval obtained and filed in the record?
- Yes No Does the record document that the CFS-342 (State Police Criminal Record Check) was repeated every two years from the date the home was opened?
- Yes No Does the record document that the CFS-316 (Request for Child Maltreatment Central Registry Check) was repeated every two years?
- Yes No Does the record document the foster parent(s) maintained current certification in both CPR and First Aid?

Comments:

Family Service Worker/Evaluator's Signature: _____

Name of Family Service Worker/Evaluator: _____

Supervisor/Designee Signature: _____

Name of Supervisor/Designee: _____

Date: _____

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

Reviewer: _____

Date of Review: _____

Foster Home: _____

Date Home Opened: _____

Provider Number: _____

Date Home Closed: _____

Family Service Worker: _____

Date Home Re-Opened: _____

County: _____

Date Home Transferred to Another County: _____

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 time 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 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:

Family Service Worker/Evaluator's Signature: _____

Name of Family Service Worker/Evaluator: _____

Supervisor/Designee Signature: _____

Name of Supervisor/Designee: _____

Date: _____

CLEAN

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

Reviewer: _____
 Foster Home: _____
 Provider Number: _____
 Family Service Worker: _____
 County: _____

Date of Review: _____
 Date Home Opened: _____
 Date Home Closed: _____
 Date Home Re-Opened: _____
 Date Home Transferred to Another County: _____

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:

Family Service Worker/Evaluator's Signature: _____
 Name of Family Service Worker/Evaluator: _____
 Supervisor/Designee Signature: _____
 Name of Supervisor/Designee: _____
 Date: _____

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

Reviewer: _____
Foster Home: _____
Provider Number: _____
Family Service Worker: _____
County: _____

Date of Review: _____
Date Home Opened: _____
Date Home Closed: _____
Date Home Re-Opened: _____
Date Home Transferred to Another County: _____

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 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:

Family Service Worker/Evaluator's Signature: _____

Name of Family Service Worker/Evaluator: _____

Supervisor/Designee Signature: _____

Name of Supervisor/Designee: _____

Date: _____

APPENDIX I: GLOSSARY

01/2011

CHILD – An individual who has not attained 18 years of age.

CHILD (FOR TITLE IV-E PURPOSES) –

- A. For the purposes of the title IV-E foster care program, an individual:
 - 1) Who is in foster care under the responsibility of DHS.
 - 2) Who has attained 18 years of age but who has not attained 19, 20, or 21 years of age.
 - 3) Who meets any of the following conditions:
 - a. Completing secondary education or a program leading to an equivalent credential.
 - b. Enrolled in an institution which provides post-secondary or vocational education.
 - c. Participating in a program or activity designed to promote, or remove barriers to, employment.
 - d. Employed for at least 80 hours per month.
 - e. Incapable of doing any of the above described activities due to a medical condition, which incapability is supported by regularly updated information in the case plan
- B. For the purposes of the title IV-E adoption or guardianship assistance program, an individual:
 - 1) With respect to whom an adoption or guardianship assistance agreement is in effect if the individual had attained age 16 before the adoption assistance agreement became effective.
 - 2) Who meets any of the following conditions:
 - a. Completing secondary education or a program leading to an equivalent credential.
 - b. Enrolled in an institution which provides post-secondary or vocational education.
 - c. Participating in a program or activity designed to promote, or remove barriers to, employment.
 - d. Employed for at least 80 hours per month.
 - e. Incapable of doing any of the above described activities due to a medical condition.

CHILDCARE INSTITUTION – A private child care institution, or a public child care institution which accommodates no more than 25 children, and is licensed by the State in which it is situated or has been approved by the agency of such State or tribal licensing authority (with respect to child care institutions on or near Indian reservations) responsible for licensing or approval of institutions of this type as meeting the standards established for such licensing, except, in the case of a child who has attained 18 years of age, the term includes a supervised independent living setting in which the individual is living independently. This definition must not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent.

HOME ASSESSMENT – The mutual selection process that involves several components including, but not limited to, an in-home consultation visit, background checks, pre-service training, a home study, and ongoing consultation with the prospective foster/adoptive parents to ensure that applicants meet all appropriate criteria related to both compliance and quality.

HOME STUDY – The specific interviewing and reporting tool used to determine if a family is ready, willing, and able to become a suitable and safe placement resource for a child. The home study must evaluate a family's dynamics in areas including, but not limited to, motivation for wanting to foster, health, education, lifestyle, daily schedules, parenting practices, support systems, and personal histories. It shall include a Child Maltreatment Central Registry Check on all members of the household age 10 or older, excluding children in

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foster care and an Arkansas State Police Criminal Record Check and a fingerprint-based FBI Criminal Background Check on all members of the household age 18 or older, excluding children in foster care.

SAFEGUARD MEASURE – If, at any time during the foster/adoptive family application process, a Resource Worker or Adoption Specialist determines that any aspect of the home does not meet Minimum Licensing Standards or DCFS policy requirements, the prospective foster or adoptive family may be asked to implement a safeguard measure to ensure the home is safe and in compliance with policy and licensing standards. The safeguard measure must be implemented before the family can be approved as a foster or adoptive home.

CLEAN

POLICY I-C: DIVISION'S ORGANIZATIONAL STRUCTURE

01/2011

The Director of DCFS has management and administrative responsibilities for the Division and has an interactive role with the Child Welfare Agency Review Board and the Child Placement Advisory Committee. An Assistant Director supervises each of the following sections: Office of Community Services, Office of Finance and Administrative Support, and Office of Central Operations.

Office of Community Services

The Office of Community Services provides administrative leadership and guidance to DCFS staff throughout all 75 Arkansas counties. The Assistant Director of the Office of Community Services directly supervises the ten Area Directors and administers the Interstate Compact for the Placement of Children unit.

Counties are grouped into ten service delivery areas. Each has an Area Director and at least one county-based Family Service Worker, a supervisor and an aide.

AREA I:	Benton, Carroll, Madison, Washington
AREA II:	Crawford, Franklin, Johnson, Logan, Scott, Sebastian, Yell
AREA III:	Clark, Garland, Hot Springs, Howard, Montgomery, Perry, Pike, Polk, Saline
AREA IV:	Columbia, Hempstead, Lafayette, Little River, Miller, Nevada, Ouachita, Sevier, Union
AREA V:	Baxter, Boone, Conway, Faulkner, Marion, Newton, Pope, Searcy, Van Buren
AREA VI:	Pulaski
AREA VII:	Bradley, Calhoun, Cleveland, Dallas, Grant, Jefferson, Lincoln, Lonoke, Prairie
AREA VIII:	Clay, Craighead, Fulton, Greene, IZard, Lawrence, Mississippi, Randolph, Sharp
AREA IX:	Cleburne, Crittenden, Cross, Independence, Jackson, Poinsett, Stone, White, Woodruff
AREA X:	Arkansas, Ashley, Chicot, Desha, Drew, Lee, Monroe, Phillips, St. Francis

Office of Finance and Administrative Support

The Office of Finance and Administrative Support provides administrative and management support to DCFS through personnel administration, budget monitoring, resource control, and contract administration. The Office of Finance and Administrative Support includes the following units: Personnel, Contracts, and Financial Management.

Central Operations

The Central Operations section is responsible for the smooth and timely functioning of the operational facets of the Division. It consists of the Eligibility Unit, Information Technology, Vehicle Safety Program, Criminal Records, Central Registry, and Child Protective Services.

Programs

In addition to the sections described above, DCFS is comprised of the following program areas, supervised either by the Division Director or a member of the Executive Staff: Prevention Support and Substance Abuse, Specialized Placement, Policy, Professional Development, Foster Care, Adoptions, Planning, and Mental Health. Together, these units are responsible for the provision of administrative and programmatic support for the state's network of children and family services as well as short- and long-term planning and policy development.

III. SERVICES CASE OPENING

POLICY III-A: SERVICES CASE OPENING AND RE-EVALUATION

01/2011

The Division of Children and Family Services will open cases to ensure safety and promote the best interest of the child and to provide services to strengthen, reunify, and assist families. This will be accomplished through the delivery of Supportive, Protective, Adoptive (See Section VIII for Adoptive Services) or Out-of-Home Placement Services as deemed appropriate by assessment. The purpose of services shall be to provide the child with a continuous and stable living environment, promote family autonomy, strengthen family life where possible and promote the reunification of the child with the parent, guardian or custodian, when applicable.

The Division will ensure a determination of title IV-E/ Medicaid eligibility is obtained for each child placed in an out-of-home setting or subsidized adoption. When a child is removed from his home, a judicial determination as to whether reasonable efforts were made or were not required to prevent removal must be made no later than sixty days from the date the child is removed from the home. Eligibility for title IV-E foster care maintenance payments will be based on the following requirements:

- A. The child was removed from the home of a specified relative pursuant to judicial determination to the effect that:
 - 1) Continuation in the residence in the home would be contrary to, or that the placement would be in the best interest, of the child. The contrary to the welfare determination will be made in the first court ruling that sanctions (even temporarily) the removal of a child from the home. If the determination regarding “contrary to the welfare” is not made in the first court ruling pertaining to removal from the home, the child will not be eligible for title IV-E maintenance subsidy for the duration of that stay in foster care; and
 - 2) A finding of or a deeming of reasonable efforts is required. The judicial determination must state that reasonable efforts to prevent a child’s removal from home or to reunify the child and family are not required.
- B. The child’s placement and care in a foster family home or with a public or private child placement of child care agency is the responsibility of either DHS or any other public agency with whom DHS has an agreement. (Child care agency means a private child care agency, or a public child care agency which accommodates no more than 25 children, and is licensed by the State in which it is situated or has been approved by the agency of such State or tribal licensing authority (with respect to child care institutions on or near Indian reservations) responsible for licensing or approval of institutions of this type as meeting the standards established for such licensing, except, in the case of a child who has attained 18 years of age, the term includes a supervised independent living setting in which the individual is living independently. This definition must not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent. The licensing file must contain documentation that verifies that safety considerations with respect to the staff of the institution have been addressed, and,
- C. The child received aid (for the purposes of the FSPP Manual “aid” is defined as AFDC program requirements in effect 7-16-1996) in or for the month in which court proceedings leading to the removal of the child from the home were initiated, or would have received aid in or for the month if application for such aid had been made, or had been living with a specified relative within six months

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prior to the month in which court proceedings were initiated, and would have received aid in or for such month if the he/she had been living with such relative and an application had been made for aid under title IV-A.

In any case where the child is an alien disqualified by the Immigration and Nationality Act from receiving aid in or for the month in which court proceedings leading to the removal of the child from the home were instituted, such child shall be considered to satisfy the requirements with respect to that month, if he or she would have satisfied such requirements but for such disqualification. The Office of Chief Counsel will be consulted if the child's immigration status must be addressed in any manner.

- D. The child was living with a specified relative prior to removal from the home and was AFDC eligible (per AFDC requirements in effect 7-16-1996) for in that home in the month of the initiation of court proceedings. Or the child had been living with the parent or specified relative within six months of the month of the initiation of court and the child would have been AFDC eligible in that month if he or she had still been living in that home (constructive removal.)

A child of a parent who is in DHS custody is also considered a dependent juvenile and is eligible to receive foster care maintenance payments and is deemed to be a recipient of aid to families with dependent children. Titles XIX and XX services will be available to the child in the state in which the child resides. The state of Arkansas is not a voluntary placement state. The removal of a child from his home must occur pursuant to a judicial order placing custody of the child with the Department.

POLICY VII-H: VOLUNTEERS

01/2011

All volunteers shall be responsible for ensuring the proper care, treatment, safety, and supervision of the children they serve.

All prospective volunteers who have direct and unsupervised contact with children must be cleared through the Arkansas Child Maltreatment Central Registry and through a State Police Criminal Record Check. The Division will request any other state where the prospective volunteer has resided in the preceding six years to check its child abuse and neglect registry, if available, and in the person's state of employment, if different, for reports of child maltreatment, if available.

Volunteers shall be supervised by an appropriate or designated staff person. A volunteer who works unsupervised and substitutes as staff shall meet the qualifications required for a paid employee in that position.

Volunteers approved by DHS who transport children in foster care or clients of the Department shall not be liable to the children in foster care or the clients of the Department. In addition, volunteers who supervise visits at the request of DCFS shall not be liable to the children in foster care, clients, or parents or guardians of any children in foster care for injuries to the clients or the children in foster care.

However, volunteers will be liable if the acts or omissions constitute malicious, willful, wanton, or grossly negligent conduct and/or if volunteers engage in any behavior that could be viewed as sexual, dangerous, exploitative, or physically harmful to children.

If a complaint of child maltreatment is filed against any volunteer, DCFS shall evaluate the risk to children and determine the suitability of the volunteer to supervise, be left alone with children, have disciplinary control over children, or remain with DCFS until the allegations are determined to be true or unsubstantiated.

POLICY VIII-A: TRANSITIONAL YOUTH SERVICES

01/2011

The purpose of Transitional Youth Services (TYS) is to better prepare youth in out-of-home placement for successful transition to adulthood and to ensure that youth have access to an array of resources. The Division of Children and Family Services shall ensure that each youth in foster care who reaches age 14, or who enters foster care at or after age 14, shall be provided the opportunity to take an active role in planning for his or her future. Youth entering foster care between the ages of 14 and 18 will be immediately referred to the Transitional Youth Services (TYS) Coordinator.

The Division shall:

- A. Provide the youth with the opportunity to be actively engaged in all case/client plans impacting his or her future, including, but not limited to a Transitional Plan and a Life Plan.
- B. Empower the youth with information regarding all available services and options and provide the youth with the opportunity to participate in services tailored to his or her individual needs and designed to enhance his or her ability to acquire the skills necessary to successfully enter adulthood.
- C. Assist the youth in developing and maintaining healthy relationships and life connections with nurturing adults who can be a resource and positive guiding influence in his or her life after leaving foster care.
- D. Provide the youth with basic information and documentation regarding his or her biological family and personal history.
- E. Provide the youth with information that relates to the health care needs of youth aging out of foster care, including options for health insurance after exiting care and the importance of designating another individual to make health care treatment decisions on behalf of the youth, if he or she becomes unable to participate in such decisions and does not have, or does not want, a relative who would otherwise be authorized to make such decisions; provide the youth with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under State law.
- F. Inform the youth of his or her right to stay in care until age 21.

Each youth shall be given the opportunity to create a Transitional Plan which encompasses all the life skills, resources, and future-planning for the youth's successful transition into adult life. The Transitional Plan will be created with the support of the youth's Transitional Team. The Transitional Team will consist of adults whom the youth identifies as significant. The youth's primary Family Service Worker shall be responsible for the coordination of the youth's Transitional Team and is responsible for the Transitional Plan and case plan as reflected in the court report. The TYS Coordinator is an appropriate support for some of the youth's transitional plans and may serve on the Transitional Team if appropriate. Because APPLA is the least permanent goal for a youth, the case plan and Transitional Plan shall address life connections.

The Transitional Plan shall allow for client protection. If a youth is identified as legally impaired and likely to become endangered, the Transitional Plan shall include automatic referrals to Developmental Disabilities Services and/or Adult Protective Services as appropriate. For youth with significant mental health issues, the Transitional Plan shall consider appropriate referrals and applications for post-care services (e.g. adult SSI).

The youth and his or her attorney shall have the right to attend all staffings and to fully participate in the development of the Transitional Plan, to the extent that the youth is able to participate medically and developmentally.

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Chafee Services

Each youth in DHS custody, age 14 or older, is eligible for Chafee services. All Chafee services are voluntary. Services provided are primarily education- and training-oriented and are intended to keep youth in school while they obtain life skills and participate in other life preparation activities and plans to promote a successful transition to adulthood.

Chafee provides support for three groups of the foster care population:

- A. Youth in foster care, beginning at age 14 and continuing until the youth completes high school or other secondary educational program, may receive services such as the Casey Life Skills Assessment, basic life skills training, and other services such as tutoring that can be approved on a case-by-case basis.
- B. Youth may choose to remain in care until the age of 21 and are eligible for Chafee services if they meet any of the following conditions:
 - 1) Youth is enrolled in an institution which provides post-secondary or vocational education.
 - 2) Youth is participating in a program or activity designed to promote, or remove barriers to, employment.
 - 3) Youth is employed for at least 80 hours per month.
 - 4) Youth is incapable of doing any of the above described activities due to a medical condition, which incapability is supported by regularly updated information in the case plan.
- C. If a youth was in foster care on his or her 18th birthday, and the foster care case is closed, he or she will be eligible for After Care services and support until age 21.

Chafee also provides support for youth whose adoption or guardianship is finalized at age 16 or after. Such youth are eligible for ETV and may attend youth development activities and life skills classes.

Assessments begin at age 14 and transitional services may begin at age 14 for youth already in foster care. In cases where a youth younger than 14 needs life skills training, the DCFS Director or designee may grant a waiver for services.

DCFS shall provide, either directly or through contract, those services identified in the Casey assessment that are indicated to help the youth achieve independence. The case plan and/or Transitional Plan must identify and address the specific skill needs of each youth. Each youth age 14-17 receiving Transitional Services shall be assessed annually using the Casey Life Skills Assessment; however, an abbreviated evaluation shall be conducted every six months to determine the youth's progress in acquiring basic life skills and the skills necessary for a successful transition to adulthood. Basic life skills will be assessed at each staffing held for a youth age 14 and older.

If a youth was in foster care on or after his 16th birthday and was adopted before his 18th birthday, he will be eligible for services until his 21st birthday.

While incarcerated youth (prison, jail, DYS custody) are ineligible for Chafee funding, the youth shall still be given the opportunity to plan for his or her future.

Opportunities shall be available for each foster parent caring for, or interested in caring for, a youth age 14 or older, and each Family Service Worker responsible for any youth, age 14 or older, in helping youth acquire basic life skills.

Within 30 days after the youth leaves foster care, the Division shall provide the youth the following:

- A. A full accounting of all funds held by the department to which he or she is entitled;

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- B. Information on how to access the funds;
- C. When the funds will be available.

PROCEDURE VIII-A1: Referral for Transitional Services

01/2011

The Family Service Worker will:

- A. Complete the CFS-001: Referral for Transitional Service Support on all youth entering foster care between the ages of 14 and 18. The CFS-001 will be completed also on youth who turn 14 while in foster care. All youth must be assessed for life skills within 30 days of entering care or within 30 days after their 14th birthday.
- B. Forward the completed and signed CFS-001 to the TYS Coordinator for eligibility determination. The youth must sign the CFS-001 to be eligible for Chafee.
- C. Document in CHRIS ILP screen youth's eligibility or ineligibility. If the youth is eligible, the worker will notify the County Supervisor who will e-mail the TYS Supervisor asking them to assign the TYS Coordinator as secondary worker.
- D. Assist the youth in completing the Casey Life Skills Assessment within 30 days of entering care or within 30 days after their 14th birthday.
- E. Complete the case plan and ILP screen after the staffing.
- F. Ensure that each youth age 14-17 is evaluated every six months to:
 - 1) Review their Life Plan.
 - 2) Determine what life skills they have attained.
 - 3) Determine what life skills they still need.
- G. Ensure that each youth age 14-17 is assessed annually using the Casey Life Skills Assessment.
- H. Complete the Independent Living "IL" screen in the Case Plan section of CHRIS.
- I. Share the reassessment results with the TYS Coordinator and document the reasons for non-completion.
- J. Coordinate transportation to life skills training with the foster parent or caretaker.
- K. Prepare the youth for Transitional Team meetings.
- L. Enter date into CHRIS in a timely manner.

If the youth makes a planned move (e.g. college) to another county, the supervisor in the primary county should communicate with the supervisor in the placement county before the youth moves.

If the youth makes an unplanned move to another county, the supervisor in the primary county should notify within 10 days, by email, the supervisor in the placement county. The receiving supervisor should then make secondary caseload assignments to the FSW and TYS Coordinator and directly notify them of the assignment. All workload assignments will go through the Coordinator's immediate supervisor and not the individual county supervisors.

If a youth is transferred to another Area/County not designated as primary, the FSW in the residence Area/County should:

- A. Assist in obtaining an assessment/reassessment if the date occurs while the client is in the other county.
- B. Transfer case files and all records of life-skills training sessions attended, skills acquired or mastered, and copies of assessment results to the FSW and TYS Coordinator in the county of residence to ensure that training needs and goals will continue to be addressed.
- C. Assist youth in completing the NYTD survey.

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The TYS Coordinator will:

- A. Schedule a date and time with the youth's FSW for the youth to complete the initial Casey Life Skills Assessment. If a youth enters foster care at the age of 14 or older, they will be assessed within 30 days after entry. All youth age 14-17 should be reassessed at 6-month intervals and then annually using the Casey Life Skills Assessment to determine acquisition of transitional life skills.
- B. Update the Contact Screen in CHRIS each time contact is made with a youth on their caseload. Contacts include group training sessions, face-to-face contact, phone contact, and/or the youth's attendance in life-skills training. Indicate the title or content and information concerning the youth's participation.
- C. Develop life skills training resources.
- D. Complete the CFS-035: TYS Coordinator Monthly Summary.
- E. Submit the CFS-035 to the TYS Supervisor and the TYS Program Manager by the sixth day of the month.
- F. Coordinate transitional activities with the FSW when appropriate.
- G. Document the completion of the initial Casey Life Skills Assessment and any reassessments in the ILP screen.
- H. Document that the results of the Casey Life Skills Assessment were routed to the youth, FSW and foster parents/provider in the Document Tracking screen.
- I. Complete the Contact screen for all contacts with youth and complete Education and Employment screens when appropriate.
- J. Document all contacts with youth on the Contact Screen.
- K. Document all transitional activities/services on the youth's Services Offered/Delivered screen selecting Chafee Foster Care Independence Program (Resource 112416) as the Service Provider and complete the IL Subsidy Exceptional Amount field if ILP funds were authorized.

PROCEDURE VIII-A2: Youth Transitional Plan and Life Plan

01/2011

The Family Service Worker will:

- A. Develop a Transitional Plan with all youth in foster care between the ages of 14 and 21, and for all youth who turn 14 while in foster care, within 90 days of entering care or within 90 days after their 14th birthday.
- B. Assist the youth in developing a Transitional Team to include individuals identified by the youth as significant (e.g. foster parents, bio family, AAL, CASA, mentors, therapists, TYS Coordinator, teachers, coaches).
- C. Review the Transitional Plan every six months to ensure consistency with education plan, case plan, and life plan and coordinate with the youth's school at least annually, until the youth exits foster care or secondary school.
- D. Determine, based on the youth's age, maturity, disabilities, and other factors, what shall be appropriate to include in the Transitional Plan.
- E. Determine at which point in the youth's development to include the following components: (All components must be present by the time the youth is 17 years old.)
 - 1) Education component
 - 2) Employment component
 - 3) Health component to include information on:
 - a. options for health insurance

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- b. documentation of a health care power of attorney or health care proxy if the youth chooses to designate one
- 4) Housing component
- 5) Lifelong Connections component
- 6) Written confirmation that the youth has been informed of his right to stay in foster care after reaching 18 years of age for education, treatment, work, or other specific programs and services, including but not be limited to the John H. Chafee Foster Care Independence Program and other transitional services
- 7) The youth's court case record, including information on:
 - a. his or her biological family
 - b. foster care placement history
 - c. tribal information, if applicable
 - d. whereabouts of siblings, if any, unless a court determines that release of information pertaining to siblings would jeopardize the safety or welfare of the sibling
- 8) List of significant individuals in the youth's life
- 9) Assistance in obtaining a free credit report and if the youth has a bad credit report because of identity theft, assistance in correcting the credit report
- F. Assist the youth or arrange for assistance in:
 - 1) Procuring life skills training.
 - 2) Completing applications for:
 - a. ARKids First, Medicaid, or assistance in obtaining other health insurance.
 - b. Referrals to transitional housing, if available, or assistance in securing other housing.
 - c. Assistance in obtaining employment or other financial support.
 - 3) Applying for admission to a college or university, or to a vocational training program, or another educational institution and in obtaining financial aid, when appropriate.
 - 4) Developing and maintaining relationships with individuals who are important to the youth and who may serve as a resource to the youth based on his or her best interests.
- G. Discuss with the youth the importance of designating someone to make health care decisions on their behalf, if they become unable, or if they do not have or do not want, an otherwise authorized relative to do so.
- H. Assist the youth in contacting the individual(s) who they would like to serve as their health care power of attorney or health care proxy and completing documentation authorizing a health care power of attorney or health care proxy.
- I. With court permission and if the youth desires, facilitate visits between the youth and his relatives.
- J. Assist all youth in or entering foster care at age 14 or above or in the 9th grade, whichever comes first, within 90 days after their 14th birthday or 90 days after entering the 9th grade, in developing a Life Plan (CFS-002: Transitional Life Plan and Agreement).
 - 1) The Life Plan shall be youth-driven.
 - 2) The Life Plan shall contain a concrete to-do list for youth, staff, and stakeholders.
 - 3) The Life Plan should be adopted by the Transitional Team within six months of the youth's 16th birthday or entry into foster care, whichever comes first.
- K. Hold a final Transitional Team meeting within 90 days of youth's planned exit from foster care.
- L. At the final Transitional Team meeting, complete CFS-003: Checklist for Youth Exiting Care and provide the youth with the following and obtain his signature and that of his attorney ad litem confirming receipt:
 - 1) Social security card.
 - 2) Certified birth certificate or verification of birth record, if available or should have been available.
 - 3) Family photos in the possession of the Division.

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- 4) All the youth's health records for the time the youth was in foster care and any other medical records that were available or should have been available to the Division. A youth who chooses to remain in foster care after reaching age 18 may request that his or her health records remain private.
 - 5) All of the youth's educational records for the time the youth was in foster care and any other educational records that were available or should have been available to the Division.
 - 6) Driver's license and other picture identification.
 - 7) Life Skills Book.
 - 8) Life Plan.
 - 9) If the youth elected not to designate a health care power of attorney or health care proxy before aging out of care (whether at 18 or 21), contact information for legal services if at a later point the youth decides to designate someone to make health care decisions on his or her behalf, if he or she becomes unable to participate in such decisions and does not have, or does not want, a relative who would otherwise be authorized to make such decisions.
 - 10) All information contained within the youth's case plan.
- M. Document a current address and contact information for youth who reside outside the foster home in order to study, work, or for any other reason. This information must be kept current.
- N. Within 72 hours of case closure, notify the Eligibility Unit of the case closing and provide the Trust Coordinator with any information requested.

The Eligibility Unit Trust Coordinator will, within 30 days after the youth leaves foster care, provide the youth with the following information:

- A. A full accounting of all funds held by the department to which he or she is entitled;
- B. How to access the funds;
- C. When the funds will be available.

PROCEDURE VIII-A3: Interagency Support for Youth with Disabilities

01/2011

In order to promote continuity of care for youth with disabilities, Adult Protective Services (APS), DCFS, Division of Youth Services (DYS), Division of Developmental Disability Services (DDS), and Division of Behavioral Health Services (DBHS) have signed a Memorandum of Understanding that describes each Division's roles and responsibilities.

DCFS will:

- A. Arrange an interagency case staffing and initiation of transition plan following youth's 14th birthday.
- B. Arrange an interagency case staffing within 30 days to include PACE determination and DD diagnosis identified for individuals taken into custody after age 14.
- C. Arrange an interagency review every six months for youth likely to require state custody status as an adult.

APS will:

- A. Review plan and identify issues requiring clarification or issues that might have been omitted and request this information from DCFS.
- B. Participate in case staffing and transition plan review following client's 17th birthday.

APS, DCFS, DYS, and OCC will apprise court of transition plan.

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APS and DDS will review transition plan and arrange appropriate placement prior to client's 18th birthday.

POLICY VIII-B: EXTENDED FOSTER CARE

01/2011

Youth may choose to remain in foster care past the age of 18 for education, treatment, work, or other programs and services as determined appropriate by their Transitional Team. Room and board expenses cannot be paid for with Chafee funds for IV-E eligible youth who choose to voluntarily remain in foster care after age 18. Board payments must be made through title IV-E funds for eligible youth. Board payments for youth age 18 and older remaining in care and not in a foster home must be paid using State General Revenue funds.

In order to be eligible for extended foster care, youth must meet one of the following criteria:

1. Youth must have been in foster care at or before age 17, OR
2. Youth must have entered care at age 17 or after due to dependency-neglect, OR
3. Youth must have entered foster care at age 17 or after with a prior dependency-neglect status.

A copy of the youth's entire record will be made available to him or her at no cost at the final Transitional Team meeting which will occur within 90 days of youth's planned exit from care.

PROCEDURE VIII-B I: Extended Foster Care

01/2011

The Family Service Worker will:

- A. Consider the following issues with the youth:
 - 1) The school the youth will attend
 - 2) Living arrangements
 - 3) Choosing a sponsor
 - 4) Budgeted income/expenses
 - 5) Amount of board payment
 - 6) Start-up items
 - 7) Transportation needs
 - 8) Continued life-skills training
 - 9) Support needed to help youth remain in school
 - 10) Designating a health care power of attorney or health care proxy (if not already determined before entering extended foster care).
- B. Assist the youth in locating and choosing a sponsor who may be the youth's out-of-home provider, attorney ad litem, apartment manager/owner, or a volunteer from the community.
- C. Approve the sponsor chosen by the youth.
- D. Notify the TYS Coordinator of the youth's sponsor.
- E. Assist the youth and his or her Transitional Team in determining appropriate housing and needed support for the first school year. (If youth intends to reside with sponsor, he or she must be an approved placement.)
- F. Complete CFS-370: Residence Checklist for Youth.
- G. Notify Resource Worker to initiate the youth's monthly board payments when residence is selected.
- H. Develop a budget with the youth and share it with the Transitional Team.

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- I. Visit the youth face-to-face at least once a month.
- J. Obtain approval for less than twice-monthly visits from the County Supervisor, if appropriate.
- K. Maintain monthly contacts with the youth's sponsor. Contacts may be by telephone.

The youth's sponsor will, as appropriate:

- A. Attend and participate in Team Meetings.
- B. Assist the youth in selecting the independent living residence.
- C. Assist the youth with managing their budget if selected as board payment payee.
- D. Maintain regular contact with the youth.
- E. Notify the FSW and/or Transitional Team of any problems or concerns detected during the visit.

POLICY VIII-C: AFTER CARE SERVICES AND SUPPORT

01/2011

Chafee funds can be used to provide assistance and services to youth who have left foster care because they have attained 18 years of age and who have not attained 21 years of age. These services are called After Care. The youth must have been in foster care on his or her 18th birthday and not currently in DHS custody to be eligible for after care services and support.

In order to be eligible for after care, youth must meet one of the following criteria:

1. Youth must have been in foster care at or before age 17, OR
2. Youth must have entered care at age 17 or after due to dependency-neglect, OR
3. Youth must have entered foster care at age 17 or after with a prior dependency-neglect status.

After care support is generally limited to \$500 in any one month and may be requested for a total of \$2000. After care support may include expenditures for education or training programs, housing, insurance, housing set-up, transportation, utility bills, or utility deposits. After care support is paid to the provider, not the youth. Reimbursement may be made to the youth if documentation of the expense is provided. After care support does not include amounts available through ETV. Youth eligible for after care may also participate in life skills classes.

PROCEDURE VIII-C1: After Care and Follow Up

The TYS Coordinator will:

- A. Work with the youth requesting after care support. Request will be made via CFS-004: Request for After Care Support.
- B. Reopen the youth's closed child protective service case and assign the TYS Coordinator as the primary worker.
- C. Select Independent Living Program services as the case type.
- D. Complete the Contact screen for all contacts with youth, and update as appropriate.
- E. Complete Education and Employment screens, and update as appropriate.
- F. Update Client Contact Information and document names of life connections.
- G. Document the type and extent of financial assistance to be provided.
- H. Assist the youth in selecting a residence that is appropriate for his or her immediate needs, if needed.
- I. Complete a CFS-370: Residence Checklist for Youth to assure the residence and location are acceptable and document in the Document Tracking screen in CHRIS.

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- J. Provide the youth with available alternatives for meeting their immediate housing needs, if appropriate.
- K. Recommend and assist in arranging for personal or community support as requested.
- L. Assist the youth in applying for assistance if he or she wishes to start or continue a post-secondary educational program.
- M. Submit purchase requests for payment of allowable assistance and document in the Document Tracking screen. Payment is not made directly to the youth, except for approved travel reimbursement.
- N. Forward after care support requests to Financial Support Unit at least two weeks before payment is due.

CLEAN

PROCEDURE VIII-H8: Termination of Adoption Subsidy

01/2011

Termination of an adoption subsidy will occur:

- A. Upon the adoptive parent(s)' request.
- B. When the child reaches the age of 18.
- C. When the child reaches the age of 21, if he or she
 - 1) Has a mental or physical disability which warrants continuation and a federally-funded subsidy or state maintenance is received;
 - 2) Is completing secondary education or a program leading to an equivalent credential;
 - 3) Is enrolled in an institution which provides post-secondary or vocational education;
 - 4) Is participating in a program or activity designed to promote, or remove barriers to, employment;
 - 5) Is employed for at least 80 hours per month; or
 - 6) Is incapable of doing any of the above described activities due to a medical condition.
- D. Upon the child's death.
- E. Upon the death of the adoptive parent(s) of the child (one parent if a single parent family and both in a two-parent family).
- F. At the cessation of legal responsibility of the adoptive parent(s) for the child.
- G. If the Division determines that the child is no longer receiving support from the adoptive parent(s).

The Family Service Worker will notify the Adoption Support Specialist of any change in the adoptive family's circumstances, which would warrant termination of the adoption subsidy.

The Adoption Support Specialist will:

- A. In CHRIS:
 - 1) If adoption subsidy is terminated, change the Subsidy Ending Date on the Adoption Subsidy screen to stop the existing adoption subsidy.
 - 2) If there are other adoptive siblings with existing adoption subsidies, end-date the adoptive child's Involvement in Case selecting the appropriate reason on the Child's General Information screen.
 - 3) If there are no other adoptive siblings with existing adoption subsidies, close the adoption case on the Case Summary screen selecting the appropriate reason.
- B. Determine if termination of the adoption subsidy is necessary.
- C. Conduct a staffing with the Manager, Adoption Services Unit.
- D. Provide written notification to the adoptive parent to explain the reason for the termination of the adoption subsidy and the internal review procedures.
- E. Enter computer data to terminate the adoption subsidy.

POLICY X-A: HOME STUDIES AND SUPERVISION

01/2011

The Division will conduct home studies or provide supervision services when ordered by the juvenile division of the circuit court. The Division will also conduct home studies for cases in which DCFS is a party of the litigation and for Interstate Compact on the Placement of Children (ICPC) cases. A court order to conduct a home study is not required for cases in which DCFS is a party to the litigation or for ICPC cases. Requests for home studies on adoption cases requested from other states will only be conducted through ICPC.

The Division will not be required to conduct a court ordered home study, investigation or supervision related to private litigation cases (i.e. divorce, custody) unless the court has first determined that the responsible party is indigent, and the investigation, study or supervision is to take place within the state of Arkansas.

The following policy statements are in accordance to the Uniform Adoption Act. The Department or any licensed social worker shall conduct a home study before placement of a child in the home of the petitioner. Home studies on non-Arkansas residents may also be conducted by the person or agency in the same state as the person wishing to adopt as long as the person or agency is authorized under the law of that state to conduct home studies for adoptive purposes.

The Department of Human Services shall not be ordered by any court to conduct an adoptive home study, unless:

- A. The court has first determined the responsible party to be indigent OR the child to be adopted is the subject of an open dependency-neglect case and the goal of the case is adoption; and
- B. The person to be studied lives in the state of Arkansas.

The home study shall be prepared and submitted in conformity with regulations promulgated pursuant to the Child Welfare Agency Licensing Act § 9-28-401 et seq., as stated in PUB-04.

The home study shall not be waived when the case is a fast-track adoption of a Garrett's Law baby under A.C.A §9-9-702.

PROCEDURE X-A1: Guidelines for a Home Study

Upon receipt of a request for a home study, the Services Supervisor will:

- A. Assign the case to a Family Service Worker or, if it is a request to conduct a non-relative independent adoption study, forward the request to the Adoption Unit, Slot S565 for assignment to an Adoption Specialist.
- B. Contact OCC if an in-state court ordered home study request is received on a private litigation case that does not contain indigent language indicating the responsible party is unable to pay.

The Family Service Worker will:

- A. Contact the family by letter to advise of the request to conduct a home study. Enclose with the letter the appropriate forms to be completed by the family. The family will be advised to return the following completed forms to the worker within seven working days:

- 1) CFS-316: Request for Child Maltreatment Central Registry Check

- 2) CFS-342: State Police Criminal Record Check
 - 3) Three positive, confidential references
 - 4) Home study report
- B. Contact the family a second time if the family has not returned the completed forms within the seven-day period. Advise the family that the completed forms must be returned within five working days. If the family does not respond to the second request, the worker will send a letter to the requesting party advising that the family has not responded to efforts to conduct the home study. Completion of the home study should not proceed if the information forms are not completed. Any assistance in completion of the forms should be provided or arranged by the worker in situations of physical or mental disabilities or illiteracy.
 - C. Contact the family to schedule a home interview upon receipt of the completed forms.
 - D. Interview the family. Follow the guidelines as outlined in policy for completing a home study. The home study is to be completed within thirty working days of receipt of the request. Notify the requesting party if additional time will be required to complete the home study.
 - E. Forward the completed home study with a cover letter to the court and the requesting party if different. A copy of the home study will be retained in the county office case file.
 - F. In CHRIS:
 - 1) Enter the family as a Resource by completing the General Information screen, Status screen, and Homes screens.
 - 2) Close the family as a Resource on the General Information screen upon completion of the home study.

PROCEDURE X-A2: Content of the Home Study

- A. Purpose of the Home Study: Discuss the basis of the action and primary persons involved.
- B. Motivation: The individual's (individuals') motivation for opening his or her home.
- C. Household Composition: The full legal names of everyone residing in the home, birth dates, relationships to one another, and a brief physical description.
- D. Housing: Address and location, type of structure, length of time at residence, upkeep and housekeeping standards, future residence plans, and sleeping arrangements.
- E. Safety Hazards: An assessment of the safety of the home and grounds including water hazards, swimming pools, hot tubs, dangerous pets, and other hazardous items/areas.
- F. Income and Expenses: Employment history for the last six years (duration, salary, duties/title, degree of job security, hours), other sources of income, monthly living expenses, outstanding debts, and insurance. A recent check stub and the previous year's income tax return are required to verify income and employment.
- G. Health: Current health of each family member, prior illnesses or medical problems, disabilities, clinic or doctor utilized and frequency of use, counseling (when and purpose), and hospitalization for alcohol abuse, drug abuse, or mental illness.
- H. Education: Family members' educational attainment, future educational plans, parenting classes attended, child's school, child's teacher (verification with school personnel on how the child is doing, academically and behaviorally), child's current school grades, child's educational functioning, any school problems or successes experienced by the child.
- I. Child Care Arrangements or Plans: Current arrangement or proposed arrangement as it relates to their working hours and income.
- J. Child Rearing Practices: Purpose of discipline, correction methods, how they show affection, how they handle stress, allowance, chores, and homework.

- K. Daily Schedule: Routines, sleeping habits, feeding habits, personal hygiene habits and consistency with routine.
- L. Social History: Highlights and verification regarding action of marriages and divorces, children, relationships' support system, future plans, any significant extended family members not living in the home, and any significant personal, developmental, personality or legal problems.
- M. Family Activities: Religious interests, social organizations, activities with children, and family roles.
- N. Collateral and Reference Contacts: Discuss the results of contacts with the CFS-316: Request for Child Maltreatment Central Registry Check, CFS-342 (this check is required); State Police Criminal Record Check (this check is also required), school, child care providers, and reference letters for the home study. Any problems or concerns identified through collateral or reference contacts should be shared when appropriate with the family for clarification and further discussion.
- O. Impressions, Conclusions and Recommendations: Evaluate the family's situation and ability to provide for a child based on the information obtained during the home study.
- P. Approval: If the agency approves the foster parents(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.

PROCEDURE X-A3: Supervision Record

The Family Service Worker or Adoption Specialist will:

- A. In CHRIS, document services delivered and activities conducted on the Services Provided to Resource screen in Resource.
- B. Maintain a file containing the court order, correspondence, narrative and any forms.

S T A N D A R D S O F A P P R O V A L F O R F O S T E R H O M E S

**Arkansas Department of Human Services
Division of Children and Family Services**

Our mission is to keep children safe and help families.
DCFS will respectfully engage families and youth
and use community-based services and supports
to assist parents in successfully caring for their children.

We will focus on the safety, permanency,
and well-being for all children and youth.

CARE * COMMIT * CONNECT

PUB-22
Revised January 2011

STANDARDS OF APPROVAL FOR FOSTER HOMES

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STANDARDS OF APPROVAL FOR FOSTER HOMES

DEFINITION

A foster home is a private residence of one 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 24 hour basis, not to include adoptive homes.

Although the licensing standards' definition of a foster home does not include adoptive homes, DCFS foster homes and adoptive homes must meet the same licensing standards to comply with federal funding regulations.

DCFS is accredited by the Council on Accreditation.

AUTHORITY

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

STATEMENT OF POLICY AND PURPOSE

It is the policy of DCFS to promote and encourage the provision of safe and adequate foster care designed to meet all the needs of children when a child's biological/legal family is unable to provide adequate care. Therefore, the goal of the DCFS's foster home program is to provide an approved foster home for every child in care under supervision of the DCFS, as follows: The foster home placement should be the least restrictive, most family-like setting consistent with the child's special needs. It should be within close proximity to the child's parent/legal guardian, i.e., within 50 miles of the parental home.

The 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 foster home is considered to be a temporary situation until a permanent plan can be developed and implemented for the child in foster care. 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.

TYPES OF FOSTER HOMES

There are two types of foster homes: Regular Foster Homes and Provisional Foster Homes.

Regular Foster Homes

Regular foster homes are ones in which the foster parents agree to provide 24 hour care for a particular child in foster care. There will be an agreement between the child-placing agency and the 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 foster parents will be given pertinent information about the child in foster care. This includes 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 foster parents to reach out to the birth/legal parents. However, this outreach will be supervised by members of the reunification services team.

STANDARDS OF APPROVAL FOR FOSTER HOMES

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.

Regular foster homes may also elect to serve in the following roles:

Emergency Foster Home—This is a home where the foster parents agree to provide temporary, short-term care for any child who is referred by the child-placing agency at any hour of the day or night. Emergency referrals include children placed in emergency custody of the child-placing agency by the courts, children for whom the child-placing agency is searching for a suitable regular foster home, and children who must be removed from a foster home before another suitable foster home is located. Placements are of short duration, pending outcome of a court hearing or location of a suitable regular foster home or relative.

Informal Respite Home – This is a home that can provide temporary care when the Foster Family Support System (see Alternate Care) is unable to assist or for situations in which children will be outside of the foster home for more than 72 continuous hours and the FFSS is not approved to provide care for that period. An informal respite home may provide care for no more than seven continuous days at one time.

Provisional Foster Homes

In an effort to preserve family connections and expedite placement of children, the Division may place a child in foster care with a relative (“Relative” means a person within the fifth degree of kinship to the child by virtue of blood or adoption) if one has been identified and is appropriate. This type of placement is classified as a “Provisional Foster Home”. The purpose of opening a provisional foster home is to enable DCFS to make a quick placement for the child with a relative with whom a bond already exists. Once opened as a provisional home, DCFS staff works with the foster parents in that home to bring them into full compliance within a six month period. Provisional foster homes that are not in full compliance at the end of six months must be closed and the child(ren) removed or the relative must have been granted permanent custody by the court. Provisional foster homes shall not be paid a board payment until the relative meets all of the licensing requirements and DCFS standards, and is reclassified as a regular foster home.

The child is in the custody of the Department, therefore, the child shall remain in a licensed or approved foster home, shelter, or facility until the relative’s home is opened as a provisional home, regular foster home, or the court grants custody to the relative or other person after a written, approved home study is presented to the court.

Provisional foster homes must meet all provisional foster home requirements. These are a review of the home that includes a visual inspection, an expedited Child Maltreatment Central Registry check, an expedited State Police Criminal Record check, and a vehicle safety check.

STANDARDS OF APPROVAL FOR FOSTER HOMES

ALTERNATE CARE

Alternate care for children in out-of-home placement may be used to provide assistance to foster parents when circumstances requiring supervision by an appropriate adult other than the foster parents exist, e.g., if both foster parents work, during foster parent training, transporting a child in foster care for medical purposes, need for short-term, temporary care to provide relief to the foster parent from the on-going responsibility of care, etc. Alternate care options include the following:

Normal Age-Appropriate Activities – Children in foster homes should be encouraged to participate in normal age-appropriate activities such as overnight visits with friends, extra-curricular activities, church activities, and short-term summer camps. Foster parents shall exercise careful consideration when determining whether a child may participate in any normal age-appropriate activity. Foster parents shall notify the FSW if the child will spend more than 24 continuous hours outside the foster home when participating in said activities.

Child Care – Child care may be routinely provided as a part of an out-of-home placement case. Child care providers must be on the voucher system and licensed by The Division of Child Care and Early Childhood Education or on the Voluntary Child Care Registry. Every attempt should be made to place children in care in a quality child care setting.

Child care may also be provided as a part of an out-of-home placement case to provide assistance to foster parents for non-routine circumstances that relate to the retention and/or support of the foster home, such as foster parent training.

Babysitting – Babysitters may be used to provide occasional care for children in the foster home for no more than six continuous hours at one time. Foster parents shall exercise careful consideration when evaluating the character and competence of any individual asked to babysit. Babysitters shall not transport children. Background checks are not required.

Foster Family Support System – The Foster Family Support System (FFSS) may be comprised of up to three individuals or families identified by the foster family. FFSS members may provide care for children when the foster parent is unable to do so on the occasion of anticipated or unanticipated events. Foster parents shall exercise careful consideration when evaluating the character and competence of any individual asked to serve as an FFSS member.

Members of a Foster Family Support System may transport children and care for children in the foster home or in the home of the FFSS member. However, an FFSS member shall not provide care for more than 72 continuous hours at one time regardless of the location in which care is provided. Requests for longer periods of care provided by an FFSS member must be approved by the Area Director or designee. The FSW shall be notified when an FFSS member will provide care for more than 24 continuous hours. The Foster Family Support System shall not be used in place of respite care or as an out-of-home placement.

All prospective FFSS members must be cleared through a Child Maltreatment Central Registry Check and a State Police Criminal Record Check. The Division will request any other state where the prospective FFSS member has resided in the preceding six years to check its child abuse and neglect

STANDARDS OF APPROVAL FOR FOSTER HOMES

registry. The Division will provide documentation in the case record that the Child Maltreatment Central Registry and State Police Criminal Record Checks were conducted on the prospective FFSS member. The Division will check the driving record (violation points) for each potential FFSS member. The Arkansas State Vehicle Safety Program sets the maximum number of traffic violation points an FFSS member foster parent may be allowed. Documentation of at least one home visit for evaluation purposes is required of all prospective FFSS members.

Respite Care – When an FFSS member is not available to provide needed care on a short-term basis, respite care may be utilized in order to temporarily relieve the foster family of the ongoing responsibilities and stresses of care. There are two types of respite care:

- A. **Informal Respite Home**—See “Types of Foster Homes” section above.
- B. **Formal Respite Care** – A DCFS contract provider who supplies short-term care particularly when a child’s current placement is at risk of disruption and/or respite is needed to prevent a residential, Division of Youth Services (DYS), juvenile detention center, acute psychiatric, or similar placement. Formal respite care should be provided in accordance with a family-driven, youth-guided respite plan and in coordination with a child’s behavioral health treatment plan (if applicable). Formal respite care shall be provided for no more than seven days per three month period. Longer periods of formal respite care require approval from the Area Director or designee.

SELECTION

The Division is responsible for selecting a suitable foster home for each child placed in its care. The home must meet foster home standards and the individual child's needs for the duration of placement. The preferences of the foster parents in regard to selection of children in foster care for that home must be strictly adhered to. In order to have a suitable foster home for each child in foster care, to minimize the risks involved in placement of a child in foster care away from his own family, and to assure that the child in foster care will not be moved from one foster home to another 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 placements. It is necessary to have a sufficient number and variety of homes available and to improve the skills of existing foster parents through on-going training and supervision subsequent to pre-service training. Foster parents are required to have a minimum of 30 hours of pre-service training. Foster parents must complete CPR and First Aid training and receive certification in both areas prior to approval to become a foster parent. No placements can be made in the foster home until the foster parents have obtained CPR and First Aid certification. 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.

FOSTER HOME STANDARDS

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

STANDARDS OF APPROVAL FOR FOSTER HOMES

Standards are categorized as 1) Character, Suitability, and Qualifications for the Family Members and 2) Physical Standards for the Home. Standards are to be met by the family for the duration of their service as a foster home.

CHARACTER, SUITABILITY, & QUALIFICATIONS FOR THE FAMILY MEMBERS

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.

Personal characteristics: Foster parents must have the personal characteristics which enable them to assume the responsibility of caring for children in foster care. These personal characteristics include:

- 1) The capacity to love and care for children and respond to children's needs;
- 2) The capacity and willingness to give love, affection, and care to a child without expecting the child to return this love and affection;
- 3) The willingness to allow for socialization of the child in foster care with his/her peers;
- 4) Flexibility in their expectations, attitudes, and behavior in relation to meeting the needs of children;
- 5) Ethical standards and values which are conducive to the well-being of children;
- 6) The ability to accept a child's background without passing moral judgment on the child or the child's birth/legal family;
- 7) The ability to accept a child's relationship with his or her birth/legal family;
- 8) 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 children in care and their families of origin;
- 9) Emotional stability, including a satisfactory method of handling angry feelings;
- 10) 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;
- 11) 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;
- 12) An acceptance of their own childhood experiences. An absence of any qualities which indicate that the foster parent could abuse children;
- 13) The capacity to absorb the presence of a child in care without undue disruption to their own family life. The ability to cope with the departure of the child in foster care; and
- 14) 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: Applicants shall be age 21 or older. Applicants shall not be approved as a foster home if one or both spouses are under the age of 21.

An Alternative Compliance must be obtained if one or both applicants are age 65 or older or when one or both spouses of a currently opened foster home reaches age 65.

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

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emotional health conditions which would adversely affect the welfare of a child in foster care. A psychological examination may also be required. All members of the household older than 12 years shall receive an annual skin test for tuberculosis, as long as test results remain negative. All household members with a positive test must provide documentation from a physician every two years certifying that he or she is free from communicable tuberculosis. Documentation will be via the CFS-478 (Physician's Report).

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

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.

Foster parents 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 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 foster parent that does not interfere with the 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 their personality and whether it may have significance to a specific child in foster care.

Family Composition: In an effort to provide a high-level of support for children in foster care, two parent homes comprised of a mother and a father are encouraged. Both the mother and father should demonstrate a strong commitment to fostering.

Single parent households are welcome particularly for those children whose need for a two-parent household is not a crucial aspect of the care required.

All foster parents should have a strong support system in order to assist them in their role as foster parents and, in turn, better serve children in foster care. Applicants with professional training, such as nurses, may be desirable for special needs children. Other adults (grandparents, aunts, etc.) and children who are a part of the household shall be assessed regarding how they may be affected by the presence of a child in foster care and also the effect they themselves may have on the child in care.

Homes will not be approved if there are transient roomers or boarders. The family may not consist of two persons who are cohabiting as sexual partners outside of a marriage which is valid under the constitution and the laws of this state. This prohibition applies equally to cohabiting opposite and same-sex individuals. Additionally, there may not be any other adults in the home cohabiting with a sexual partner outside of a marriage which is valid under the constitution and laws of this state.

Marriage Verification and Stability: Marriages and divorces shall be verified. The pattern of marital stability shall be considered. Prospective foster parents must provide a copy of their marriage license to verify marriage. Foster parents must have a stable marriage. Not only will the unstable marriage have a negative effect on

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children in foster care placed in the home, but the special problems of some children in foster care could contribute to the break-up of an already unstable marriage. A person who is divorced must provide verification of that divorce and must be divorced for at least one year from the date on the court order (i.e., verification of any divorces that were finalized in the preceding year only are required). A person who is widowed must provide verification that they have been widowed for at least one year. Couples who are separated may not apply to be foster parents.

In situations where existing foster parents plan to divorce, a reevaluation shall be conducted on the family to determine if the family still meets all other licensing standards to ensure the health and safety of the children placed in the home.

In situations where an existing single foster parent plants to marry, a reevaluation shall be conducted on the family. DCFS staff must ensure that the future spouse is interviewed to discuss his/her compliance with the "Personal Characteristics" as outlined in this publication. The intended spouse must complete and pass all background checks. All unmarried foster parents must be advised at their approval orientation to notify the division as soon as they are aware of any plans to marry so that the application process can be initiated on the intended spouse.

Maximum Capacity: When all children in care are from the same sibling group, there will be no more than eight children physically in the home (including the foster parent's biological children and any other children who normally reside in the home of the foster family). The foster home shall not have more than five unrelated minor children in care.

Including the foster parents' biological children, the foster home may have no more than two children under the age of two and no more than three children under the age of six.

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

Eight related children from the same sibling group may be placed together in the same foster home. In this instance, the total number of the foster parent's children who reside in the home will determine the number of children from one sibling group that may be placed together in the home.

For example:

- One biological child and seven children in care from the same sibling group
- Two biological children and six children in care from the same sibling group
- Three biological children and five children in care from the same sibling group

In addition, the number of children in a foster home will be determined by the stamina, capacities, and skills of the foster parents, by physical space available for children, and by the 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 children in foster care) in the home that are not their birth children or relatives. Foster parents shall not keep children for more than one

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child-placing agency. Foster parents will not provide babysitting or child care services for other children on a regular basis in their home.

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

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

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

Education: The level of formal education attained by the foster parent applicants shall be sufficient to allow them to function in their community, in their employment, and in their home. For example: 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 children in their care. Foster parents shall have a positive attitude toward both academic and vocational education and be willing to meet the child's individual needs.

Financial Stability: The family shall have sufficient, reliable income to assure the family's stability and security, without a board payment. The foster family shall provide documentation (a copy of the previous year's income tax return) of sufficient financial resources to meet their needs. A copy of their tax return 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 children in foster care is not a profitable venture.

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 child in foster care for as long as necessary after placement to provide security and initial adjustment for the child in care. Careful consideration will be made before infants and preschool children are placed in a home where both 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 children in foster care 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.

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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 foster parents' time by overtime work, revolving shifts, etc., are considered pertinent to their ability to provide adequate care for a child in foster care.

At no point shall foster homes also serve as licensed Child Care Facilities. There shall be no exceptions.

Criminal Record and Child Maltreatment Central Registry Check: Foster parents and all members of the household 10 years of age and older, excluding children in foster care, shall consent to a Child Maltreatment Central Registry Check in all the states in which the applicant or household member has lived in the past 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 years on all persons required to have the check.

An FBI fingerprint-based Criminal Background Check will be conducted on foster parents and any other members of the household 18 years of age or older, excluding children in foster care. This check need not be repeated.

Foster parents and all members of the household age 18 or older, excluding children in foster care, shall consent to the Division making an Arkansas State Police Criminal Record Check. The Division shall repeat an Arkansas State Police Criminal Record Check every two years on any person required to have the check. This is required by the Minimum Licensing Standards for Child Welfare Agencies (PUB-04).

The members of the household shall be free of criminal convictions for offenses listed in ACA § 9-28-409. These offenses include: capital murder, 1st or 2nd degree murder, manslaughter, negligent homicide, kidnapping, false imprisonment in the first and second degrees, permanent detention or restraint, battery in the 1st, 2nd or 3rd degree, aggravated assault, assault in the 1st or 2nd degree, terroristic threatening in the 1st or 2nd degree, any sexual offense, permitting abuse of a child, endangering the welfare of a minor in the 1st or 2nd degree, contributing to the delinquency of a minor, engaging children in sexually explicit conduct for use in visual or print medium, transportation of minors for prohibited sexual conduct, use of a child or consent to use of a child in sexual performance, and producing, directing, or promoting sexual performance by a child; incest, interference with visitation, interference with custody, engaging in conduct with respect with controlled substances, distribution to minors, public display of obscenity, prostitution, promoting prostitution, criminal attempt, criminal complicity, criminal solicitation, criminal conspiracy, any felony or misdemeanor involving violence, threatened violence or moral turpitude, and former or future law of this or any other state or of the federal government which is substantially equivalent to one of the aforementioned offenses.

In addition, any felony conviction for physical assault or battery or a drug-related offense will disqualify a prospective foster or adoptive parent if the offense was committed within the past five years.

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Vehicle Safety Check: DCFS will check the driving record (violation points) for each potential foster parent and other applicable members of the household. The Arkansas State Vehicle Safety Program sets the maximum number of traffic violation points a foster parent may be allowed.

Knowledge of Child Growth and Development: The foster parents must have a working knowledge of child growth and development. This must include knowledge of child care, 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.

Corporal punishment is not allowed in a DCFS Foster Home. Foster parents are expected to use time-outs, denial of privileges, and explanation of expectations, etc., as disciplinary measures.

The care and development of the child shall be maintained as follows:

Daily Activities

- 1) Foster parents 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) Foster parents shall cooperate with the Division to help the children in foster care 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 child in care that includes periodic photographs of the child and a record of the child's memberships, activities, and participation in extracurricular school or church activities. Family foster parent(s) shall ask children in their care to assume work responsibilities reasonable for their age and ability and commensurate with those expected of their own children.

Clothing and Personal Belongings

- 1) Foster parents shall, with the assistance of the Division, provide each child in foster care with his/her 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 children in foster care in the selection of their own clothing whenever possible and appropriate.
- 3) Foster parents shall allow children in foster care to bring their personal belongings to the foster home and acquire additional belongings.
- 4) Foster parents shall send all personal clothing and belongings with the children when they leave the foster home.

Discipline and Control

- 1) Foster parents shall train and discipline children with kindness and understanding.
- 2) Foster parents 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) Foster parents shall teach and train each child with techniques that stress praise and encouragement; discipline should be positive rather than negative.
- 4) Foster parents shall not subject children to verbal abuse, derogatory remarks about themselves or family members, or threats of removal from the foster home.
- 5) Methods of discipline that are unacceptable for use by foster parents with children in foster care include but are not limited to:

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- 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 spanking hitting, pinching, pulling hair, slapping, kicking, twisting arm, forced fixed body positions, etc.
- c. A foster parent and DCFS can never give permission to the school to spank.
- d. Denial of meals, clothing, shelter, withholding implementation of the case plan, or any denial of basic rights.
- e. Denial of visits, telephone, or mail contacts with family members.
- f. Assignment of extremely strenuous exercise or work.
- g. Locked isolation of any kind.
- h. Punishment of any kind for poor toilet habits.

Health Care

- 1) Foster parents shall cooperate with the Division in medical and dental care planning for the child in foster care.
- 2) Foster parents shall make medical and dental appointments as needed. 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 foster parent shall be available by telephone to the person conducting the screening. The foster parent shall consult with the health care provider about the child's health care needs.
- 3) Foster parents with whom the child is placed should be involved in the comprehensive health assessment of the child.
- 4) Foster parents 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 Directors may grant a waiver in situations where provisional foster families have been recruited specifically for a child. Foster parent shall be responsible for arranging transportation for children in foster care to all necessary medical and dental appointments. The Division shall provide assistance as needed.

Education

- 1) Foster parents shall enroll each school-age child in an accredited school within five school days of the placement of the child.
- 2) Foster parents 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 child in foster care 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.

Religious and Ethnic Heritage

- 1) Foster parents shall recognize, encourage, and support the religious beliefs, ethnic heritage, and language of a child and his/her family.
- 2) Foster parents 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.

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- 3) Foster parents shall not coerce children into participation in religious activities or ethnic events against their will.

Acceptance of Division Regulations

- 1) The foster parents must abide by the policies of the child placing agency and accept the Division's supervision.
- 2) Foster parents should strive to provide continuous care for the 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 foster parents that a placement is not appropriate.

PHYSICAL STANDARDS FOR THE HOME

Accessibility of the Home: The foster home shall be accessible throughout the year to fulfill the needs of the child in foster care, and to ensure access to 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 foster parents' ability to transport the child for medical care, etc., should that be needed.

Neighborhood: The neighborhood/community in which the foster home is located will be one which is accessible. It will provide a healthy environment and be free from health hazards, dangerous objects accessible to children, and incidents of violent crime.

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 children in foster care in the home.

General Appearance of the Home: The home shall be free from physical and health hazards.

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. The number of children in foster care placed in a 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 Provisional Foster Homes.

Sleeping Arrangements

- 1) A child in foster care must sleep in a bedroom.
- 2) A child in care 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.
- 3) Children of the opposite sex shall not share the same bedroom if either child is four years old or older, except for a mother in foster care with her child.
- 4) No children shall share a double bed if either child is four years old or older.

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- 5) No child under age six shall occupy a top bunk.
- 6) Each child shall be provided with clean bedding, in good condition, that shall be laundered at least weekly, or as needed.
- 7) Children in foster care, except infants under age two years, shall not share a sleeping room with adults.
- 8) No more than four children shall share a bedroom.
- 9) There shall be 50 square feet of space per child in his/her bedroom.
- 10) Each bedroom used for children in foster care shall have a window large enough to exit through to the outside. Bars, grilles, grates, or other items that block access to the window are permitted only if they can be removed from the inside without the use of a key, tool, or force greater than that required for normal operation of the window. In this event, each such bedroom must have a working smoke detector in the bedroom.

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.

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 any storage area. Specific qualities to check for include:

- 1) The home shall be reasonably clean and sanitary.
- 2) The home shall have adequate light, heat, ventilation, and plumbing for safe and comfortable living.
- 3) Bedrooms shall have windows which provide natural light and ventilation.
- 4) 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.
- 5) Cleaning supplies, insecticides, gasoline, hazardous tools, knives, guns, etc., shall be stored out of reach of children or kept in locked closets or drawers.
- 6) Guns must be unloaded and stored in a secure, locked location separate from ammunition.
- 7) All over-the-counter medications shall be stored in an area not readily accessible to children and all prescription medications shall be locked. Foster parents shall be aware of possible side effects of all medications and shall administer medications only in accordance with directions on the label. All medication shall be logged by the foster parent at the time the medication is given. The medication logs shall include:
 - a. Child's name
 - b. Time and date
 - c. Medication and dosage
 - d. Initials of the person administering the medication
- 8) 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.
- 9) 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 or safety hazard.
- 10) 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

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detectors maintained in good working order at all times. There also shall be a chemical fire extinguisher in the cooking area.

- 11) 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.
- 12) Exterior doors shall not be blocked to prevent easy exit. Neither shall interior doors or halls be blocked or cluttered to prevent easy passage.
- 13) The family shall have a plan for taking shelter during a storm.
- 14) 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.
- 15) Yards shall be free of dangerous debris, trash, uncovered cisterns, etc.
- 16) 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.
- 17) Mobile homes used as 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.
- 18) 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.
- 19) All household pets shall have proof of current rabies vaccinations.

Fire Safety

- 1) Foster parents living in apartment buildings shall give evidence that the building has been approved for building and fire safety within the last two years.
- 2) Foster parent shall have an evacuation plan and shall share it with each child. They shall conduct fire drills at least quarterly during each year. 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 foster home record. This documentation shall reflect:
 - a. The date and time of the drill;
 - b. The persons participating in the drill; and
 - c. The length of time needed to clear the home.
- 3) The home shall have at least two exterior doors situated to provide safe exit or the home shall have a written statement from the Fire Department that the alternative escape route is approved. This approval shall be kept in the foster home case record.
- 4) There shall be a drawn escape plan which shall be posted within the home that outlines the exits in the home.

Telephone: The home shall have an operational telephone. Working cell phones kept on the premises are acceptable. The phone shall be accessible to children.

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Alternative Compliance & Policy Waiver Requests

DCFS bases its standards of care and character on the Child Welfare Agency Licensing Act (CWALA). If it is believed that a foster parent applicant possesses special abilities or circumstances which would make them good foster parents in spite of their inability to meet a standard, the county office may request an approval for alternative compliance or a policy waiver.

An **alternative compliance** is a request for approval from the Child Welfare Agency Review Board (CWARB) to allow a licensee to deviate from the letter of a regulation, provided that the licensee has demonstrated how an alternate plan of compliance will meet or exceed the intent of the regulation. What is proposed as an alternative to compliance with policy or standards will comply with the intent, if not the actual requirement.

Child Welfare Licensing requirements state, "Any person who is required to have a criminal check under the law and who pleads guilty or nolo contendere to, or is found guilty of any of the offenses listed in the licensing standards unless the conviction is vacated or reversed, shall be presumed to be disqualified to be an owner, operator, volunteer, foster parent, adoptive parent, member of an agency's board of directors, student intern, or employee in a child welfare agency after the completion of his or her term of confinement, probation, or parole supervision. This presumption may be rebutted in the following manner:

- 1) The applicant must petition the board to make a determination that the applicant does not pose a risk of harm to any person;
- 2) The applicant shall bear the burden of making such a showing; and
- 3) The board in its discretion may permit an applicant to be an owner, operator, volunteer, foster parent, adoptive parent, member of an agency's board of directors, or an employee in a child welfare agency notwithstanding having been convicted of an offense listed upon making a determination that the applicant does not pose a risk of harm to any person served by the facility.

In making this determination, the board shall consider the following factors:

- 1) The nature and severity of the crime.
- 2) The consequences of the crime.
- 3) The number and frequency of crimes.
- 4) The relation between the crime and the health, safety, and welfare of any person, such as:
 - a. The age and vulnerability of victims of the crime.
 - b. The harm suffered by the victim.
 - c. The similarity between the victim and persons served by a child welfare agency.
 - d. The time elapsed without a repeat of the same or similar event.
 - e. Documentation of successful completion of training or rehabilitation pertinent to the incident.
 - f. Any other information that bears on the applicant's ability to care for children or any other relevant information.

The following crimes require an Alternative Compliance:

- 1) Felony Hot Checks
- 2) Animal cruelty;
- 3) Manslaughter (misdemeanors only, regardless of when it occurred; felonies for this crime cannot receive an Alternative Compliance);

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- 4) Negligent homicide (misdemeanors only, regardless of when it occurred; felonies for this crime cannot receive an Alternative Compliance);
- 5) False imprisonment;
- 6) Permanent detention or restraint;
- 7) Battery in the 1st, 2nd, or 3rd degree (misdemeanors only, regardless of when it occurred; felonies for this crime cannot receive an Alternative Compliance unless the conviction has been over 5 years ago);
- 8) Aggravated assault (misdemeanor only, regardless of when it occurred; felonies for this crime cannot receive an Alternative Compliance unless the conviction was over 5 years ago);
- 9) Assault in the 1st or 2nd degree (misdemeanors only, regardless of when it occurred; felonies for this crime cannot receive an Alternative Compliance unless the conviction was over 5 years ago);
- 10) Terroristic threatening in the 1st or 2nd degree;
- 11) Contributing to the delinquency of a minor;
- 12) Interference with visitation or custody;
- 13) Engaging in conduct with respect to controlled substances (misdemeanors only, regardless of when it occurred; felonies for this crime cannot receive an Alternative Compliance unless the conviction was over 5 years ago);
- 14) Distribution of illegal substances to minors;
- 15) Public display of obscenity;
- 16) Prostitution or promoting prostitution in the 1st, 2nd, or 3rd degree;
- 17) Computer exploitation;
- 18) Criminal attempt, criminal complicity, criminal solicitation, or criminal conspiracy.

The board's decision to disqualify a person from being an owner, operator, volunteer, foster parent, adoptive parent, member of an agency's board of directors, or an employee in a child welfare agency under this section shall constitute the final administrative agency action and shall not be subject to review.

The DCFS Director will review all available information concerning a request for an Alternative Compliance to ensure that enough documentation is available to comply with the above requirements.

A **Policy Waiver** is a request to deviate from the letter of the DCFS Policy, procedures, and standards. Policy waiver requests are approved by the DCFS Director. All misdemeanor convictions require a policy waiver, including hot checks, shoplifting, DUI and DWI.

All policy waiver and alternative compliance requests will be approved or denied based on the individual circumstances of the foster parent applicant. Safety and welfare of the child(ren) involved will be paramount.

If a foster parent or applicant has questions or concerns regarding alternative compliance or waiver requests, they should consult their Resource Worker.

APPROVAL OF FOSTER HOMES

A foster home assessment shall be completed to determine that applicants meet established standards for 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 child in care in that foster home.

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The objective of the 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 foster parents.

The 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, specifically the water supply and sewage disposal system, if it comes from a source other than city water. Annual testing of the water supply is required.
- C. 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 parents 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 foster parents will be strictly adhered to by the Division.
- F. A Child Maltreatment Central Registry Check of the foster parents and any other persons age 10 or older residing in the home, excluding children in foster care. This check must be made prior to approval and shall be repeated thereafter every two years.
- G. A State Police Criminal Record Check on all persons age 18 and older residing in the home, excluding children in foster care. This check must be made prior to approval and shall be repeated thereafter every two years.
- H. A fingerprint-based FBI Criminal Background Check on all persons age 18 and older living in the home, excluding children in foster care. This check must be made prior to approval and need not be repeated thereafter.

DENIAL OF A FAMILY FOSTER HOME

Any applicant who does not meet all standards for approval as a 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 children in foster care. No standard contained in PUB-04: Minimum Licensing Standards for Child Welfare Agencies 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.

APPROPRIATE SELECTION AND PLACEMENT

Applicants who meet standards established for foster homes shall be selected for placement of children in foster care when the child's individual needs can be met by that family. An individualized training plan shall be developed for the foster parents that takes into consideration the age and characteristics of children for whom the foster parents have expressed preferences. It shall be recognized that each family has special

STANDARDS OF APPROVAL FOR FOSTER HOMES

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 children in care 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:

- A. Expectations and responsibilities of the Division, the staff, and the foster parents.
- B. Services to be provided.
- C. Financial arrangements for the children placed in the home.
- D. Authority the foster parents can exercise for the children placed in their home.
- E. Actions that require Divisional staff authorization.
- F. Legal responsibility for damage or risk resulting from children in their home.
- G. The Division's process and procedures for investigating complaints.
- H. 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.)

REEVALUATION OF A FOSTER HOME

The Family Service Worker will monitor the foster home at least quarterly for continued compliance with the standards of approval for foster homes. The Family Service Worker shall formally complete CFS-475: Checklist for Compliance on the foster family every three months and will file the completed form in the foster home record. The Family Service Worker or agency designee will formally complete Section F (On-going Monitoring) of the CFS-475. Foster homes must be reviewed annually; i.e., no later than the anniversary month of the 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 parents maintained current certification in both CPR and First Aid. Any foster home that does not continue to meet standards will be closed for placement of children in foster care.

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

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

RESPONSIBILITIES OF THE DIVISION

- A. The Division shall be responsible for selecting a foster home specifically trained and suited to a child's special needs.
- B. The Division shall be responsible for the proper implementation of a permanent plan for a child.
- C. The Division shall supervise all children in foster care placements. Children in out-of-home placement will be visited regularly and such visits will take place no less than weekly for the first month of

STANDARDS OF APPROVAL FOR FOSTER HOMES

placement into foster care or a new foster home. Visitation after the first month in care will occur monthly in the foster home, with the worker maintaining weekly contact with the child through the following settings: school, parental visits, during transportation to medical appointments, court hearings or via telephone. Visits may be scheduled or unannounced. 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.

- D. The Division shall evaluate the specific strengths, needs, preferences, and experience of each 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 foster parents' own family life. No child may be placed in a foster home in violation of the limitations established in this assessment or the foster parents' preferences.
- E. The Division shall make training available to the foster parents. Training will be at times and locations that will enable the foster parents to meet their training requirements. Assistance to the foster parents with reimbursement for transportation and child care shall be provided by the Division, as needed.
- F. The Division shall provide support services, such as emergency, respite care, child care, transportation, crisis and after-hours intervention, counseling, and foster parent mentors for the 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.
- G. The Division shall not place children with any foster parents who have not satisfactorily completed the required 30 hours of pre-service training.
- H. The Division shall not place children with any foster parent who has not satisfied the annual in-service training requirement of 15 hours that comes due at the end of the second year. The Division may make an exception for any foster parent whose annual in-service training hours are no more than 60 calendar days overdue.
- I. 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 child in foster care to the foster parents. Foster parents shall be provided with the following information for every 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 healthcare information regarding the child becomes available a.
 - b. The child's Client Medical and Psychological Information (CFS-6012) completed within seven days of the Comprehensive Health Assessment and provided to foster parents within five days of completion or revision.
 - c. The Child's Health Plan (CFS-369) completed within 14 days of completion of the Comprehensive Health Assessment and provided to 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.

STANDARDS OF APPROVAL FOR FOSTER HOMES

- 7) CFS-462: Initial Foster Home Agreement
- 8) CFS-462A: Foster Home Agreement Addendum
- J. The foster parents shall be notified of all staffings and judicial reviews for children in foster care placed in their home. Foster parents shall be provided the opportunity to have input in shaping the case plan. 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. While foster parents are responsible for the day-to-day care of children placed in their home, DCFS retains legal responsibility for supervision, decision making, and assuring continuity of care for the child.
- K. All child maltreatment allegations concerning any person in a foster home shall be investigated in accordance with the Child Maltreatment Act § 12-18-602.

If any child in foster care is the subject (alleged offender or alleged victim) of an allegation of child maltreatment, the Division shall notify the child's family, the OCC attorney, Child Abuse Hotline, the CASA, and the attorney ad litem. The attorneys ad litem for all other children placed in the home shall be notified as well. The safety and welfare of any children in foster care shall be paramount.

Priority I Allegations: For all Priority I allegations, if the alleged offender is a foster parent or any other member of the foster family household, then all the children in foster care in that home will be removed from that foster home. If the alleged offender is a child in foster care, then the alleged offender child will be removed from that home and placed in a foster home without any other children.

Priority II Allegations: When any foster home is the subject of a Priority II child maltreatment allegation, an evaluation will be conducted on an individual basis to determine if the child(ren) can safely remain in the home during the investigation. If it can be shown that it is in the best interest of any of the children currently placed in that foster home, a protection plan may be considered to allow any or all of the children in foster care to remain in a home involved in a maltreatment report. If the safety and welfare standards of the Division cannot be met, and the children cannot safely remain in the home, the children in care shall be removed and placed in another approved foster home.

While any foster home is being investigated because of a maltreatment allegation, Priority I or II, no additional children in foster care may be placed in the home.

If the Priority I or II allegation report is unsubstantiated, consideration will be given to returning any children who were removed from the foster home as a result of the allegation. This will be determined by holding a staffing so that all stakeholders may have input. The decision made shall depend on the best interest of the child.

If the report of Priority II maltreatment is an investigative true finding, the protection plan must be reevaluated if the children are allowed to remain in the home during the hearing process.

For all investigative determinations where allegations of Priority II child maltreatment are found true and up-held by the administrative hearing, the well-being of each child who is in the home will be re-assessed on an individual basis. If it can be shown that it is in the best interest of any child to remain in that home, then a waiver or alternative compliance, depending on the situation, may be considered so that the home may remain open to care for that child.

STANDARDS OF APPROVAL FOR FOSTER HOMES

In cases where the foster home is allowed to remain open, if the foster parents wish to be considered for the placement of additional children, an Individualized Training Plan shall be developed and completed before any additional child is considered for placement in that home.

- L. The Division shall continually monitor the appropriateness of the placement.

RESPONSIBILITIES OF THE FOSTER PARENTS

- A. Foster parents shall comply with the objectives of the foster home program by providing care and supervision in a family environment for every child in foster care 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. Foster parents shall recognize that foster care is a temporary arrangement until a permanent plan can be established and implemented. Foster parents shall cooperate with the Division by respecting the rights of the 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 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. Foster parents shall agree to provide a home for the child in care as long as that placement is appropriate for the child.
- C. Foster parents shall provide continuous care for any child placed in their home until the permanent plan can be implemented, unless there is agreement between the Division and the foster parents that the placement is not appropriate.
- D. Foster parents shall agree to participate in pre-service and in-service training programs for foster parents, as specified by policy.
- E. Foster parents shall provide direct care and have decision-making authority concerning the child's daily living. However, they cannot make independent major decisions that have far-reaching effects on the 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.
- F. Foster parents shall provide reasonable opportunities for mail/phone contact and visits with parents/legal guardians and with siblings.
- G. Foster parents shall notify the Division immediately of serious illness, accidents, or any unusual circumstances affecting the health, safety, physical, or emotional well-being of the child in foster care.
- H. Foster parents shall share the primary responsibility of helping children in foster care who are age appropriate to develop independent living skills along with the child's assigned Family Service Worker.
- I. Foster parents shall sign an agreement with the Division to provide foster care, CFS-462: Initial Foster Home Agreement, and a separate agreement for each child in foster care placed in the home, CFS-462A: Foster Home Agreement Addendum.
- J. The foster parents shall respect the rights retained by the birth/legal parents and the Division.
- K. Foster parents shall maintain absolute confidentiality of private information about the child in their care 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

STANDARDS OF APPROVAL FOR FOSTER HOMES

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. Foster parents shall make every effort to give the Division advance notice if it becomes necessary to request removal of a child placed in their home. When a foster parent requests a child in foster care be removed from their home, excluding an emergency that places the child or a family member at risk of imminent harm, the foster parent must attend a staffing to discuss what services or assistance may be needed to stabilize the placement. The staffing will be held within 48 hours of notification by the foster parent to have the child removed from their home. The child in foster care, the child's attorney ad litem, and a CASA, if appointed to the case, shall be notified so that they can attend and participate in the staffing and planning for the child's placement. If the placement cannot be stabilized, the foster parent will continue to provide for the child in care until an appropriate alternative placement is located, but this shall not be longer than five business days after the staffing. These efforts will serve to reduce the number of placements of children in foster care.
- M. Foster parents shall maintain records in accordance with Division procedures and forms for the children placed with the family. This includes both health and progress records.

FOSTER PARENT LIABILITY

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

Any claims that are not covered by home owner's insurance for damages or destruction to a foster parent's personal property 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 parents or the individual can request the appropriate application to submit a claim by contacting the Arkansas Claims Commission, 101 E. Capitol Ave., Suite 410, Little Rock, Arkansas 72201, Phone (501) 682-1619.

Prior to filing a claim with the Claims Commission, the foster parents or the individual will need to contact the local DCFS 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.

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 children in foster care, nor shall they be liable to the children in care nor to their parents or guardians of the children placed in their home for injuries to the children in foster care caused by acts or omissions of the family foster parents unless the acts or omissions constitute malicious, willful, wanton or grossly negligent conduct."

STANDARDS OF APPROVAL FOR FOSTER HOMES

DCFS 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 _____

FOSTER PARENT RESOURCE WORKER _____

Work Phone _____

Emergency Phone _____

DCFS AREA DIRECTOR _____

Work Phone _____

Emergency Phone _____

FOSTER PARENT HANDBOOK

**Arkansas Department of Human Services
Division of Children and Family Services**

Our mission is to keep children safe and help families.
DCFS will respectfully engage families and youth
and use community-based services and supports
to assist parents in successfully caring for their children.
We will focus on the safety, permanency,
and well-being for all children and youth.

CARE * COMMIT * CONNECT

PUB-30
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ABOUT THIS HANDBOOK

This handbook has been prepared to provide foster parents with information they will need to become a foster family and to maintain standing as a foster family. This handbook contains the standards that are required for a family to become approved to operate as a foster home and information about the role of a foster family. Please read this entire handbook to be familiar with the standards for which a family is responsible, and to ensure the family's continued compliance. Please contact the designated resource worker with questions about compliance or any of the licensing standards.

This handbook is only a reference guide. Contact your local DHS County Office for clarification and interpretation of any information provided in this publication.

INTRODUCTION

The Division of Children and Family Services (DCFS) is a licensed Child Welfare Agency and all of its approved foster homes must be in compliance with all licensing requirements. The Child Welfare Licensing act defines a "Foster Home" as private residence of one or more family members that receives from a child placement agency any minor child who is unattended by a parent or guardian in order to provide care, training, education, custody or supervision on a 24 hour basis, not to include adoptive homes (see PUB-04: Minimum Licensing Standards for Child Welfare Agencies). Although the licensing standards' definition of a foster home does not include adoptive homes, DCFS foster and adoptive homes must meet the same licensing standards to comply with federal funding regulations.

Foster Care is a program designed to provide a substitute family life experience in a DCFS approved foster home, provisional 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 and supportive environment in which to grow.

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 foster parents, the child in foster care, 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 improved.

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

Because of differences in responsibilities and perspectives, conflicts may arise. How well conflicts are worked

TYPES OF FOSTER HOMES

There are two types of foster homes: Regular Foster Homes and Provisional Foster Homes.

Regular Foster Homes

Regular foster homes are ones in which the foster parents agree to provide 24 hour care for a particular child in foster care. There will be an agreement between the child-placing agency and the 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 foster parents will be given pertinent information about the child in foster care. This includes 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 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.

Regular foster homes may also elect to serve in the following roles:

Emergency Foster Home - This is a home where the foster parents agree to provide temporary, short-term care for any child who is referred by the child-placing agency at any hour of the day or night. Emergency referrals include children placed in emergency custody of the child-placing agency by the courts, children for whom the child-placing agency is searching for a suitable regular foster home, and children who must be removed from a foster home before another suitable foster home is located. Placements are of short duration, pending outcome of a court hearing or location of a suitable regular foster home or relative.

Informal Respite Home – This is a home that can provide temporary care when the Foster Family Support System (see Alternate Care) is unable to assist or for situations in which children will be outside of the foster home for more than 72 continuous hours and the FFSS is not approved to provide care for that period. An informal respite home may provide care for no more than seven continuous days at one time.

Provisional Foster Homes

In an effort to preserve family connections and expedite placement of children, the Division may place a child in foster care with a relative (“Relative” means a person within the fifth degree of kinship to the child by virtue of blood or adoption) if one has been identified and is appropriate. This type of placement is classified as a “Provisional Foster Home”. The purpose of opening a provisional foster home is to enable DCFS to make a quick placement for the child with a relative with whom a bond already exists. Therefore, a provisional home may be opened before the results of the FBI Background Check are received, before the provisional foster parents have completed the pre-service training, and before a full home study is finished (however a walkthrough of the home is required before placement in a provisional home). These are the only differences in approval requirements, including minimum licensing requirements, between provisional foster homes and regular foster homes in Arkansas.

Once opened as a provisional home, DCFS staff works with the foster parents in that home to bring them into full compliance within a six month period. Provisional foster homes that are not in full compliance at the end of six months must be closed and the child(ren) removed or the relative must have been granted permanent custody by

the court. If the home is opened as a regular foster home, the foster parents may then request to care for non-relative children in foster care with the understanding that additional evaluation of their home would be required to ensure that it would be an appropriate placement for non-relative children. Provisional foster homes shall not be paid a board payment until the relative meets all of the licensing requirements and DCFS standards, and is reclassified as a regular foster home.

The child is in the custody of the Department, therefore, the child shall remain in a licensed or approved foster home, shelter, or facility until the relative's home is opened as a provisional foster home, regular foster home, or the court grants custody to the relative or other person after a written, approved home study is presented to the court.

RESPONSIBILITIES OF THE FOSTER CARE TEAM

Children in Foster Care

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 well-adjusted young adults.

When a child's right to live with his or her own birth/legal family is in jeopardy, the child has a right to be represented by legal counsel and to have their 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 children in foster care:

1. Place the child in a foster home, provisional foster home, or other substitute care facility that can best serve the child's needs and is the least restrictive environment.
2. Place the child close to birth/legal parents to allow frequent contact.
3. Ensure the child has regular visits with birth/legal parents, siblings, and others with whom there is a significant relationship, unless restricted by court order.
4. Give the child honest information regarding all decisions.
5. Provide the child the basic rights inherent to all children as stated above.
6. Allow the child to participate in case planning, conferences, staffings, and court hearings, etc., whenever possible and age appropriate.
7. Keep a record for each child that includes legal documents (e.g., birth certificate, social security card, court orders).
8. Help the child return to the birth/legal parents' home at the earliest possible time or be legally freed to form new family ties with relatives or adoptive parents.
9. Prepare the child for successful transition to adulthood.

Birth/Legal Parents

Birth/legal parents are the key to long-range planning for the child in foster care. They are central members of the foster care team. The child began with them, identifies with them and, in most instances, has a longing to return to them. The return home of the child is dependent on his birth/legal parents' ability to improve their situation. Otherwise, the 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 DHS 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 DHS.

Responsibilities of DCFS to Birth/Legal Parents:

1. Offer and provide services that will help keep their family together.
2. Let them know they may seek the assistance of an attorney any time a legal action involves their child. Arkansas law requires that defendants have the opportunity to be represented by legal counsel at all stages of court proceedings. If it is determined by the court that a parent or legal guardian, based on their financial resources, is unable to pay for an attorney, the court will appoint an attorney to represent them.
3. Let the family know why it was necessary to temporarily remove their child and place him or her with a foster family.
4. Do not judge or criticize the family. Acknowledge that they share in their child's life.
5. Let the family know how they can still be involved in their child's life while he or she is in foster care.
6. Let them know what they must do to have their child return home.
7. Include the family when creating the case plan.
8. Give the family every possible support and service for achieving the goals of the case plan to help their child return home.
9. Return their child home when the necessary changes or conditions required by the court have been made.

Responsibilities of birth/legal parents:

1. Provide any and all important information about their child and family to DCFS.
2. Tell their FSW about any special needs their child has, including health conditions, school information, and important family customs or cultural practices.
3. Participate in staffings and court hearings.
4. Work with FSW to create a case plan.
5. Participate in the services to support the case plan goals offered to the family and work on achieving the goals of the case plan.
6. Be involved in their child's medical appointments or social or religious activities.
7. Keep in contact with FSW and keep him or her updated on progress in achieving the goals of the case plan.
8. Maintain contact and communication with their child. Keep appointments to visit with their child.
9. Let DCFS know as soon as possible if they wish to give up parental rights.

Foster Parents and Provisional Foster Parents

It is the responsibility of foster parents and provisional foster parents to provide 24 hour nurturing care to children in foster care. They also have a responsibility to help the child develop a good self image and have positive feelings about their past, present, and future.

As temporary substitute parents, foster parents are close to the child in foster care on a day-to-day basis. This closeness allows the foster parents to function as a vital member of the foster care team. As such, the foster parents are in an excellent position to evaluate the child's current needs and ensure that those identified needs are being met by the foster family or through resources in the community.

As team members with a unique perspective of the child, foster parents 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 the foster family and adjustment to school and to the neighborhood.

By observing the child's relationship with their birth/legal parents and the child's reactions to visitation, foster parents can enhance the DCFS work with the birth/legal parents. In some instances, the foster parent may also serve as a mentor to the birth/legal parents. This mentoring relationship may be the first opportunity the parent has had to observe and learn effective parenting skills.

Responsibilities of DCFS to Foster Parents:

1. Provide pre-service training and continuing education.
2. Provide all available information concerning the child and the birth/legal family situation to enable them to make an informed decision about the ability or inability to provide care for the child and participate in the case.
3. Involve them as team members in pre-placement activities and case planning as well as staffings and court proceedings.
4. Ensure they have a clear understanding of their role as well as the role of other team members in achieving case goals.
5. Provide them with a board payment for food, clothing, and shelter for children in their care.
6. Allow them to continue their own family patterns and routine, as much as possible.
7. Allow them to request the removal of a child from their home, with notice.
8. Give advance notice, whenever possible, when a child is to be removed from their home.
9. Promptly inform them of any complaint against their home or of any condition or problem in the home which adversely affects their status as foster parents and provide guidance and support toward resolution of the condition or problem. (See section on Complaints Against Foster Family Other Than Child Maltreatment.)
10. Provide access to a grievance procedure when differences arise with DCFS which have not been resolved to their satisfaction. (See section on Foster Parent Grievance Procedure.)
11. Inform them of DCFS programs, services, and policies, which relate to foster care.

Responsibilities of foster parents to DCFS, the child, and the child's family:

1. Participate in foster parent pre-service training and continuing education programs designed to enhance their ability to care for children in foster care.
2. Help develop an individualized training plan and follow the plan.
3. Follow the policies and the decisions of DCFS and accept the supervision of DCFS; Cooperate with monitoring and investigations, and provide information required to verify compliance with rules.
4. Assist the child and DCFS in planning and achieving the child's return to their parents' home or to a permanent placement.
5. Communicate with the attorney ad litem about the status and needs of the child so that the attorney can present to the court a complete and accurate picture of the client.
6. Attend and participate in case planning and case plan reviews.
7. Provide a nurturing family life experience for the child including guidance, intellectual stimulation, affection, and appropriate discipline.
8. Provide the level of supervision, care, and treatment necessary to ensure the safety and well being of each child placed into their home, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards, and risks.

9. Establish well defined rules; set expectations and limits consistent with the child's age, and clearly establish there will be consequences for inappropriate behavior; discipline with kindness and understanding; train and teach the child using positive techniques that stress praise and encouragement, rather than using negative techniques.
10. Protect the child by locking up all dangerous objects and substances.
11. Store all medications in a secure location and follow the instructions on the label when giving them to the child. Understand the possible side effects of all medications and keep a log of all medications given to the child.
12. Provide for enrollment and regular school attendance when age-appropriate in an accredited school and encourage the expression of the child's strengths and special talents. Provide the child regular activities to promote the physical, social, intellectual, spiritual, and emotional development of the children in their care.
13. Attend school conferences concerning a foster child, and notify DCFS of any situations that may affect the case plan or require agency involvement.
14. Notify DCFS promptly of serious illness, injury, or unusual circumstances affecting the health, safety, or welfare of the foster child.
15. Provide each child their own clothing that is clean, well-fitted, seasonal, appropriate to age and sex, and comparable to community standards.
16. Allow foster children to acquire and keep personal belongings.
17. Cooperate with DCFS in arranging for routine medical and dental care as well as making sure the child receives appropriate care during any illness. Accompany the child on all medical appointments.
18. Provide routine transportation for each child.
19. Protect the child from exposure to second-hand smoke and take every precaution to ensure his or her health and safety.
20. Maintain a record of health care and immunization records via the Medical Passport.
21. Keep a lifebook for the child that includes periodic photographs of the child; a record of the child's memberships, activities, and participation in extracurricular school or church activities; trophies, awards, ribbons, etc.
22. Speak positively of the child's birth/legal family.
23. Maintain absolute confidentiality of private information about each foster child and the birth/legal family.
24. Fully cooperate with DCFS's efforts to achieve the case plan goals for each foster child, including visitation.
25. Maintain open communication with all team members, including communication with the child's birth/legal family when contact between foster parents and the family is part of the case plan.
26. Give advance notice to DCFS of any major changes that affect the life and circumstances of the foster family, including change of residence, whenever possible.
27. Show support and help prepare the child for any move that he or she must make (back to their family, to a relative's home, another foster home, an adoptive home, or independent living).
28. Keep the terms of the Initial Foster Home Agreement and Addendum

Foster parents are prohibited from using corporal punishment on a child in foster care. 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 child's mouth;
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, spanking, etc.;
7. Denial of meals, clothing, shelter;
8. Interference with any case plan requirements, 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 bedwetting or poor toilet habits. If a child is experiencing problems with enuresis, a therapist should be engaged to help with this issue.

DEPARTMENT OF HUMAN SERVICES & DIVISION OF CHILDREN & FAMILY SERVICES

DHS, acting through DCFS, 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:

1. Remain legally responsible for the supervision and decision making regarding foster children. (Foster parents have daily responsibility for the care of the children.)
2. Provide the child in foster care, birth/legal parents, and foster family with the necessary support services to accomplish goals set out in the case plan.
3. 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, probably length of placement, and siblings. As additional information is obtained by the caseworker, it shall be promptly shared with the foster parents.
4. Provide foster parents with instructions for contacting agency personnel at any time.
5. Ensure a caseworker visits the child in person at least monthly while the child is in foster care.
6. Include foster parents in case planning for each child and provide them with a copy of the current case plan and visitation plan.
7. Have a written plan that provides for timely reimbursements to foster parents for cost of care and fees for services.
8. Approve respite care and babysitting arrangements.
9. Maintain a record for each foster family that contains all information and documentation required by licensing standards. (See PUB-04: Minimum Licensing Standards for Child Welfare Agencies.)
10. Work with birth/legal parents and foster families to see that the child's emotional needs are met.
11. Conduct regular staffings and schedule and attend statutorily required hearings.
12. Provide necessary medical or psychological services, evaluations, care or treatment needed by the child. Ensure that each child in foster care has a medical exam at least annually.
13. Ensure that the child has planned regular visitation with birth/legal parents; or, if there are barriers to visitation, provide services directed toward removal or reduction of barriers to visitation.
14. Ensure visits for the child with siblings by planned regular contact (at least every two weeks).
15. Maintain regular contact with all team members according to the case plan.

16. Keep all team members informed of significant changes in the status of the case or individual team members.
17. Provide opportunity for religious experiences with respect for the child's and birth/legal parents' religion.
18. 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.
19. Keep the terms of the Initial Foster Home Agreement, CFS-462 and Foster Home Agreement Addendum, CFS-462A.
20. Communicate with the child's school about custody and other issues that might impact the child's ability to learn.
21. Investigate the foster home if DCFS receives a complaint report of non-compliance with licensing standards. Investigation shall be completed within 60 days of receiving the report, unless good cause is documented.
22. Prepare a closing summary, including reasons, if the home closes.

APPROVAL, TRAINING, & SUPPORT OF FOSTER HOMES

Foster Home Approval Process

In order to ensure quality foster homes, DCFS will complete a thorough home assessment for each prospective foster family. The home assessment is a mutual selection process. It involves several components including, but not limited to, an in-home consultation visit, background checks, pre-service training, a home study, and ongoing consultation with the prospective foster parents to ensure that all appropriate criteria related to both compliance and quality are met. An assessment will be conducted prior to the placement of a child in one's home. Families that move to Arkansas from another state where they have been approved as a foster family must complete the entire approval procedure of the Arkansas DCFS.

The purpose of the foster home assessment is threefold: first, it is to educate candidates; second, it is to assess their character, suitability, and qualifications to open a foster home, and third, it is to see that they meet the *Standards of Approval for Foster Homes, PUB-22*.

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

- 1) The family's capability to provide for the needs of a child who is placed in their care;
- 2) The family's ability to accept and encourage the child's relationship with birth/legal family;
- 3) The family's ability to relate to the child in a helpful way; and
- 4) The 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.

Standards of Approval

Age - The minimum age is 21 years. Alternative compliance must be obtained if one or both applicants are age 65 or over or when one or both spouses of a currently opened foster home reaches age 65.

Health - All household family members must pass a medical exam (within six months prior to the approval) and have a doctor's recommendation at the time the home is initially approved. Each foster parent and every family member must repeat the exam yearly to remain in compliance. All members of the household older than 12 years shall receive an annual skin test for tuberculosis, as long as test results remain negative. A household member with

a positive skin test must provide documentation from a physician every two years certifying that he or she is free from communicable tuberculosis.

Physical Disabilities - Physical disabilities of any family member will be evaluated to determine the effect, if any, the disability has on the family's ability to provide adequate care for a child and how the disability may affect a child's adjustment to the family.

Marriage and Divorce – Proof of marriage and evidence of a stable marriage and stable family situation must be provided. Not only will an unstable marriage or family situation have a negative effect on children in foster care that have been placed in the home, but the special problems of some children in foster care could contribute to the break-up of an already unstable marriage or the permanent disruption of an already unstable family situation. If foster parents divorce, the Resource Worker will complete a reevaluation of the home to determine if the family still meets all other licensing standards to ensure the health and safety of the children placed in the home. A person who is divorced must provide verification of that divorce and must be divorced for at least one year from the date on the court order (i.e., verification of any divorces that were finalized in the preceding year only are required). A person who is widowed must provide verification that they have been widowed for at least one year. Couples who are separated may not apply to be foster parents.

In situations where an unmarried foster parent has plans to marry, a reevaluation shall be conducted on the family. DCFS staff must ensure that the future spouse is interviewed to discuss his/her compliance with the “Personal Characteristics” outlined in PUB-22, *Standards of Approval for Foster Homes*. The intended spouse must complete and pass all background checks. All unmarried foster parents must notify the Division as soon as they are aware of any plans to marry so that the application process can be initiated on the intended spouse.

Households that contain an adult, who is cohabiting with a sexual partner outside of a marriage which is valid under the constitution and laws of this state, may not participate in foster care. This prohibition applies equally to cohabiting opposite-sex and same-sex individuals. Additionally, there may not be any other adults in the home cohabiting with a sexual partner outside of a marriage which is valid under the constitution and laws of this state.

Family Composition - A foster home may have up to eight children. This may consist of up to five unrelated children in foster care, and up to three of the foster parent's own children. Or in the case of sibling groups, the foster home may have up to eight related children in foster care. In this instance, the total number of the foster parent's children who reside in the home will determine the number of children from one sibling group that may be placed together in the home.

For example:

No children of the parents and eight children in care who are all related.

One child of the parents and seven children in care who are all related.

Two children of the parents and six children in care who are all related.

Three children of the parents and five children in care who are all related or unrelated.

Including the foster parent's own children, the foster home may have no more than two children under age two and no more than three children under age six.

There can be no roomers or boarders in the home. Family members are not considered roomers or boarders. Households will be assessed based on the caretaker's ability to parent a child in foster care. Other children and adults who are part of the household will be evaluated on the basis of how they will affect the successful development of a child in foster care.

Parenting Ability – Ability to provide a nurturing family life experience for the child including guidance, intellectual stimulation, affection, and appropriate discipline.

Employment - In two-parent homes where the parents are both employed outside the home or in a single-parent home where the parent is employed outside the home, careful consideration must be given to the age and characteristics of the 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 foster home. The foster home shall not be licensed as a Child Care Family Home.

Income - Evidence of stable income sufficient to meet the needs of one's family is required for approval. The foster family shall provide documentation of sufficient financial resources to meet their needs. The family shall have sufficient, reliable income to assure stability and security, without including the board payment. Management of income shall be considered more important than amount of income. Keeping children in foster care is not a profitable venture.

Physical Standards - Location, condition, and physical layout of the home will be considered. Physical conditions of the home shall present no hazard to the safety or health of a child. The home should have at least two exterior doors situated to provide safe exit or the home shall have a written statement from the Fire Department that the alternative escape route is approved. This approval shall be kept in the foster home case record. There shall be 50 square feet of sleeping space per child in foster care and an opening window, large enough that the child can exit through it, in each bedroom where a child in foster care sleeps. Bars, grilles, grates, or other items that block access to the window are permitted only if they can be removed from the inside without the use of a key, tool, or force greater than that required for normal operation of the window. In this event, each such bedroom must have a working smoke detector in the bedroom. The stacking of baby beds is prohibited.

Telephone - The home shall have an operational telephone. Working cell phones kept on the premises are acceptable. The phone shall be accessible to children.

Transportation - The foster parents shall maintain a mode of transportation which complies with state motor vehicle laws and shall allow children in foster care to be transported only by a licensed driver. Foster parents must have proof of current insurance, a valid vehicle safety record check; and a Child Maltreatment Central Registry check). Children in foster care shall be transported only while wearing safety belts, or in child safety seats, according to Arkansas law.

Home Environment - Cleanliness of the home will be considered.

Central Registry - A Child Maltreatment Central Registry Check must be conducted prior to approval on foster parent applicants and each member of the household age 10 years or older, excluding children in foster care, including any state where either the applicant or household member work if different from their state of residence. A registry check will also be conducted in any other state where the applicant has worked or resided during the preceding six years. The Division will repeat the Child Maltreatment Central Registry Checks every two years. Successful completion is necessary before referral to pre-service training. Expedited checks will be done on provisional foster homes.

FBI Criminal Background Check – A finger-print based FBI criminal background check must be conducted prior to approval on foster parents and any other members of the household 18 years of age or older, excluding children in foster care. This check need not be repeated. Conducting a finger-print based criminal record check is not necessary to open a provisional foster home.

Criminal Record Check - An Arkansas State Police Criminal Record Check must be conducted prior to approval on the foster parents and all members of the household age 18 and older, excluding children in foster care. The Division shall repeat the Criminal Record Check every two years. Successful completion or approval of alternative compliance is necessary before referral to pre-service training.

Motor Vehicle Safety Check - A motor vehicle safety check will be conducted on each household member who will be responsible for transporting children in foster care. Each member must have a current, valid driver's license. The foster family members must be in compliance with the Arkansas Motor Vehicle Safety program. DCFS will check the driving record (violation points) for each potential foster parent. The Arkansas State Vehicle Safety Program sets the maximum number of traffic violation points a foster parent may be allowed. It is the foster family's responsibility to report any traffic violations to their Resource Worker within 24 hours.

References - A minimum of three references familiar with one's child caring experiences and practices will be contacted regarding the character and ability to provide for children.

Smoking - DCFS policy is that second-hand smoke is detrimental to a child's health and the presumption will be that it is not in a child's best interest to be placed in a foster home that permits smoking in the presence of a child in foster care. To rebut this presumption, the worker must clearly identify why it is in the child's best interest to be exposed to second-hand smoke.

DCFS shall not place or permit a child in foster care to remain in any foster home if the foster parent smokes or allows anyone else to smoke in the presence of any child in foster care unless it is in the child's best interest to be placed in or remain in the foster home.

All foster parents will complete CFS-363: Foster Parent Smoking Certification and identify if the foster parents will permit smoking in the presence of a child in foster care.

Foster parents will indicate if smokers in the home or who visit the home will be permitted to smoke while in the presence of a child in foster care. If the foster parent indicates smoking will not occur in the presence of a child in foster care, then children in foster care may be placed in this foster home and DCFS will designate the home a "non-smoking" foster home.

If a foster parent indicates that smoking will occur in the presence of a child in foster care, the foster home will be designated a "smoking" foster home and no child may be placed or remain in the foster home unless it is in the child's best interest to be placed in or remain in the foster home.

The Area Director will sign and submit the CFS-363 along with any supporting documentation for review and signature to the Assistant Director of Community Services requesting a finding that it is in the child's best interest to be placed in or remain in a smoking foster home. No child in foster care shall be placed in a smoking foster home without a waiver from the Assistant Director of Community Services.

State law prohibits smoking in a vehicle if a child in the car is under the age of six and weighs less than 60 pounds. Thus, no foster parent or DCFS employee may smoke in the vehicle when transporting a child in foster care who is under the age of six and weighs less than 60 pounds.

In accordance with A.C.A. 20-27-1804, smoking is prohibited in all vehicles and enclosed areas owned, leased, or operated by the State of Arkansas, its agencies, and authorities. Therefore, DCFS staff may not smoke in a state vehicle OR in their private vehicle when a child in foster care is present. Foster parents are strongly discouraged from smoking in a vehicle when a child in foster care is present.

Alternative Compliance & Policy Waiver Requests

DCFS bases its standards of care and character on the Child Welfare Agency Licensing Act (CWALA). If it is believed that an applicant possesses special abilities or circumstances which would make them good foster parents in spite of their inability to meet a standard, the county office may request an approval for alternative compliance or a policy waiver.

An alternative compliance is a request for approval from the Child Welfare Agency Review Board (CWARB) to allow a licensee to deviate from the letter of a regulation, provided that the licensee has demonstrated how an alternate plan of compliance will meet or exceed the intent of the regulation. What is proposed as an alternative to compliance with policy or standards will comply with the intent, if not the actual requirement.

A policy waiver request is a request to deviate from DCFS policy, procedures, and standards. Waiver requests may be approved by the DCFS Director.

All policy waiver and alternative compliance requests will be approved or denied based on the individual circumstances of the foster parent applicant. Safety and welfare of the child(ren) involved will be paramount.

If a foster parent or applicant has questions or concerns regarding alternative compliance or waiver requests, they should consult their Resource Worker.

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 one's 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 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 Training

Successful completion of the assessment and, if applicable, approval of alternative compliance or policy waiver, is necessary before referral to pre-service training. Training of prospective foster parents will be done by using group processes, but may be done on an individual basis when necessary. Foster parents must complete the Division's pre-service training curriculum which includes 27 hours of Foster/Adopt PRIDE training and three hours of DCFS orientation prior to placement of a child. Foster parents shall have current CPR and First Aid Training. No child will be placed in the foster home until each foster parent has obtained CPR Certification and completed First Aid training.

First Aid and CPR training and certification will only be accepted from a certified trainer associated with the American Heart Association, the National Safety Council, or the American Red Cross. First Aid training provided through the National Safety Council must be the Standard First Aid, not Basic First Aid. All CPR classes must cover infant, child, and adult methods. Prospective foster parents must obtain a certification card from the trainer representing the certifying national organization. DCFS staff will coordinate the CPR and First Aid training with the national organization.

Continuing Education

DCFS will require participation in local educational and training opportunities. Each foster parent shall annually participate in a minimum of 15 hours of approved training. This additional 15 hours becomes due at the end of the second year that a foster home is in operation. The same training classes cannot be repeated yearly. Training classes 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, the Foster Parent Association and others. Special TV programs related to child abuse, parenting adolescents, etc. may also be considered training. However, videos, TV programs, online courses and books are only accepted on a limited basis. No more than five hours of videos, books, or online courses or TV programs for each foster parent will be accepted per year and must have prior approval by the Area Director or designee. To be considered as training these programs must be discussed with the Resource Worker assigned to the foster parents and receive prior approval before the program is viewed. Participation shall then be documented in the foster home case record. The DCFS County Office will inform all foster parents of any training and educational opportunities known to them. CPR training is not allowed to be counted toward the required 15 hours. The CPR requirement may not be taken on-line.

A statewide foster parent training conference and area conferences are held yearly, if funds are available, to give 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 a Resource Worker.

The appropriate DCFS County Office will maintain the training record, both DCFS and non-DCFS sponsored. Foster parents are responsible for reporting to their Resource Worker participation in non-DCFS sponsored training. Evidence of attendance (training certificate, etc.) will be needed to document participation.

Both travel and baby-sitting expenses incurred when attending mandatory local and DCFS sponsored training are reimbursable. A Resource Worker must be contacted prior to the training for approval of such expenses.

Reevaluation of Foster Homes

The Resource Worker will monitor the foster home at least quarterly for continued compliance with the minimum licensing standards and policy requirements and complete CFS-475(F): Checklist for Compliance.

Foster homes must be reevaluated annually (i.e., no later than the anniversary month of the foster home's approval), to assure that they continue to meet all standards and policy requirements. Any foster home that does not continue to meet standards will be closed. The Resource Worker or designee will formally review each foster home and complete CFS-475 (A-C): Checklist for Ongoing Monitoring and CFS-451: Foster Parent Reevaluation. The review will be filed in the foster home record.

This reevaluation is necessary to ensure that changes in the family, either physical changes or changes in attitudes, do not adversely affect children placed in that home. After having actually experienced children in foster care in the home, one may have very different feelings about foster parenting and the ability to work with different types of children. The opportunity will be provided to express any changes in feelings subsequent to the last approval, evaluation, or reevaluation. Also, a Resource Worker may assess the family's ability as shown by past experiences with children in foster care. This information will be recorded in the foster home record to be used by any Resource Worker placing or supervising a child in that home.

The foster parent reevaluation packet will be mailed or hand-delivered to be completed prior to the home visit by the resource worker. The resource worker will make an appointment to conduct the reevaluation, review the completed packet, and interview the family. The foster parent reevaluation form will be filed in the foster home record and a narrative entry will also be made in the record that reflects the resource worker's assessment of the following items:

- Continued compliance with Minimum Licensing Standards
- Continuing education compliance
- Maintenance of current CPR Certification and First Aid training
- How the family has met the needs of the children placed, including physical, emotional, educational and recreational needs
- Identification of persons in the home at the time of the reevaluation
- Attitudes toward birth/legal parents
- Impressions and Evaluation
- Objective evaluation of present and future capacity as a foster home
- Strong points of the foster home
- Weak points of the foster home
- How the family has met the needs of the children placed in the home
- Health and Financial Status
- Declaration on status of other applicable requirements, such as physician's exam, TB test, criminal record checks, motor vehicle check, and telephone
- Recommendations
- Age, sex, and special characteristics of children who should be placed in the home
- Problems which can and cannot be handled
- Recommended length of placement desirable

(For reference, see CFS-45 I: Foster Parent Reevaluation)

The Resource Worker will notify the family of the disposition of the reevaluation in writing within 10 days. When re-approved, the family will receive a reevaluation letter.

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:

- Death or serious illness among the members of the foster family
- Marriage, separation, or divorce
- Loss of or change in employment
- Change in residence
- Suspected abuse or neglect of any child in the home
- Addition of family members (e.g., birth, adoption, aging relatives moving in)

Support to Foster Families

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

When a foster parent requests that a child in foster care be removed from their home, excluding an emergency that places the child or a family member at risk of harm, the foster parent will be expected to attend a staffing to discuss what services or assistance may be needed to stabilize the placement. The staffing will be held within 48 hours of notification by the foster parent to remove the child from their home. The age-appropriate child in foster care, the child's attorney ad litem and a CASA, if appointed to the case, the parents, or guardian, and all parties' attorneys shall be notified so that they can attend and participate in the staffing and planning for the child's placement. If the placement cannot be stabilized, the foster parent will continue to provide for the child in foster care until an appropriate alternative placement is located, but this shall not be longer than five business days.

Foster parents work primarily with three different DCFS staff positions. These are the Family Service Worker, the Foster Parent Resource Worker, and in some instances, the Foster Parent Ombudsman. To better understand how these staff members work as a team and interact with the goal of providing the best overall experience for children in foster care, the following job descriptions are offered.

Family Service Worker

The Family Service Worker (FSW) is primarily responsible for working with the child in foster care and his or her biological or legal family. They work to correct problems in the home of the birth/legal parent with the goal of preventing the need for removal and, if removal is necessary, then working to reunify the child and family.

In the course of serving the needs of children in foster care, the FSW will frequently visit the foster home. When he or she visits the home, the main objective is to discuss the case plan, any changes in the plan, or specific problems with the placement. Neither foster parents nor the FSW are expected to have answers to all problems. Foster parents have the child-raising experience. The FSW has the objective knowledge about children in foster care. Together, solutions are found. The Family Service Worker is expected to be neither a formal guest in the home nor a casual acquaintance or a "best friend." The relationship is most positive when it is pleasantly professional. Problems with the FSW visiting occur when foster parents, and/or child in foster care, do not know the purpose of the visit. Problems also arise when the FSW is seen as a negative authority figure. For example, threatening the child with "if you're not good I'll call the worker", or perceiving the FSW 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. Foster parents and the Family Service Worker are partners working together. This partnership works best when each person presents 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.

The following are some of the responsibilities of the Family Service Worker:

- Providing protective services, foster care, and supportive services for abused and/or neglected children;
- Providing assistance in investigating suspected child abuse and neglect complaints to determine if allegations can be substantiated by making on-site visits, securing background information, and interviewing parties involved;
- Documenting all casework activities for children in foster care whose cases they are assigned;

- Providing assistance in developing case plans to establish goals, objectives, tasks, and time frames for all parties involved;
- Recruiting families, providing assistance in conducting home studies and family assessments to determine appropriate child placements;
- Visiting clients and/or foster parents to monitor progress toward case objectives;
- Performing any other related responsibilities as required to further the goal of a therapeutic experience for children in protective services and foster care; and,
- Maintaining regular contact with clients, law enforcement officials, medical personnel, teachers, child care personnel, foster parents, agency and private attorneys, and the general public.

Foster Parent Resource Worker

The Foster Parent Resource Worker is responsible for overseeing the operation of all foster homes. Each DCFS service area has an assigned Foster Parent Resource Worker who serves as an advocate for the foster parent. The Resource Worker is responsible for recruiting foster families, facilitating orientations and training sessions, and other licensing and education requirements, both new and on-going. They monitor compliance, provide case management to promote foster home retention, provide support, facilitate corrective action, develop resources, and assess homes that are not in compliance as well as work with those homes and families, and provide other types of general support to care providers within their area.

The Foster Family Resource Worker's assistance to the foster care family includes, but is not limited to the following:

- Conducting interviews for the purpose of gathering social histories or other needed information to assess for eligibility or appropriateness of referral;
- Administering background checks;
- Responding to adoption inquiries and referring, when appropriate, to adoption staff;
- Conducting quarterly foster home visits for monitoring continued compliance, appropriateness, and suitability;
- Completing annual evaluations of each foster home;
- Checking for licensing compliance;
- Following up with corrective actions for homes that are out of compliance;
- Responding to requests from foster parents as they need required logs and/or on-call lists, etc;
- Creating Family Development Plans for continued inservice training and conducting make-up training as needed;
- Conducting health and safety assessments as needed (only in regard to licensing complaints-non maltreatment) and other licensing standard compliance;
- Assisting in the development of foster parent support groups/associations and participating in the annual foster parent conference;
- Visiting the foster home;
- Providing training information;
- Providing information regarding available resources; and,
- Performing any other duties identified by the Area Director that will promote the success of the foster home.

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

Foster Parent Ombudsman

The Foster Parent Ombudsman serves as a statewide advocate for foster parents and assists with providing training, updates, and support to the Foster Parent Associations.

Some of the duties include:

- Receiving phone calls, emails, or letters regarding complaints and problems the foster parents are experiencing (wide range of calls and issues such as licensing standards, staff complaints, travel reimbursement, adoption issues)
- Attending and facilitating Foster Parent Association support group meetings (provide training/continuing education, updates on DCFS policies, answer general questions about the agency)

The Foster Parent Ombudsman may be contacted if the foster parent has a complaint; however, the Ombudsman is not part of the official grievance procedure. (See the section on Family Foster Parents Grievance Procedure for further clarification.)

Visits to the Foster Home

The Family Service Worker overseeing the care of individual children in the foster home will make at least weekly visits in the home during the first month of placement. After the first month, the FSW must make weekly contact with the child at school, or during sibling or parental visits, but must continue to visit the home at least monthly. Visits may be scheduled or unannounced. The Resource Worker will visit the home at least quarterly. More frequent visitation may be made to the home to help solve any problems that arise.

The visits will be used to relay necessary information to the child and to allow the foster parents to voice their 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 licensing standards.

Availability of Family Service Worker & Resource Worker to Foster Families

For foster parenting to be a successful experience, one must have access to the Family Service Worker and Foster Family Resource Worker. If either of these staff members is absent from the office when telephoned, calls will be returned promptly. If a visit is necessary, it will be scheduled.

Telephone numbers of the Resource Worker who may be contacted after hours will be furnished (See section on DCFS County Office contact persons in the back of this Handbook). After-hours contact should be used for emergencies only. Also, information will be provided which may be needed for the child in the home in an emergency situation, such as the child's Medicaid number and Medical Passport. At the time of placement all information known about the child will be provided, such as: expected length of stay, information regarding illnesses, chronic health problems, medication, habits, etc.

Crisis and After Hours Response

Foster parents will have access to a Family Service Worker in their county 24 hours a day, seven days a week. A list of after hours numbers (on-call pager/cell phone numbers) where the local on-call FSW can be reached will be provided. If the after hours call requires a direct contact with the child's FSW, the on-call worker will provide the assigned Family Service Worker's home phone number or will contact the assigned worker and have that worker make contact.

Child Care for Children in Foster Care

Generally pre-school age children in foster care should not be placed in a two-parent foster home where both of the foster parents are employed outside the home, or, in a single-parent foster home where the sole parent is employed outside the home. Child care may be authorized for a child in foster care if child 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 therapeutic benefits for the child, or 3) to ensure the child may be placed in a foster home in his/her county or in close proximity to his home. 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 the anticipated length of the existing problem in the home. When seeking approval for child care in order to help the child in foster care with socialization and assist with therapeutic purposes, the opinion of a physician shall be obtained to support the need for the child care services. The service may be authorized for up to three months at a time. Child care can only be provided by DCFS when resources are available. The foster parent must use a Child Care Provider who is on the voucher system, and shall consult the Family Service Worker about child care approval prior to selecting a child care provider or using child care. If child care services are sought for children in foster care, the child care facility/home must be licensed by The Division of Child Care and Early Childhood Education or on the Voluntary Child Care Registry.

Alternate Care

Alternate care for children in out-of-home placement may be used to provide assistance to foster parents when circumstances requiring supervision by an appropriate adult other than the foster parents exist, e.g., if both foster parents work, during foster parent training, transporting a child in foster care for medical purposes, need for respite, etc. Alternate care options include the following:

- A. Normal Age-Appropriate Activities** – Children in foster homes should be encouraged to participate in normal age-appropriate activities such as overnight visits with friends, extra-curricular activities, church activities, and short-term summer camps. Foster parents shall exercise careful consideration when determining whether a child may participate in any normal age-appropriate activity. Foster parents shall notify the FSW if the child will spend more than 24 continuous hours outside the foster home when participating in said activities.
- B. Babysitting** – Babysitters may be used to provide occasional care for children in the foster home for no more than six continuous hours at one time. Foster parents shall exercise careful consideration when evaluating the character and competence of any individual asked to babysit. Babysitters shall not transport children. Background checks of any kind are not required.
- C. Foster Family Support System** – The Foster Family Support System (FFSS) may be comprised of up to three individuals or families identified by the foster family. FFSS members may provide care for children when the foster parent is unable to do so on the occasion of anticipated or unanticipated events. Foster parents shall exercise careful consideration when evaluating the character and competence of any individual asked to serve as an FFSS member.

Members of a Foster Family Support System may transport children and care for children in the foster home or in the home of the FFSS member. However, an FFSS member shall not provide care for more than 72 continuous hours at one time regardless of the location in which care is provided. Requests for longer periods of care provided by an FFSS member must be approved by the Area Director or designee. The FSW

shall be notified when an FFSS member will provide care for more than 24 continuous hours. The Foster Family Support System shall not be used in place of respite care or as an out-of-home placement.

All prospective FFSS members must be cleared through a Child Maltreatment Central Registry Check and a State Police Criminal Record Check. The Division will request any other state where the prospective FFSS member has resided in the preceding six years to check its child abuse and neglect registry. The Division will provide documentation in the case record that the Child Maltreatment Central Registry and State Police Criminal Record Checks were conducted on the prospective FFSS member. The Division will check the driving record (violation points) for each potential FFSS member. The Arkansas State Vehicle Safety Program sets the maximum number of traffic violation points an FFSS member foster parent may be allowed. Documentation of at least one home visit for evaluation purposes is required of all prospective FFSS members.

- D. Respite Care** – When an FFSS member is not available to provide needed care on a short-term basis, respite care may be utilized in order to temporarily relieve the foster family of the ongoing responsibilities and stresses of care. There are two types of respite care:
- 1) **Informal Respite Home** – An approved DCFS foster home that can provide temporary care when the Foster Family Support System is unable to assist or for situations in which children will be outside the foster home for more than 72 continuous hours and the FFSS was not approved to provide care for that period. An Informal Respite Home may provide care for no more than seven continuous days at one time. Longer periods of respite care in an informal respite home require approval from the Area Director or designee.
 - 2) **Formal Respite Care** – A DCFS contract provider who supplies short-term care particularly when a child's current placement is at risk of disruption and/or respite is needed to prevent a residential, Division of Youth Services (DYS), juvenile detention center, acute psychiatric, or similar placement. Formal Respite Care should be provided in accordance with a family-driven, youth-guided respite plan and in coordination with a child's behavioral health treatment plan (if applicable). Formal Respite Care shall be provided for no more than seven days per three month period. Longer periods of Formal Respite Care require approval from the Area Director or designee.

Counseling

Where there is a need for counseling services for the foster home to prevent disruption and to promote stabilization, counseling shall be provided. Requests for counseling are made to the Family Service Worker, who is responsible for making that referral to the appropriate Community Mental Health Center.

Transportation

Foster families should have their own transportation available to transport the child to appointments/activities. Transportation costs such as attending staffings, court, visits with parents or siblings, and all medical appointments will be reimbursed. (Other extraordinary costs may be approved on a case by case basis).

Room and board payments include routine travel expenses. As such, transportation will not be reimbursed for shopping for clothes or groceries, taking a child to school, school activities or church (unless prior approval has been obtained based on special circumstances), or child care (unless it is a Medicaid allowable expense).

Extraordinary circumstances might include situations in which a child may wish to attend a church other than that of a foster parent and travelling to his church would require a significant deviation from the route taken to the church attended by a foster parent. The Assistant Director of Community Services will consider for approval all written requests. Approval will be made based on individual situations and will be given only for specified time periods.

Transportation costs are reimbursed to foster parents at a rate determined by the Department. The foster parent completes a travel reimbursement form (TR-I) and submits it to the County Travel Supervisor for approval and processing. When determining miles driven from city to city for mileage reimbursement, please use the Rand McNally online services at <http://www.randmcnally.com/>.

Requests for travel reimbursement must be submitted on a monthly basis. Requests for reimbursement for medical and independent living transportation must be submitted on separate TR-I forms.

Medical Transportation

The foster family will complete a TR-I for regular travel and a separate TR-I 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 FSW, Program Assistant, or a volunteer transporter may be assigned to assist with travel.

Transitional Youth Services (TYS) Travel

The foster family may be reimbursed for transporting youth to life skills training classes and other TYS activities.

Community Resources

The DHS County Office will inform all foster parents about available resources in the 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 which is mutually agreed upon. Foster parent's assistance may be enlisted for this purpose.

Foster Parent Associations

The formation of active and independent foster parent associations is encouraged. DCFS will provide support by the appointment of a Resource Worker to the association. A DCFS representative will also be available when called upon to provide information about the Foster Care Program and allow foster parents to voice any concerns they may have with DCFS policies.

Income Tax Information

Board payments paid to foster parents 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 consult with an accountant or tax specialist.

Foster Parent Grievance Procedures

Foster parents have the right to appeal decisions affecting them and the operation of their home. Most problems can be solved at the local level if the foster parents and FSW 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.

All complaints may not be grievable and while the County Office will make every effort to reconcile every disagreement, some situations may not be reconcilable. Such situations result in decisions being made by the 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 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 (failure to return phone calls or habitually being unavailable when needed, failure to help with initial clothing or problems with the child, medical/Medicaid coverage and/or providers); or
- Failure by DCFS to keep the terms of the initial written agreement with the foster home (CFS-462: Initial Foster Home Agreement and CFS-462A: Foster Home Agreement Addendum).

Prior to filing a grievance, foster parents should request an informal discussion of the problem with the FSW and the immediate supervisor. If the problem is not resolved at this point and the issue is grievable, then the foster parents 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 the foster parents have discussed the grievance with the FSW and supervisor, and if the foster parents believe that DCFS failed to uphold its policies and philosophies, then, the foster parents must state the grievance in writing and submit it to the County Office Supervisor in the county where the foster parents live 30 days from the date the grievable action occurred. The County Office Supervisor will schedule a meeting with the foster parents within 10 working days of the receipt of the written grievance and attempt to resolve the problem.

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

The Grievance Committee will be composed of three persons: a representative selected by the County Office, a representative selected by the foster parent, and a representative selected by Central Office. The foster parents may also select an individual (such as an attorney, friend, or relative) to present the case. The Grievance Committee member selected by the County Office will not be from the county where the foster parents 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 case.

The Grievance Committee will submit their findings and recommendations within 20 working days from the date of the Grievance Hearing to the Assistant Director of Community Services.

The foster parents and the County Office will be notified, in writing, by the appropriate decision-making personnel of the decision within 10 working days from the date the Grievance Committee's findings and recommendations are submitted.

If corrective action is required by the County Office, the corrective action will begin no later than 10 working days after the County Office and foster parents are notified of the decision. A written report of completed action will be submitted to Central Office no later than 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 the foster parents, they must indicate the steps necessary to correct the deficiency within 10 days after notification from the appropriate decision-making personnel. This corrective action plan must receive the approval of the County Office Supervisor. The foster parents will notify their local County Office and Central Office within 60 days of the original findings being received, that all corrective steps have been completed. In the absence of said notification from the foster parents, it will be presumed that the foster parents 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 HOMES

All child maltreatment allegations concerning any person in a foster home shall be investigated in accordance with the Child Maltreatment Act § 12-18-602.

If any child in foster care is the subject (alleged offender or alleged victim) of an allegation of child maltreatment, the Division shall notify the child's family, the OCC attorney, Child Abuse Hotline, the CASA and the attorney ad litem. The attorneys ad litem for all other children placed in the home shall be notified as well.

The safety and welfare of any children in foster care shall be paramount.

COMPLAINTS AGAINST FOSTER FAMILY OTHER THAN CHILD MALTREATMENT

Any complaint against the foster parent will immediately be brought to the attention of the DCFS County Office Supervisor or Area Director.

After the investigation has determined the validity of the complaint, the foster parent 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. An agreement will be made between the foster parents and their Resource Worker for corrective action. The foster parents must submit in writing the steps necessary to correct the deficiency within 10 days after notification from the appropriate decision-making personnel, or submit application applying for alternative compliance (see section on alternative compliance). This corrective action plan must receive the approval of the DCFS County Office Supervisor. Foster parents will notify their local DCFS County Office and Central Office within 30 days of the original findings being received, and that all corrective steps have been completed. In the absence of said notification from the foster parents, it will be presumed that they have elected not to comply with the findings of the appropriate decision-making personnel.

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

Any complaint, regardless of nature, must be recorded in detail in foster homes record. The report will include the following information:

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

CLOSING A FOSTER HOME

Division's Decision

If it is deemed necessary by the County Office to close a foster home, a written summary will be prepared documenting past and present reasons for closure as well as all efforts by the County Office to eliminate the problem. The final assessment and determination of closure will be made by the Resource Worker and with assistance from designated county staff, the Area Director and Central Office staff, if appropriate. The closure process will include a mandatory face-to-face conference with the foster parents at which time reasons for the closure will be explained. The County Office will provide written notification of the closure including the reasons for the closure and the foster parents' right to appeal the decision by filing a grievance. (For additional information, see section on Foster Parent Grievance Procedure.)

By Request of Foster Family

If the foster family requests that their home be closed as a foster home, the Resource 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 Resource Worker and sent to the foster parents.

After a home has been closed at the request of the foster family, if the family wishes to reopen their home, the family and home must be reevaluated to insure that all areas of compliance are still met, and all criminal checks must be repeated.

If the family wishes to reopen their home within five years of their request to close it, the foster parents will not need to repeat the Foster/Adopt PRIDE Training.

FOSTER CARE PLACEMENT

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.

Arkansas Code Annotated §9-27-313 authorizes the Division to take emergency 72 hour legal custody of any child who is in immediate danger when there is not sufficient time to petition for and obtain a court order.

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

Selection of a Foster Home

Based on information from the family assessment the Family Service Worker will select the foster 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 the originating county. This is to help facilitate visits with parents, siblings, relatives, or other people with whom the child has established bonds and supportive relationships. Factors taken into consideration in selecting a foster 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 50 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 parent's preferences as to children approved for their home. There will be no violation of the limitations of these preferences.

A foster home offers a less restrictive environment than other types of out-of-home placement and is 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 posing a danger to self or others. This includes children with special needs.

Preparing the Foster Parents for Placement of a Child

The Family Service Worker will realistically describe the child in foster care to the foster parent when asking a family to accept a child. However, sometimes 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;
- Disabilities, special equipment, facilities, or help needed;
- Behavior, both positive and negative, that can be expected;
- Siblings and where they live;
- Reasons 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 and should be treated as such.

The Family Service Worker will arrange pre-placement visits between the child and the foster 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 the foster parents before taking a child for pre-placement or placement visits in a provider's home.

The Family Service Worker will discuss these pre-placement issues:

- General requirements regarding the number of children that reside in the foster home,

- 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 enjoys, the child's likes, and any fears the child may have;
- Financial arrangements;
- The foster parent's feelings on the impending placement;
- The foster parent's perception of the child;
- Maintaining the child's records; and,
- Medical needs and issues.

Foster parents shall maintain records in accordance with DCFS' policy and procedures for the children placed with the family. The records shall include:

1. Health Records:
 - a) Name, address, and telephone number of a person to contact in case of emergency and those persons authorized to give medical consent;
 - b) A record of the child's medical and dental appointments, illnesses and health problems, prescribed medications, immunization record and hospitalizations (Medical Passport).
2. Progress Records:
 - a) The dates of arrival and departure of the child in the foster home;
 - b) Progress notes on those areas of the child's case plan as indicated in the written agreement in which foster parents are involved;
 - c) Journal of the child regarding significant events;
 - d) School reports;
 - e) Significant photographs of the child taken periodically; and,
 - f) A record of the child's memberships, and participation in extracurricular activities.

Role of Resource Worker

The Resource Worker will help foster parents understand that the child is going through a series of changes. Among these are: separation from the birth/legal parents and interacting with DCFS personnel, a new family, and new surroundings. The child in care can experience anxiety as a result of these changes. The Resource Worker will suggest to the foster parents ways to help the child move through these changes. The Family Service Worker will also assist the foster family through difficulties which occur, emphasizing that there will be good times and bad times during the placement, and that the bad times are no reflection on their parenting ability. In part, the goal of support from the Resource Worker is to help assure continuity for children who are placed in their home. In supporting the foster parents, the Resource Worker will work with them to help prevent the potential harm that can come to a child due to several moves.

Placement of Children by a Sheriff or Chief of Police

In an emergency situation, a Sheriff or Chief of Police may place children in a DCFS foster home. The foster parent must be well known to the Sheriff or Chief of Police, and they must determine that the foster home is safe and provides adequate accommodations for the child. The foster parent must notify DCFS county staff on the next business day after the placement of the child.

FINANCES

Board Payment

DCFS makes a monthly board payment to foster parents. This monthly board payment includes payment for room and board, clothing, ongoing 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. If a child in foster care is eligible for Medicaid, foster parents are required to use a Medicaid provider for meeting the medical needs of the child. Medicaid should be the primary payment source for medical and dental services, including hospitalization. If Medicaid cannot cover such expenses, state funds may be a secondary payment option.

Generally, foster parents receive the board payment in the fourth week of each month. The monthly board payment is for the period starting on the 27th of the month and ending the 26th of the following month. For example, October's board payment is for the 30 days that begin September 27th and end on October 26th.

Other services or supplies needed by the child must be authorized and approved per DCFS policy. (See section on additional expenses.)

DCFS shall pay foster parents a monthly board rate according to the following chart; these rates are effective for board payments of November 2009 and after:

Birth through 5 years	\$410.00 Monthly
Board and Care	350.00
Clothing	45.00
Personal Needs	15.00
6 through 11 years	\$440.00 Monthly
Board and Care	365.00
Clothing	50.00
School and Personal Needs	25.00
12 through 14 years	\$470.00 Monthly
Board and Care	380.00
Clothing	60.00
School and Personal Needs	30.00
15 through 17* years	\$500.00 Monthly
Board and Care	395.00
Clothing	70.00
School and Personal Needs	35.00

*Refer to Policy VIII-B for requirements to continue board payments for youth age 18-20 (board payments must end the day the youth elects to leave foster care or the end of the month of his 21st birthday).

Board rates are established as part of policy, and any exception must receive prior approval. (For more information, see section on Special Board Rates)

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

The agency pays according to the number of nights a child is in the foster home. Payment for stays of less than 24 hours will be based upon a daily rate determined by the Division. If a child is in the home for part of a month, a partial board payment will be made.

Clothing

When a child first enters foster care, the Division may issue an initial clothing order for the purchase of new clothing. Initial clothing orders will be issued on case-by-case basis. Not all children will need to purchase new clothing as they may come into care with ample clothing. The FSW will assess what clothing items are needed and issue the authorized amount of clothing allowance. Purchases will be made using the DHS-1914 process, which requires submission to and approval by the Financial Support Unit. Upon approval, a typical scenario might involve the foster parent selecting clothing and leaving it with appropriate customer service staff of the store, where the FSW may present and pay for the merchandise.

Foster parents should use the following guidelines:

1. Foster parents shall provide, with the assistance of the Division, 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. The foster parent should establish and maintain a personal property inventory.
4. Money for clothing and personal needs 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 may 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. To facilitate this, the foster parent should maintain a clothing inventory.

Personal Allowance for a Child in Foster Care

The foster parent will give an allowance to the child from the board payment. The amount of the child's allowance is decided by the foster parent, based on the child's age.

Special Board Rates

There are occasions when the regular board rate is inadequate when caring for a child with special needs. Foster parents may identify and document those needs so that the Family Service Worker can request authorization from the Area Director for a special board rate.

Overpayments to Foster Parents

From time to time, foster parents may be overpaid on a board payment. If this happens, during the next month, the computer system may automatically generate a correction. The amount of the overpayment will become an accounts receivable due from the foster parent if restitution is not made prior to the next payment cycle. Per funding source, each subsequent board payment will be offset until the amount of the overpayment is recovered. The funding source of the board payment (federal or state funds) will determine whether the overpayment is

deducted from the next board payment. If funds are from the same funding source, it will be deducted from the next board payment. If it is not deducted, the Office of Finance and Administrative Services will send a notice of overpayment. Account reviews are processed monthly and overpayment statements are normally sent monthly.

A foster parent may contact the Foster Care Technical Assistance Unit at 501-682-8345 for help with any overpayment statement. The unit will research the overpayment and provide an explanation.

Reduced Board Rates

A child's board rate may sometimes need to be reduced rather than increased. This applies to those children who are residents of a state institution; e.g., 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 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. For any foster parent applying for food stamps, a re-evaluation of stable income will take place. This may impact the approval status of the foster home.

School Lunches

Children in foster care 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

The Women, Infants and Children Food Program, WIC, is administered by the Health Department. The program provides, on a monthly basis, nutritious foods for pregnant and nursing women and infants and children up to age five years. Eligibility is determined by a medical assessment of nutrition risks such as iron-poor blood and improper growth, etc. Foods provided by WIC are supplemental and are not intended to fulfill all nutritional needs for a month. Children in foster care may be eligible for WIC.

Replacement and/or Supplemental Clothing

A monthly allowance for clothing replacement is included in the board payment. During the months when there are no replacements, the clothing allowance must be saved for the months when more than usual amounts of clothing are needed. All receipts from the purchase of clothes must be retained and turned in to the Resource Worker at the quarterly visit.

With the approval of the County Office Supervisor and Area Director, it is permissible to obtain another clothing order. This should happen only in an exceptional circumstance. The foster parent may request a "Replacement/Supplemental Clothing Order." These requests may not exceed \$400.00 in one quarter. The foster parent should contact the Family Service Worker in the event that this need should arise.

Payment for Medical Services

Medicaid is the primary source of medical payment for children in foster care. If a child in the home does not receive a Medicaid card, contact the Family Service Worker. (A card should be received within a week for a new child and by the third of the month thereafter.) Although the FSW may provide a copy of the Medicaid Card for

the foster parent to keep in the Medical Passport, and so that they may obtain medical services for the child, the actual Medicaid Card will be kept in the child's case record in the county office. When there are no Medicaid providers available in cases of emergency, the Family Services Worker (with the approval of the County Supervisor) will authorize and bill medical services via DHS-1914 or contract. In the event medical services are 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 County Office Supervisor:

- Required School Materials and School Fees, including athletic wear. Foster parents must have prior approval for such purchases.
- Graduation Expenses - The Division recognizes and values the importance of education and youth in foster care completing their education. There are certain expenses that can be purchased and/or reimbursed for senior year graduation. All these expenses whether purchased by the Division or reimbursed to the foster parent require prior approval. High School Graduation expenses will be authorized for the following items:
 - Senior Ring: Maximum amount the Division will commit is 250.00
 - Prom: Maximum total cost the Division will commit is \$350.00. This cost shall include prom dress, alterations, tux, shoes, undergarments and tickets to prom (if there is a cost).
 - The Division will reimburse a maximum amount of \$500.00 for cap/gown, invitations, thank you notes, and senior pictures.
- Cell Phones - The Division generally does not provide cell phones. If a foster family chooses to allow a child in care to purchase or use a cell phone, the Division will not be responsible for any expenses related to the purchase, use or abuse of the phone.
- 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 the Family Service Worker with regard to the amount provided. The money is included in the November check and is to be used by the child for purchasing gifts for biological family members and friends.
- Emergency medical services and drugs not purchasable by Medicaid
- Non-Medical transportation provided by the foster parent or public carriers when directly related to the case plan for the child. (See Transportation section).
- Child care or Baby-sitting fees, when required to attend training or for one's own children when transporting a child to services, are also reimbursable. This does not include child care for a foster parent's employment.

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

Trust Funds

When a child in foster care has income from child support or Social Security benefits, DCFS will apply to become payee. The child's funds will be deposited into a trust account for the child if payee status is awarded to the Division. Separate accounts are maintained for each individual child in foster care, including those from the same sibling group. The funds in the account should be utilized solely for the individual child for whom the account was established, and no funds should be spent for any other child.

Foster care trust accounts are delineated into two distinct types: Dedicated and Regular. Each account type has different rules for how the funds may be spent.

Dedicated Trust Account

A Dedicated Account is usually funded from the Supplemental Security Income (SSI) Program administered by the Social Security Administration (SSA). SSA deposits funds in this type of account if the child is owed six or more months of retroactive payments. DCFS must obtain permission from the SSA to spend money from a Dedicated Account. With prior approval from the SSA, income in a Dedicated Account may be used for the following:

1. Medical Treatment; and
2. If pertaining to an impairment-
 - a) Personal needs assistance
 - b) Housing modifications
 - c) Special Equipment
 - d) Therapy or rehabilitation, or
 - e) Other items or services if approved by the SSA.

Regular Trust Account

Money in a Regular Account is usually income from child support or Social Security Survivor's (Title II) benefits. Although these funds have fewer restrictions than a Dedicated Account, spending must be appropriately prioritized according to the child's needs:

1. Medical needs.
2. Reimbursement of board/contract payments.
3. Clothing purchases:
 - a) Initial clothing is limited to \$150.00 upon entry into foster care.
 - b) Supplemental clothing is limited to a maximum of \$400.00 per calendar quarter.
4. Education related expenses-including fees for extracurricular activities-excluding school supplies which are covered in the monthly board payment.
5. Miscellaneous expenses-damaged/destroyed property, legal fees, restitution for stolen goods etc.-Excluding clothing, toys and electronic equipment.
6. Electronic equipment purchases—must have prior approval from the Area Director.
7. Exceptional purchases, toys or video games purchases outside of Christmas purchases must not exceed 20% or \$500.00 of the child's available trust account balance and be appropriate for the child's age and/or disability. Expenditures exceeding 20% must have prior approval of the supervisor and Area Director.

After basic needs are met, purchases may be made for items or services that will enrich the child's life. Examples of this include, but are not limited to items such as tutoring, music lessons, and dance lessons.

Purchases utilizing the funds of trust accounts must be approved by the child's FSW. In some instances approvals must also be approved by the FSW's Supervisor, Area Director, and/or DCFS Executive Staff. Only DCFS staff is

permitted to make purchases from the accounts. To maintain a child's eligibility for some Medicaid Programs, the balances in Regular Accounts must remain within limits set by the State and Federal Governments. For example, if a child is receiving SSI then the countable value of the Regular Trust Account must be under \$2,000 at the end of each month. A report is available to DCFS staff that lists children in foster care with Regular Account balances of \$1,000 or more.

Foster parents are encouraged to assist DCFS in identifying children's needs that can be met using foster care trust funds. Recommendations for purchases that meet the criteria discussed in this document should be made to the FSW so DCFS may decide if money is available for the purchase from a trust account and so that DCFS may secure the necessary approvals to make the purchase.

Incidental Expenses

An Incidental Expense Fund is established for the purpose of providing items and activities which serve to normalize a child's life experience while in care. For example, camp fees, music lessons, field trips, school uniforms and other items not specifically covered by other means can be met by this fund. The Incidental Expense Fund is intended for items or activities which cost \$25.00 or more and use of the funds does not require prior approval. Items covered by the board payment are not eligible for reimbursement from this fund. In addition, these funds shall not be used for Holiday gifts. The Family Service Worker will assist the foster parent in accessing 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 by the Family Service Worker or Health Services Specialist 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 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 CFS-362: Medi-Alert to Foster Care Provider and CFS-6007: Placement Plan – Placement Provider Information. The Family Service Worker and the foster parent are to complete CFS-365: Receipt for Medical Passport, 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 24 hours after removal from home, if the reason for removal is an allegation of severe maltreatment or there is evidence of acute illness or injury; and
- Not more than 72 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 30 days the following tests will be conducted:

- Complete blood count;
- 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), and 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 CFS-362: Medi-Alert 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 30 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 a 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 instructions 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 60 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 30 days.

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

After the Comprehensive Health Assessment, there will be a written summary of the medical, mental health, educational, dental and social status and needs of the child. The MDT 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 parents, and the child, if age 10 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 Division of Medical Services' 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 2005 American Academy of Pediatrics periodicity schedule on the next page.

If a child needs a screening outside the periodicity schedule, the Family Service Worker may issue an EMS-694 marked, "Child in foster care - 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. See Recommended Immunizations Timetable.

Physicians' Guide to Preventive Health Screening

KEY: ✓ = to be performed
 R = to be performed for patients at risk
 0 = objective, by a standard testing method
 S = subjective, by history
 ↔ the range during which a service may be provided, with the dot indicating the preferred age

TYPE OF EXAMINATION	AGE OF PATIENT																												
	Prenatal	Newborn	2-4 days	By 1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	3 years	4 years	5 years	6 years	8 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years	21 years
HISTORY																													
Initial/Interval	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MEASUREMENTS																													
Height & Weight		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blood Pressure													✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Head Circumference		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																	
SENSORY SCREENING																													
Vision		S	S	S	S	S	S	S	S	S	S	S	0	0	0	0	0	0	S	0	S	S	0	S	S	0	S	S	
Hearing		0	S	S	S	S	S	S	S	S	S	S	S	0	0	0	0	0	S	0	S	S	0	S	S	0	S	S	
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT																													
Developmental/Behavioral Assessment		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PHYSICAL EXAMINATION																													
Physical Examination		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PROCEDURES—GENERAL																													
Hereditary/Metabolic Screening		↔	↔	↔																									
Immunization		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hematocrit or Hemoglobin																													
Urinalysis																													
PROCEDURES—PATIENT AT RISK																													
Lead Screening																													
Tuberculin Test																													
Cholesterol Screening																													
STD Screening																													
Pelvic Exam																													
ANTICIPATORY GUIDANCE																													
Injury Prevention	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Violence Prevention	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sleep Positioning Counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nutritional Counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DENTAL REFERRAL																													
Dental Referral																													

*If not performed at 12 or 24 months.

Based on AAP recommendations, as of 2005.

This material was prepared by Arkansas Foundation for Medical Care (AFMC) under contracts with the Arkansas Department of Human Services, Division of Medical Services. The contents presented do not necessarily reflect their policies. The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act. MP2-PSN15.PST1.1-2/06



Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2009

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB	HepB	^{see footnote 1}	HepB						
Rotavirus ²				RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	^{see footnote 3}	DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴	Hib					
Pneumococcal ⁵				PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus				IPV	IPV		IPV					IPV
Influenza ⁶							Influenza (Yearly)					
Measles, Mumps, Rubella ⁷							MMR			^{see footnote 7}		MMR
Varicella ⁸							Varicella			^{see footnote 8}		Varicella
Hepatitis A ⁹							HepA (2 doses)				HepA Series	
Meningococcal ¹⁰												MCV

Range of recommended ages

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 0 through 6 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

1. Hepatitis B vaccine (HepB). (Minimum age: birth)

At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1 or 2 months. The final dose should be administered no earlier than age 24 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg (anti-HBs) after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).

4-month dose:

- Administration of 4 doses of HepB to infants is permissible when combination vaccines containing HepB are administered after the birth dose.

2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.
- If Rotarix[®] is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4 through 6 years.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB[®] or Comvax[®] [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- TriHibit[®] (DTaP/Hib) should not be used for doses at ages 2, 4, or 6 months but can be used as the final dose in children aged 12 months or older.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.

- Administer PPSV to children aged 2 years or older with certain underlying medical conditions (see *MMWR* 2000;49[No. RR-9]), including a cochlear implant.

6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAI])

- Administer annually to children aged 6 months through 18 years.
- For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if aged 6 through 35 months or 0.5 mL if aged 3 years or older.
- Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.

8. Varicella vaccine. (Minimum age: 12 months)

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer to all children aged 1 year (i.e., aged 12 through 23 months). Administer 2 doses at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA also is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55[No. RR-7].

10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV] and for meningococcal polysaccharide vaccine [MPSV])

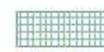
- Administer MCV to children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other high-risk groups. See *MMWR* 2005;54[No. RR-7].
- Persons who received MPSV 3 or more years previously and who remain at increased risk for meningococcal disease should be revaccinated with MCV.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip/), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2009
 For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, Diphtheria, Pertussis ¹		<i>see footnote 1</i>	Tdap	Tdap
Human Papillomavirus ²		<i>see footnote 2</i>	HPV (3 doses)	HPV Series
Meningococcal ³		MCV	MCV	MCV
Influenza ⁴		Influenza (Yearly)		
Pneumococcal ⁵		PPSV		
Hepatitis A ⁶		HepA Series		
Hepatitis B ⁷		HepB Series		
Inactivated Poliovirus ⁸		IPV Series		
Measles, Mumps, Rubella ⁹		MMR Series		
Varicella ¹⁰		Varicella Series		

 Range of recommended ages
 Catch-up immunization
 Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed vaccines, as of December 1, 2008, for children aged 7 through 18 years. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. Licensed combination vaccines may be used whenever any component of the combination is indicated and other components are not contraindicated and if approved by the Food and Drug Administration for that dose of

the series. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations, including high-risk conditions: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

- Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum age: 10 years for *BOOSTRIX*[®] and 11 years for *ADACEL*[®])
 - Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
 - Persons aged 13 through 18 years who have not received Tdap should receive a dose.
 - A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose; however, a shorter interval may be used if pertussis immunity is needed.
- Human papillomavirus vaccine (HPV).** (Minimum age: 9 years)
 - Administer the first dose to females at age 11 or 12 years.
 - Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
 - Administer the series to females at age 13 through 18 years if not previously vaccinated.
- Meningococcal conjugate vaccine (MCV).**
 - Administer at age 11 or 12 years, or at age 13 through 18 years if not previously vaccinated.
 - Administer to previously unvaccinated college freshmen living in a dormitory.
 - MCV is recommended for children aged 2 through 10 years with terminal complement component deficiency, anatomic or functional asplenia, and certain other groups at high risk. See *MMWR* 2005;54(No. RR-7).
 - Persons who received MPSV 5 or more years previously and remain at increased risk for meningococcal disease should be revaccinated with MCV.
- Influenza vaccine.**
 - Administer annually to children aged 6 months through 18 years.
 - For healthy nonpregnant persons (i.e., those who do not have underlying medical conditions that predispose them to influenza complications) aged 2 through 49 years, either LAIV or TIV may be used.
 - Administer 2 doses (separated by at least 4 weeks) to children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

- Pneumococcal polysaccharide vaccine (PPSV).**
 - Administer to children with certain underlying medical conditions (see *MMWR* 1997;46(No. RR-8)), including a cochlear implant. A single revaccination should be administered to children with functional or anatomic asplenia or other immunocompromising condition after 5 years.
- Hepatitis A vaccine (HepA).**
 - Administer 2 doses at least 6 months apart.
 - HepA is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55(No. RR-7).
- Hepatitis B vaccine (HepB).**
 - Administer the 3-dose series to those not previously vaccinated.
 - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB[®] is licensed for children aged 11 through 15 years.
- Inactivated poliovirus vaccine (IPV).**
 - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- Measles, mumps, and rubella vaccine (MMR).**
 - If not previously vaccinated, administer 2 doses or the second dose for those who have received only 1 dose, with at least 28 days between doses.
- Varicella vaccine.**
 - For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56(No. RR-4)), administer 2 doses if not previously vaccinated or the second dose if they have received only 1 dose.
 - For persons aged 7 through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
 - For persons aged 13 years and older, the minimum interval between doses is 28 days.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind—United States • 2009

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks ²		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks If first dose administered at younger than age 12 months 8 weeks (as final dose) If first dose administered at age 12-14 months No further doses needed If first dose administered at age 15 months or older	4 weeks ⁴ If current age is younger than 12 months 8 weeks (as final dose) ⁴ If current age is 12 months or older and second dose administered at younger than age 15 months No further doses needed If previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal ⁵	6 wks	4 weeks If first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) If first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks If current age is younger than 12 months 8 weeks (as final dose for healthy children) If current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high-risk children who received 3 doses at any age	
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months			
Hepatitis A ⁹	12 mos	6 months			
CATCH-UP SCHEDULE FOR PERSONS AGED 7 THROUGH 18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis ¹⁰	7 yrs ¹⁰	4 weeks	4 weeks If first dose administered at younger than age 12 months 6 months If first dose administered at age 12 months or older	6 months If first dose administered at younger than age 12 months	
Human Papillomavirus ¹¹	9 yrs	Routine dosing intervals are recommended ¹¹			
Hepatitis A ⁹	12 mos	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated Poliovirus ⁶	6 wks	4 weeks	4 weeks	4 weeks ⁶	
Measles, Mumps, Rubella ⁷	12 mos	4 weeks			
Varicella ⁸	12 mos	3 months If the person is younger than age 13 years 4 weeks If the person is aged 13 years or older			

1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB[®] is licensed for children aged 11 through 15 years.

2. Rotavirus vaccine (RV).

- The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks or older (i.e., 15 weeks 0 days or older).
- Administer the final dose in the series by age 8 months 0 days.
- If Rotarix[®] was administered for the first and second doses, a third dose is not indicated.

3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

4. *Haemophilus influenzae* type b conjugate vaccine (Hib).

- Hib vaccine is not generally recommended for persons aged 5 years or older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons is not contraindicated.
- If the first 2 doses were PRP-OMP (PedvaxHIB[®] or Comvax[®]), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer 2 doses separated by 4 weeks and a final dose at age 12 through 15 months.

5. Pneumococcal vaccine.

- Administer 1 dose of pneumococcal conjugate vaccine (PCV) to all healthy children aged 24 through 59 months who have not received at least 1 dose of PCV on or after age 12 months.
- For children aged 24 through 59 months with underlying medical conditions, administer 1 dose of PCV if 3 doses were received previously or administer 2 doses of PCV at least 8 weeks apart if fewer than 3 doses were received previously.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions (see *MMWR* 2000;49[No. RR-9]), including a cochlear implant, at least 8 weeks after the last dose of PCV.

6. Inactivated poliovirus vaccine (IPV).

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

7. Measles, mumps, and rubella vaccine (MMR).

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
- If not previously vaccinated, administer 2 doses with at least 28 days between doses.

8. Varicella vaccine.

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

9. Hepatitis A vaccine (HepA).

- HepA is recommended for children older than 1 year who live in areas where vaccination programs target older children or who are at increased risk of infection. See *MMWR* 2006;55[No. RR-7].

10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

- Doses of DTaP are counted as part of the Td/Tdap series.
- Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10 through 18 years; use Td for other doses.

11. Human papillomavirus vaccine (HPV).

- Administer the series to females at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals for series catch-up (i.e., the second and third doses should be administered at 2 and 6 months after the first dose). However, the minimum interval between the first and second doses is 4 weeks. The minimum interval between the second and third doses is 12 weeks, and the third dose should be given at least 24 weeks after the first dose.

Information about reporting vaccine-preventable diseases is available online at <http://www.waerr.hhs.gov> or by telephone, 800-822-3967. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at <http://www.cdc.gov/vaccines> or telephone, 800-CDC-INFO (800-232-4636).

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

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

Hospitalization

- When a child in foster care 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 child in foster care 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. The Foster Parents should notify the FSW immediately when a child in foster care is hospitalized. As soon as possible, the FSW shall visit the hospital and sign the required consents.

Prescription Drugs

Children in foster care are eligible for prescription drugs through the State Prescription Drug Program.

When there are no Medicaid providers available in cases of emergency, the FSW (with the approval of the County Supervisor) will authorize and bill for medication and medical services using a DHS-1914.

ADDITIONAL INFORMATION

Educational Services

It is the responsibility of DCFS to provide educational opportunities to help each child meet their full potential. To ensure that children in the custody of DHS receive a quality education, it is the Division's policy to enroll children in foster care only in schools accredited by the Arkansas Department of Education.

Children in foster care shall attend public schools. However, the DCFS Director may grant an educational waiver allowing a child to be placed in a non-public school, including a private, parochial, or home school if it is the best interest of the child. No state or federal funding may be used for such placement. For a child in foster care to be enrolled in a non-public school or be home schooled, a certified mental health professional must present documentation stating that the non-public schooling is in the child's best interests.

Tutoring can be purchased for a child in need of additional educational assistance. Consult the Family Service Worker regarding tutoring. Educational testing and counseling should be available to a child in foster care when they begin 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.

An initial staffing for the child is held within the first 30 days of the child's stay in foster care. Another staffing is held two months after the first staffing and every three months thereafter.

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

The Family Service Worker will inform the foster parent in advance of the purpose of the staffing, and what information, if any, that one may be called upon to present. Information presented may include the following:

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

Visits between the Child and Birth/Legal Parents/Siblings/Relatives

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. The foster parent can help the child by preparing the child for changes in the family circumstances or anything that might be unexpected and difficult for the child to accept. The same supportive attitude is needed after the visit.

The foster parent's help is vital to the success of the child's visitation with family members. However, a foster parent may find visitation difficult in some situations. For example, a child may be returned upset, with lost clothing, uncombed hair, etc. These issues may cause the foster parent to question the value of the visits. At such times, it will help to discuss these feelings with the FSW to be reminded of the reasons for visitation. Frequently, with supportive understanding, such problems can be worked out satisfactorily for all concerned.

In any case, the foster parent should always report to the child's FSW the reaction of the child to the visit and the foster parent's perceived observation.

Parent/Child Visits

1. Children in foster care shall have at least 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. Visits shall be subject to the orders of the presiding court.
2. 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. Visitation shall be subject to the orders of the presiding court.

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.
4. For those children in foster care whose parents or legal guardians are incarcerated, the Arkansas Department of Correction (ADC) social worker will be contacted to arrange visitation between the child placed in an out-of-home setting and his incarcerated parent(s) unless such visitation is prohibited by the court, not recommended by a physician, etc.
5. Visits are to increase in frequency and duration. This will include weekend visits leading up to the child's return home, unless specific documented harm is caused by the visits.
6. Children in foster care shall have reasonable opportunities to communicate in writing or by telephone with their parents unless prohibited by court order.

Siblings Visits

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. If it is in the child's best interest, visits between siblings and with relatives may continue after Termination of Parental Rights (TPR), if visitation was established prior to TPR. Visitation after TPR will continue until an adoption placement is made or the out-of-home placement case is closed. Continuation of visits with parents who have had their parental rights terminated does not continue. Relative visits after TPR must have court approval and cannot continue without the court's approval.
3. 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.

Relative Visits- Children shall have an opportunity to visit with grandparents, great grandparents, or others as determined by the Family Service Worker. Relatives should be allowed supervised visitation. These visits can help explore alternate placement options.

Publication of Information about Children in Foster Care

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 the FSW and the County Office Supervisor. Some situations may require the involvement of the DHS Director of Communication.

Youth in Foster Care Application for an Arkansas Driver's License and Insurance Reimbursement Programs

The Director of DCFS may authorize an employee or any foster parent to sign an application for a youth in foster care to obtain an Arkansas Learner's Permit or Intermediate Driver's License. The youth in foster care must meet requirements set by the Division and the State of Arkansas, and be approved by the Director. The foster parent may apply for reimbursement for the additional cost to add the child to their automobile insurance. Participation in both of these programs is voluntary. For more information, the foster parent should consult with their FSW.

Runaways

If a child runs away from the foster home, the foster parent should immediately notify the child's Family Service Worker, On-Call Worker, and/or County Office Supervisor. The Foster Parent should 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 Youth in Foster Care is Arrested

When a youth in foster care is arrested, a foster parent should notify the FSW or On-Call Worker (if after hours). The FSW will talk to law enforcement officials to find out where the youth is being held, the alleged offense, times of the hearings, and possible repercussions. The FSW will also determine if the youth understands his or her legal rights and has not unknowingly waived the rights to silence and to presence of an attorney during any questioning.

The FSW will attempt to have the youth released into the custody of the foster parent if they are willing to sign a statement that the youth will be returned on the day of the detention hearing and/or the adjudication hearing. The youth'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 youth are protected and that the youth has an attorney. The DHS Attorney will represent DHS, when appropriate, in the court hearing. The FSW will attend court with the youth.

Foster Parent Adoption

Once parental rights have been terminated, children may be adopted. A foster parent may apply to 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. The FSW will refer any interested foster parent to an Adoption Specialist.

When foster parents are interested in adopting a child in foster care in their home, DCFS will consider the benefits provided by them for that child and other certain conditions. The child's desires will be especially considered. The FSW will speak with the child alone regarding this major decision in his or her life and help the child consider all the facts.

If a foster parent wishes to adopt a child in their home, the foster parent should make the request known by requesting and completing CFS-489: Foster Parent Request for Consideration to Adopt if the foster parent meets the basic qualifications outlined on the form. Discuss the desire to adopt with the FSW to determine eligibility.

ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT (APPLA)

This goal addresses the quality of services the youth will receive, including transitional services, and a plan for supervision and nurturing. APPLA can only be selected if the youth cannot be reunited with his or her family, another permanent plan is not available, and:

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

This category applies only to those youth who are secure in their setting, who have been with a foster home 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 youth is secure and has demonstrated good adjustment in the foster home and is firm in the decision, after consideration, that he or she does not wish to be adopted;
- The foster parents have revealed their love and affection for the youth but cannot adopt;
- The youth has resided in the foster home sufficiently long to develop close ties;
- It is apparent that the youth should not be placed with birth/legal parents, relatives or adopted; and
- The youth is 14 years old or older.

Transitional Youth Services (TYS)

Transitional Youth Services assists youth age 14-21 who are interested in furthering their educational/vocational goals and who voluntarily participate in the program's services. The program coordinates and provides life-skills training and educational assistance to current and former youth in foster care in preparation for the transition into adulthood and mainstream society. Training is provided in various formats and in accordance with case plans. All training is coordinated through the Family Service Workers and TYS Coordinators. Each County Office can provide more information about this program.

Be Your Own Advocate!

Be Your Own Advocate!, DCFS PUB-50, is a resource for youth in foster care age 14-21 and was developed along with the Youth Advisory Board to provide youth with information they will need while in foster care. This book is only a reference guide. The youth may contact their FSW or TYS Coordinator for any questions or further explanations.

Extended Foster Care

Youth may choose to remain in foster care past the age of 18 for education, treatment, work, or other programs and services as determined appropriate by their Transitional Team. In order to be eligible for extended foster care, youth must meet one of the following criteria:

1. Youth must have been in foster care at or before age 17. OR
2. Youth must have entered care at age 17 or after due to dependency-neglect. OR
3. Youth must have entered foster care at age 17 or after with a prior dependency-neglect status.

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 homeowner's insurance, car insurance, or to the property of others due to the actions of a child placed in a foster home should be filed with the Arkansas Claims Commission. Foster parents or the individual may 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, www.claimscommission.ar.gov.

The foster parents or the individual should contact their County Office and provide information needed to complete an incident report. (This is a different document from the claim form mentioned above.) This incident report will be submitted to Central Office and will be used to assist the Claims Commission in processing the claim.

Foster parents approved by the Division shall not be liable for damages caused by children in foster care, nor shall they be liable to the children in foster care or to the parents or guardians of the children in foster care for injuries to the children in foster care 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)

The information contained within this handbook is a guideline for the DCFS Foster Care Program. If any information contained herein should be in disagreement with official DCFS policy as written in the DCFS Family Services Policy and Procedure Manual or with state/federal law; then the policy or law shall take precedence. DCFS urges discussion of any concerns related to children in foster care in one's home with a Family Service Worker.

In the event one needs to contact the Division of Children and Family Services for any reason, please call the persons listed below in the order they are listed. For example, if one cannot reach the Family Service Worker or feel they need to speak to a supervisor, then one should call the second name listed.

DCFS CONTACT INFORMATION

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 _____

FOSTER PARENT RESOURCE WORKER _____

Work Phone _____

Emergency Phone _____

DCFS AREA DIRECTOR _____

Work Phone _____

Emergency Phone _____

NATIONAL FOSTER PARENT ASSOCIATION CODE OF ETHICS FOR FOSTER PARENTS

Preamble

Foster family care for children is based on the theory that no unit in our society, other than the family, has ever been able to provide the special qualities needed to nurture children to their fullest mental, emotional and spiritual development. If, for a certain period, a family ceases to provide these special qualities, substitute care must be used. It is recognized that ideally, foster care is temporary in nature. Persons who provide foster family care must have commitment, compassion and faith in the dignity and worth of children, recognize and respect the rights of natural parents, and be willing to work with the child-placing agency to develop and carry out a plan of care for the child.

Foster care is a public trust that requires that the practitioners be dedicated to service for the welfare of children, that they utilize a recognized body of knowledge about human beings and their interactions, that they be committed to gaining knowledge about human beings and their interactions, and that they be committed to gaining knowledge of community resources which promote the well-being of all without discrimination.

Each foster parent has an obligation to maintain and improve the practice of fostering, constantly to examine, use and increase the knowledge upon which fostering is based, and to perform the service of fostering with integrity and competence.

Principles

In order to provide quality foster care services, foster parents subscribe to the following principles:

I regard as my primary obligation the welfare of the child deserved.

I shall work objectively with the agency in effecting the permanent plan for the child in my care.

I hold myself responsible for the quality and extent of the services I perform.

I accept the reluctance of the child to discuss his past.

I shall keep confidential from unauthorized persons information pertaining to any child placed in my home.

I shall treat with respect the findings, views and actions of fellow foster parents, and use appropriate channels, such as a foster parent organization, to express my opinions.

I shall take advantage of available opportunities for education and training designed to upgrade my performance as a foster parent.

I respect the worth of all individuals regardless of race, religion, sex or national ancestry in my capacity as a foster parent.

I accept the responsibility to work toward assuring that ethical standards are adhered to by any individual or organization providing foster care services.

I shall distinguish clearly in public between my statements and actions as an individual, and as a representative of a foster parent organization.

I accept responsibility for working toward the creation and maintenance of conditions within the field of foster family care which enable foster parents to uphold the principles of this code.

EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES PUB-357: CHILD
MALTREATMENT ASSESSMENT PROTOCOL

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, but excluding the spouse of a minor and the parents of a married minor, which constitute:

- 1) Failure or refusal to prevent the abuse of the juvenile when the person knows or has reasonable cause to know the juvenile is or has been abused;
- 2) Failure or refusal to provide the necessary food, clothing, shelter, and education required by law, excluding the failure to follow an individualized educational program, 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;

PORNOGRAPHY/LIVE SEX ACT EXPOSURE (Priority I)

I. Definition

A person older than 10 forces a person younger than 18 to view or observe pornography or live sexual activity, or

A caretaker forces or encourages the watching of pornography, or forces, permits or encourages the watching of live sexual activity.

Pornography includes:

- A. Obscene, licentious, or offensive material;
- B. Pictures, movies or videos that lack serious literary, artistic, political, or scientific value and that, when taken as a whole and applying contemporary community standards, would appear to the average person to appeal to the prurient interest;
- C. Material which depicts sexual conduct in a patently offensive manner lacking serious literary, artistic, political or scientific value.

Live sexual activity must include at least one human participant. This includes masturbation and human-on-animal sexual activity, but would not include sexual activity whose participants are exclusively animals or non-humans.

II. Taking a Report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child has been:
 - 1) By a caretaker—forced or encouraged to watch pornography, or forced, permitted, or encouraged to watch live sexual activity.

EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES PUB-357: CHILD MALTREATMENT ASSESSMENT PROTOCOL

2) By any person—forced to watch pornography or live sexual activity.

B. The Child Abuse Hotline shall only accept reports of child maltreatment naming an adult as the victim if:

1) The alleged offender is a caretaker of any child; and

2) The person making the report is one of the following:

- a. The adult victim;
- b. A law enforcement officer;
- c. The victim's counselor or therapist; or
- d. The offender's counselor or therapist.

C. Usage

The reporter has reason to believe that a child has been forced by another person to view or observe pornography, or any live sexual activity; or that a caretaker has forced or encouraged a child to view or observe pornography, or forced, permitted, or encouraged a child to view any live sexual activity.

III. Founding a Report

This allegation may be founded only after the Worker has:

A. Secured a preponderance of evidence that

- 1) A person forced a child to view or observe pornography or any live sexual activity, or
- 2) A caretaker forced or encouraged a child to watch pornography, or forced, permitted, or encouraged a child to watch live sexual activity.

NOTE: The requirements are different to make a true finding against a caretaker than as against a non-caretaker.

THROWING A CHILD (Priority II)

I. Definition

The parent or caretaker of the child has thrown, hurled, flung, pushed, or shoved the child into an object or across a space.

Transitional Life Plan and Agreement

★ Youth: Date of Birth: Age: Ethnicity:

Primary Worker: Primary Worker's Phone #:
 TYS Coordinator: TYS Coordinator's Phone #:

Life Plan Agreement – 6 month Timeline:
Date Needs Assessment completed:

- ★ If I have not participated in my Transitional Life Plan before, I agree to participate now!
- ★ Based on current assessments, the following goals and activities meet my current needs.

Education				
Goal	Activity	Responsible Team Members	Planned Completion Date	Progress
				Met Goal on Date____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification
				Met Goal on Date____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification
				Met Goal on Date____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification
Employment				
				Met Goal on Date____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification
				Met Goal on Date____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification
Health				
				Met Goal on Date____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification
Housing				
				Met Goal on Date____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification
Life Connections				
				Met Goal on Date____ Satisfactory Progress Needs More Time/Assistance Goal Needs Modification



Arkansas Department of Human Services Division of Children and Family Services Checklist for Exiting Care

(This form is to be completed within 90 days of youth's planned exit date.)

Youth's Name: _____ Birth Date: _____ Age: __ Gender: _

Client Number: _____ Social Security Number: _ - _

Address: _____ Phone: _____

City: _____ State: __ Zip Code: ____ - ____

Youth's Life Connections:

1. Name: _____ Phone: _____
 Address: _____
 Email: _____
2. Name: _____ Phone: _____
 Address: _____
 Email: _____
3. Name: _____ Phone: _____
 Address: _____
 Email: _____

- Youth has completed a Transitional Plan and a budget.
- Youth has completed the needed life skills classes.
- Youth has been informed of his/her right to remain in care until age 21 and it is documented.
- Youth has been given a copy of the court case record.
- Youth has identified at least three life connections.
- Youth has obtained a free credit report at www.annualcreditreport.com.
- Youth has received information regarding health care proxy/power of attorney and assistance was provided by OCC, if youth requested.
- Youth has completed an application for ARKids First, Medicaid, or has received assistance in obtaining health insurance.
- Youth has a housing plan and has received assistance in securing housing, if requested.
- Youth has received assistance or support in obtaining employment, if requested.
- Youth has applied to college, university, vocational training program, or another educational institution according to their individual Transitional Plan as needed.
- Youth has applied for financial aid (ETV, FAFSA, etc.).
- Youth has developed a Life Plan and has a copy of it.
- Youth has an email address.
- Youth has at least a 30-day supply of any medication currently prescribed.
- Youth has a list of service providers in their community.
- Youth has been informed of any benefits they may be eligible for due to their status in foster care, including ETV program (www.statevoucher.org).



**Arkansas Department of Human Services
Division of Children and Family Services
Request for After Care Support**

TO: _____ (TYS Coordinator) Area: ___ Date: _____
FROM: _____ (FSW) Phone: (____) ____ - ____ County: _____

Youth's Name: _____ Birth Date: _____ Age: ____ Gender: _
Client Number: _____ Social Security Number: ____ - ____
Address: _____ Phone: (____) ____ - ____
City: _____ State: ____ Zip Code: ____ - ____
Name of Youth's Emergency Contact: _____
Address: _____ Phone: (____) ____ - ____
City: _____ State: ____ Zip Code: ____ - ____

The above named youth is requesting After Care Support. In order to be eligible, the youth must meet the following requirements.

1. Youth must have been in foster care on their 18th birthday **OR** adopted **OR** placed in permanent guardianship, on or after their 16th birthday.
2. Youth must be between the ages of 18 and 21. (Youth must request After Care before the age of 21.)

Please see POLICY VIII-C for guidance on how After Care Support can be used.

Case Assigned to Coordinator

Referring Supervisor's Name

Referring Supervisor's Signature

Date

Youth's Signature (Required)

Date

TYS Coordinator's Name

TYS Coordinator's Signature

Date

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN & FAMILY SERVICES**

TYS COORDINATOR MONTHLY SUMMARY

COORDINATOR: _____ AREA: _____ DATE: _____

1. Number of youth attending workshops during the month. _____
2. Number of foster parents attending workshops during the month. _____
3. Number of staff attending workshops during the month. _____
4. Number of transitional team meetings attended for youth age 16 and older. _____
5. Number of youth **in foster care** for whom start-up items were purchased during the month (purchase order actually issued and used). _____
6. Number of youth **receiving After Care services** for whom start-up items were purchased during the month (purchase order actually issued and used). _____
7. Number of video presentations made this month. _____
8. Number and name of area life-skills training resources contacted during the month. (Any source. Please list on separate sheet.) _____
9. Number of transitional youth in high school who were employed during the month. _____
10. Number of transitional youth in a post-secondary program who were employed during the month. _____

PLEASE PROVIDE A SUMMARY OF TRANSITIONAL SERVICES ACTIVITIES DURING THE MONTH:



**Arkansas Department of Human Services
Division of Children and Family Services
CERTIFICATION OF ABSENCE OF CRIMINAL RECORD
(For Youth Age 10-17)**

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Child's Name: _____ DOB: _____

I hereby verify that my child(ren) age 10-17 listed above do(es) not possess a criminal record.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

County of _____ State of Arkansas	
Acknowledged before me, this _____ day of _____, _____	
_____ Notary Public	My commission expires: _____



**Arkansas Department of Human Services
Division of Children and Family Services
FOSTER FAMILY SUPPORT SYSTEM (FFSS) INFORMATION**

Name(s) of Prospective Foster Parent(s) _____

County _____ Date _____

FFSS Applicant's Name _____ **Age** _____

Phone #1 _____ **Phone #2** _____

Email _____

Spouse's Name _____ **Age** _____

Phone #1 _____ **Phone #2** _____

Email _____

Street Address _____

City _____ **Zip** _____

Mailing Address (if different) _____

CHILDREN		
NAME	AGE	Do they reside with you? If no, list their place of residence.



Arkansas Department of Human Services Division of Children and Family Services IN HOME CONSULTATION VISIT REPORT

*The In Home Consultation Visit is the first formal step in the foster and/or adoptive parent application process.
Failure to supply complete and accurate information may result in a delay in processing the application.*

Date Completed Inquiry/Info Meeting: _____ Date of Initial Contact: _____

Date of Home Visit: _____ County: _____

TYPE OF HOME PREFERENCE: FOSTER HOME ADOPTIVE HOME

Prospective Father's Name: _____ SSN: _____ Age: _____

Race: _____ Highest Grade Completed: _____ Religious Preference: _____

Prospective Mother's Name: _____ SSN: _____ Age: _____

Race: _____ Highest Grade Completed: _____ Religious Preference: _____

Address, City, State, Zip: _____

Home Phone: (____) ____ - ____

Prospective Father: Work Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Prospective Mother: Work Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

I. FAMILY COMPOSITION:

Two Parent Household Single Parent Household

PREVIOUS MARRIAGES

Prospective Father		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

Prospective Mother		
Dates of Previous Marriage	Divorced (check if applicable)	Widowed (check if applicable)

Please list all pets and breeds, if applicable, in the home:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

CHILDREN THAT LIVE IN THE HOME FULL-TIME OR PART-TIME (e.g. college-age children, stepchildren)

NAME	DOB	M/F	RELATIONSHIP TO APPLICANT	PLACE OF EMPLOYMENT OR SCHOOL/GRADE

OTHER PEOPLE LIVING IN THE HOME (anyone living in the home for 3 months or more, whether consecutively or cumulatively, must be listed):

NAME	DOB	M/F	RELATIONSHIP TO APPLICANT	PLACE OF EMPLOYMENT OR SCHOOL/GRADE

II. EMPLOYMENT INFORMATION (places of employment for the last 6 years beginning with current place of employment)

PROSPECTIVE FATHER		
Name and Address of Employer	Dates of Employment	Working Hours

PROSPECTIVE MOTHER		
Name and Address of Employer	Dates of Employment	Working Hours

III. MILITARY HISTORY

	Branch(es)	Rank	Dates	Honorably Discharged?
Prospective Father				
Prospective Mother				

IV. ADDITIONAL INFORMATION

1. Have the applicants previously applied or been approved to foster? Yes No
2. If yes, please provide agency name, city, and date: _____
3. Have the applicants ever been denied to foster? Yes No
4. Have the applicants previously applied or been approved to adopt? Yes No
5. If yes, please provide agency name, city, and date approved: _____
6. Have the applicants ever been denied for adoption? Yes No
7. Can the applicants provide reliable transportation for the child(ren)? Yes No

8. Do the applicants have any pending legal actions? Yes No

9. If yes, please provide a brief explanation: _____

V. APPLICANTS' HOME	YES	NO
1. Home is accessible to community resources needed by the foster/adopted children.	<input type="checkbox"/>	<input type="checkbox"/>
2. Home is clean and free of hazards.	<input type="checkbox"/>	<input type="checkbox"/>
3. Prospective foster or adoptive family own <input type="checkbox"/> or rent <input type="checkbox"/> the home. <i>(If renting, they will need written permission from the landlord.)</i>		
4. Foster/adoptive child(ren) will sleep in a bedroom, not a living room, or dining room where others pass through.	<input type="checkbox"/>	<input type="checkbox"/>
5. Each bedroom has at least 50 square feet of floor space per occupant.	<input type="checkbox"/>	<input type="checkbox"/>
6. Each bedroom to be used for foster children has a window to the outside which is capable of serving as an emergency escape.	<input type="checkbox"/>	<input type="checkbox"/>
7. No more than 4 children shall share a bedroom.	<input type="checkbox"/>	<input type="checkbox"/>
8. Each child shall be provided a comfortable bed, in good condition.	<input type="checkbox"/>	<input type="checkbox"/>
9. Children of the opposite sex shall not share the same bedroom if either child is four years old or older, except for a mother in foster care with her child.	<input type="checkbox"/>	<input type="checkbox"/>
10. No children shall share a bed if either child is 4 years old or older.	<input type="checkbox"/>	<input type="checkbox"/>
11. No child under 6 years of age shall occupy a top bunk.	<input type="checkbox"/>	<input type="checkbox"/>
12. No children, except infants less than 2 years of age, shall share a sleeping room with adults. In the case of a grandparent to the child, the age would increase to 4.	<input type="checkbox"/>	<input type="checkbox"/>
13. Children will share a sleeping room with an adult only when sick or temporarily in need of constant supervision.	<input type="checkbox"/>	<input type="checkbox"/>
14. No transient roomers or boarders reside in the home.	<input type="checkbox"/>	<input type="checkbox"/>
15. The number of children to be placed in the home is not limited by the number of person who can satisfactorily live within the physical limits of the home.	<input type="checkbox"/>	<input type="checkbox"/>
16. Individual space will be provided for each child's clothing and personal possessions.	<input type="checkbox"/>	<input type="checkbox"/>

VI. SAFETY STANDARDS	YES	NO
1. Home has a continuous supply of sanitary drinking water.	<input type="checkbox"/>	<input type="checkbox"/>
2. The municipal water system is part of _____(City), County of _____. <i>If the source is not a municipal water system, the water must be tested and approved annually by the Arkansas Department of Health.</i>		

3. Home has adequate light, heat, ventilation, and plumbing for safe and comfortable living.	<input type="checkbox"/>	<input type="checkbox"/>
4. Home has a minimum of one flush toilet, one sink with running water, and one bath or shower with hot and cold water.	<input type="checkbox"/>	<input type="checkbox"/>
5. Over-the counter medications are stored in an area not readily accessible to children and all prescriptions medications are locked away.	<input type="checkbox"/>	<input type="checkbox"/>
6. All cleaning supplies, insecticides, gasoline, hazardous tools, knives, guns, or similarly dangerous objects are locked up.	<input type="checkbox"/>	<input type="checkbox"/>
7. All firearms are maintained in a secure, locked location or secured by a trigger lock.	<input type="checkbox"/>	<input type="checkbox"/>
8. Children will have access to indoor and outdoor play areas.	<input type="checkbox"/>	<input type="checkbox"/>
9. A fence or barrier prevents a child's access to a busy street or highway, body of water, swimming pool, or other dangerous area.	<input type="checkbox"/>	<input type="checkbox"/>
10. Home has at least two exterior doors situated to provide safe exit or home has a written statement from the Fire Department that an alternative escape route is approved.	<input type="checkbox"/>	<input type="checkbox"/>
11. Bedrooms to be occupied by children in foster care have a window to the outside.	<input type="checkbox"/>	<input type="checkbox"/>
12. Prospective foster/adoptive home is a mobile home.	<input type="checkbox"/>	<input type="checkbox"/>
13. Mobile home is properly installed and stabilized and has an agency approved safety plan for tornado safety.	<input type="checkbox"/>	<input type="checkbox"/>
14. Home has an operational telephone. <i>A working cell phone kept on the premises is acceptable. The phone shall be accessible to children.</i>	<input type="checkbox"/>	<input type="checkbox"/>
15. Emergency phone numbers (911, fire, ambulance, and responsible adult to contact in case of emergency) are posted near each telephone and/or programmed into the cell phone that is accessible to the children.	<input type="checkbox"/>	<input type="checkbox"/>
16. Indoor and outdoor pets have proof of current rabies vaccinations as required by Arkansas law.	<input type="checkbox"/>	<input type="checkbox"/>
17. Applicants and/or other household members smoke. <i>If yes, list smokers' names:</i>	<input type="checkbox"/>	<input type="checkbox"/>
18. Liquor and other alcoholic beverages are kept out of reach of children.	<input type="checkbox"/>	<input type="checkbox"/>
19. All 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.	<input type="checkbox"/>	<input type="checkbox"/>
20. Home has a safe sewage disposal system that has been inspected and approved by the Department of Health and documented via CFS-455.	<input type="checkbox"/>	<input type="checkbox"/>
21. 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.	<input type="checkbox"/>	<input type="checkbox"/>

22. The cooking area contains an operational chemical fire extinguisher.	<input type="checkbox"/>	<input type="checkbox"/>
23. Smoke detectors or fire alarms are in working order and situated within 10 feet of the kitchen and each bedroom.	<input type="checkbox"/>	<input type="checkbox"/>
24. No obvious hazards exist, such as dangerous or defective heating equipment, flammable material, defective electrical appliances or electrical cords, extension cords. <i>If yes, all such items must be eliminated or corrected.</i>	<input type="checkbox"/>	<input type="checkbox"/>
25. Exterior doors are neither blocked, nor do they prevent easy exit?	<input type="checkbox"/>	<input type="checkbox"/>
26. Interior doors or halls are neither blocked/cluttered, nor do they prevent easy exit.	<input type="checkbox"/>	<input type="checkbox"/>
27. Family has a plan for evacuating the house in the event of fire or other emergency that they will practice with each new child entering the home.	<input type="checkbox"/>	<input type="checkbox"/>
28. Family has a plan for seeking shelter during a storm or tornado.	<input type="checkbox"/>	<input type="checkbox"/>
29. Family has been informed that quarterly fire drills must be performed and documented.	<input type="checkbox"/>	<input type="checkbox"/>
30. Yard is free of unused appliances, dangerous debris, trash, or uncovered cisterns.	<input type="checkbox"/>	<input type="checkbox"/>

VII. NARRATIVE

What are the sleeping arrangements for all members of the household and what is the square footage of each bedroom?

What is each prospective foster/adoptive parent's daily routine?

If the prospective foster/adoptive parent works outside of the home, what are the child care plans?

Please give a detailed narrative of the family. Be sure to include family composition, place of employment, number of bedrooms and bathrooms in the home.

NEW

VIII. FINANCIAL STATEMENT (recent check stubs and the previous year's income tax return are required for employment verification)

Monthly Income		Real Property Value		Insurance Coverage		Monthly Expenses	
<i>Prospective Father</i>				Medical Company	_____	Rent/House Payment	\$ _____
Gross Income	\$ _____	House/Land	\$ _____	Type	_____	Child Care	\$ _____
Net Income	\$ _____	Buildings	\$ _____	Coverage	\$ _____	Credit Card Accounts	\$ _____
Other Income	\$ _____	Autos	\$ _____	Life Insurance Co.	_____	Dental/Medical/Drugs	\$ _____
Total Income	\$ _____	Other	\$ _____	Type	_____	Loans	\$ _____
		Other	\$ _____	Coverage	\$ _____	Insurance Premiums	\$ _____
		Other	\$ _____	Home Insurance Co.	_____	Living Expenses (food, utilities, etc.)	\$ _____
		Other	\$ _____	Type	_____	Other Expenses (gas, recreation, etc.)	\$ _____
<i>Prospective Mother</i>		Other	\$ _____	Coverage	\$ _____	Total Expenses	\$ _____
Gross Income	\$ _____	Other	\$ _____	Car Insurance Co.	_____		
Net Income	\$ _____	Other	\$ _____	Type	_____		
Other Income	\$ _____	Other	\$ _____	Coverage	\$ _____		
Total Income	\$ _____	Total Value	\$ _____	Other Insurance Co.	_____		
				Type	_____		
				Coverage	\$ _____		
<u>Savings</u>							
Prospective Father	\$ _____						
Prospective Mother	\$ _____						
Joint Savings	\$ _____						

IX. STANDARDS: Prospective foster and adoptive families must be informed of the following foster/adoptive home approval standards during the initial visit: Foster homes and adoptive homes must meet the same approval standards.

1. All applicants must attend pre-service training if selected into the program.
2. Age Requirements
 - a. Foster parent applicants must be 21 to 65 years old.
 - b. Adoptive parent applicants must be at least 21 years old.
 - c. Generally, at least a 10 year age difference and no more than a 45 year age difference between the child and adoptive applicant is preferred.
3. Health Requirements
 - a. Physical examinations are required for each member of the household, including an annual TB skin test for all members of the household 12 years and older as long as the test remain negative.
 - b. A household member with a positive skin test must provide documentation from a physician every two years certifying that he or she is free from communicable tuberculosis.
 - c. The Division of Children & Family Services will neither pay for the physicals nor reimburse families for the cost of the physicals.
 - d. Copies of immunization records for children are required.
4. Family Composition
 - a. Prospective foster and adoptive families may be two-parent or single-parent households.
 - b. A minor may not be adopted or placed in a foster home if the individual seeking to adopt or serve as the foster parent is cohabiting with a sexual partner outside of marriage which is valid under the constitution and laws of Arkansas. The prohibition applies equally to cohabiting opposite-sex and same-sex individuals. Additionally, there may not be any other adults in the home cohabiting with a sexual partner outside of a marriage which is valid under the constitution and laws of Arkansas.
 - c. There can be no roomers or boarders in the home. Family members are not considered roomers or boarders.
 - d. Prospective foster and adoptive applicants must provide a copy of a current marriage license and/or current divorce decree.
 - e. There will be no more than 5 unrelated foster children in the home. The foster home may care for more children if they are related to each other. The foster parents shall not have more than 8 children in their home, including their own children. Foster homes shall have no more than 2 children under the age of 2 years, including the foster parents' own children. Foster homes shall have no more than 3 children under the age of 6 years, including the foster parents' own children.
5. Religion – Foster parents shall respect the religious preferences of children in their care.

6. Employment
 - a. Foster/adoptive applicants may be employed outside the home. In 2-parent families, it is recommended that at least one parent remain home with the child after the initial placement to provide security and an initial adjustment period for the child.
 - b. Arrangements for a caretaker must be made ahead of time.
 - c. Child care providers for children in foster care must be on the voucher system and licensed by the Division of Child Care and Early Childhood Education or on the Voluntary Child Care Registry.
7. Background Checks
 - a. Arkansas State Police Criminal Record checks must be completed on all members of the household age 18 and older.
 - b. FBI fingerprint-based criminal background checks must be completed on all members of the household age 18 and older.
 - c. Child Maltreatment Central Registry checks must be completed on all household members age 10 and older.
 - d. Foster parents shall certify in writing via CFS-341 that all household members age 10-17 do not have criminal records.
 - e. DCFS will check the driving record (violation points) for each potential foster/adoptive parent and other applicable members of the household. The Arkansas State Vehicle Safety Program sets the maximum number of traffic violation points a foster parent may be allowed.
8. Knowledge – Prospective family should have some knowledge of child growth and development. The knowledge should be applied to the following: daily activities, clothing and personal belongings, discipline and control, health care, education, religious and ethnic heritage.

X. RESPONSIBILITIES: As outlined in the Minimum Licensing Standards, the responsibilities of foster parents are listed below.

1. Foster parents shall be responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well being of each child placed into their home, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.
2. Foster parents shall provide regular activities to promote the physical, social, intellectual, spiritual, and emotional development of the children in care.
3. 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.
4. Foster parents shall allow foster children to acquire and keep personal belongings.
5. Foster parents shall fully cooperate with DCFS's efforts to achieve the case plan goals for each foster child, including visitation.
6. Foster parents shall provide routine transportation for each child.

7. Foster parents shall attend and participate in case planning and case plan reviews.
8. Foster parents shall attend school conferences concerning a foster child, and shall notify DCFS of any situations that may affect the case plan or require agency involvement.
9. Foster parents shall notify DCFS promptly of serious illness, injury, or unusual circumstances affection the health, safety, or welfare of the foster child.
10. Foster parents shall cooperate with DCFS in conducting monitoring and investigations, and shall provide information required to verify compliance with rules.
11. Foster parents shall maintain absolute confidentiality of private information about each foster child and the birth family.
12. The foster parents shall give advance notice to DCFS of any major changes that affect the life and circumstances of the foster family, including a change of residence, whenever possible.
13. 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 extracurricular school or church activities;
 - c. Trophies, awards, ribbons, etc.

DOES THE HOME MEET STANDARDS? Yes No

If No, list the standards not met and corrective action plan or safeguard measure to be implemented.

Standard Not Met & Corrective Action Plan or Safeguard Measure	Prior to Training	Prior to Home Approval	Person(s) Responsible

XI. BACKGROUND CHECKS: (Make additional copies of pages as necessary.)

NAME OF PERSON CHECKED:					
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECK
	FBI	STATE	VSP 1	VSP 2	
SUBMITTED					
RECEIVED					
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved				

NAME OF PERSON CHECKED:						
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECK	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17 (if applicable)
	FBI	STATE	VSP 1	VSP 2		
SUBMITTED						
RECEIVED						
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved					

NAME OF PERSON CHECKED:						
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECK	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17 (if applicable)
	FBI	STATE	VSP 1	VSP 2		
SUBMITTED						
RECEIVED						
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved					

NAME OF PERSON CHECKED:						
DATES (mm/dd/yyyy)	CRIMINAL RECORD CHECK		VEHICLE SAFETY PROGRAM		CENTRAL REGISTRY CHECK	ABSENCE OF CRIMINAL RECORD FOR YOUTH 10-17 (if applicable)
	FBI	STATE	VSP 1	VSP 2		
SUBMITTED						
RECEIVED						
RESULTS	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved					

XII. RECOMMENDATIONS

Home evaluator recommends approval of applicants to attend training? Yes No

Evaluator Name

Date

Evaluator Signature

Area Director/Adoption Supervisor approves applicants to attend training? Yes No

Area Director/Adoption Supervisor Name

Date

Area Director/Adoption Supervisor Signature

Date submitted to MidSOUTH: _____

VII. DEVELOPMENT OF FOSTER HOMES

POLICY VII-A: FOSTER HOME PURPOSE AND ROLES

01/2011

The development of quality foster homes is a process essential for ensuring the safety and well-being of children in care while concurrently supporting children's permanency goals. The foster family is part of a team also comprised of DCFS, the child in foster care, the custodial/non-custodial parents and other appropriate community members. When these team members understand their own and each others' roles and cooperate, the quality of the experience for everyone is increased, and the well-being of the child and his or her family is positively affected.

For the purpose of title IV-E eligibility, a foster home means the home of an individual or family licensed or approved as meeting the standards established by the Child Welfare Agency Review Board that provides 24-hour out-of-home care for children (with respect to foster family homes on or near Indian reservations, approval would rest with the tribal licensing or approval authority). Foster homes that are approved must be held to the same standards as foster homes that are licensed. Anything less than full licensure or approval is insufficient for meeting title IV-E eligibility requirements.

In addition, the Child Welfare Agency Licensing Act defines a foster home as a private residence of one or more family members that receives from a child placement agency any minor child who is unattended by a parent or guardian in order to provide care, training, education, custody or supervision on a 24 hour basis, not to include adoptive homes. The home must meet foster home standards and the individual child's needs for the duration of the placement.

There are two types of DCFS foster homes: Provisional Foster Homes and Regular Foster Homes.

Provisional foster homes are identified and recruited by the Family Service Worker, who, in an effort to preserve family connections and expedite placement, may seek to place a child in foster care with a relative. "Relative" means a person within the fifth degree of kinship by virtue of blood or adoption (see POLICY VI-A) if one has been identified and is appropriate.

The purpose of opening a provisional foster home is to enable DCFS to make a quick placement for a child with a relative with whom a bond already exists. Therefore, a provisional home may be opened before the results of the FBI Background Check are received, before the provisional foster parents have completed the pre-service training, and before a full home study is finished (however a walkthrough of the home is required before placement in a provisional home). These are the only differences in approval requirements, including minimum licensing requirements, between provisional foster homes and regular foster homes in Arkansas.

Once opened as a provisional home, DCFS staff works with the foster parents in that home to bring them into full compliance within a six month period. Provisional foster homes that are not in full compliance at the end of six months must be closed and the child(ren) removed, unless the relative has acquired custody. If the home is opened as a regular foster home, the foster parents may then request to care for non-relative children in foster care with the understanding that additional evaluation of their home would be required to ensure that it would be an appropriate placement for non-relative children.

EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY & PROCEDURES MANUAL

DCFS is licensed to approve foster homes. Regular Foster Homes are approved foster homes that may provide care for both related and non-related children. In addition, a Regular Foster Home may also serve, if desired, as an emergency home or as an informal respite home.

An emergency home is where the foster parents agree to provide temporary, short-term care for any child who is referred by the child-placing agency at any hour of the day or night. Emergency referrals include children placed in emergency custody of the child-placing agency by the courts, children for whom the child-placing agency is searching for a suitable regular foster home, and children who must be removed from a foster home before another suitable foster home is located. Placements are of short duration, pending outcome of a court hearing or location of a suitable regular foster home or relative. An informal respite home provides temporary care (no more than seven continuous days at one time) for children in out-of-home placements when the children's full-time foster family is unable to do so and a member of the foster family's support system cannot assist. (See POLICY VII-G: Alternate Care.)

DCFS employees are only permitted to be agency-approved foster homes for informal respite care purposes (see POLICY VII-G: Alternate Care). However, in situations where Division staff are relatives of 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 for the relative/employee to serve as a full-time foster home on a case-by-case basis.

For additional information, see PUB-11: What Happens When Your Child and Family Are Involved in DCFS?, PUB-22: Standards of Approval for Foster Homes and PUB-30: Foster Parent Handbook.

POLICY VII-B: FOSTER HOME RECRUITMENT AND RETENTION

01/2011

The Division shall recruit a sufficient number of foster families to ensure that all children are placed in the least-restrictive, most family-like setting that meets each child's individual needs. Recruitment should result in an increased number of qualified, trained foster families in Arkansas. The Division shall diligently recruit potential foster families that reflect the ethnic and racial diversity of children in care. Targeted recruitment of specialized foster parents shall address the special needs of children needing placement.

Recruitment of new foster families is an ongoing activity for which all staff are responsible. However, Resource Workers in each Area will take the lead role in the recruitment process. Recruitment efforts include, but are not limited to, participation from current foster parents, development of local and statewide media campaigns, and collaboration with community organizations.

Each Area Director will develop an annual recruitment plan to be initiated at the beginning of each fiscal year. The CFS-445: Family Foster Home Needs Assessment will be utilized in the development of the recruitment plan. The plan will outline ongoing recruitment efforts for the Area. The Family Foster Home Needs Assessment will also be utilized in the development of the Area Foster Home Recruitment Plan and the Statewide Foster Home Recruitment Plan.

As part of foster home recruitment, each county will host information meetings to explain the steps to becoming a foster parent as well as the responsibilities that foster parents have to children and their families who are involved with DCFS. The information meeting will also help attendees better determine if they want to apply to become a foster home. Prospective foster parents should attend an information meeting prior to beginning the application process. Neighboring counties may hold joint information meetings to better accommodate schedules and maximize staff time.

Recruitment does not end when a foster home is opened. It must be sustained with retention efforts. DCFS will retain quality foster homes by ensuring good communication with and support to foster families.

PROCEDURE VII-B I: Foster Parent Recruitment

All staff should participate in recruitment efforts. While the following is not a comprehensive list, staff should:

- A. Encourage foster parents to:
 - 1) Make one-to-one contacts with other individuals who may be or have expressed interest in fostering.
 - 2) Schedule speaking engagements with community groups in order to share information about fostering.
- B. Actively coordinate with professional organizations and minority groups to create public interest.
- C. Contact community organizations and media to inform them about DCFS needs and successes.
- D. Conduct Information Meetings.

The Area Director or designee will:

- A. Conduct an annual assessment of current foster homes and identify the need for additional foster homes by utilizing the CFS-445: Foster Home Needs Assessment.
- B. Discuss the CFS-445, referrals, and inquiries with Resource Workers.
- C. Submit the CFS-445 to the Foster Care Unit.

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The Foster Care Unit will:

- A. Use the CFS-445: Foster Home Needs Assessment to inform the statewide foster home recruitment plan.
- B. Share the statewide foster home recruitment plan with the field.

PROCEDURE VII-B2: Retention of Foster Homes

All DCFS staff will:

- A. Ensure good communication among all team members, as well as mutual respect, understanding, and honesty.
- B. Keep foster parents informed of DCFS programs, services, and policies that relate to foster care.
- C. Support foster homes as needed in order to best serve children and families.

Resource Workers will:

- A. Discuss and assist foster parents in understanding their rights and responsibilities as foster parents as well as the rights and responsibilities of the Division.
- B. Provide foster parents with the county on-call contact information sheet
- C. Visit homes quarterly for monitoring to ensure compliance with licensing standards and foster home requirements, address any issues, and offer support to the foster family.
- D. Engage external stakeholders and shares relevant information supporting practice model.
- E. Inform foster parents of their right to a grievance procedure when differences arise with DCFS which have not been resolved to the foster parents' satisfaction, as outlined in PUB-30: Family Foster Parent Handbook.

PROCEDURE VII-B3: Inquiries

The County Supervisor or designee will:

- A. Assign foster care-only inquiries to the designated Resource Worker (notification of internet inquiries made by prospective foster parents will go directly to the designated supervisor, who will assign the inquiry to the designated Resource Worker).
- B. Assign inquiries regarding both Adoption and Foster Care to the designated Area Resource Worker, and ensure that the appropriate Adoption Supervisor will assign an Adoption Specialist as secondary.
- C. Relay adoption-only inquiries to the Adoption Supervisor.

The designated Resource Worker will:

- A. Enter information documenting all activities with the family beginning with Applicant Status (Inquiry) to the approval process in CHRIS. This includes all appropriate Provider Screens – General Information Tabs, Household Members/Requirements Tabs, Contacts Screen, Preferences Tab and Services Details Screen.
- B. Respond to all phone and internet inquiries within three working days.
 - 1) When an inquiry is made, give a brief explanation of the county foster care needs, correct any misinformation the caller may have, and explain the foster parent assessment process.
 - 2) Inquiries made via the website will automatically populate the appropriate CHRIS county inbox the next working day.

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The designated staff person will provide the family with an information packet within three working days after initial contact is made. The information packet will consist of:

- A. A letter identifying a contact person.
- B. PUB-406: Care, Commit, Connect.
- C. PUB-409: What is DCFS?
- D. PUB-20: Open Your Heart, Open Your Home to Foster Care (if applicable).
- E. Arkansas Heart Gallery brochure (if applicable).

Copies of the brochures can be obtained from the Adoption and Foster Care Units.

PROCEDURE VII-B4: Information Meetings

The Resource Worker or designee will:

- A. Address the following topics at the Information Meeting:
 - 1) Overview of foster care
 - 2) Demographics and characteristics of children in care
 - 3) Types of foster homes needed in the county
 - 4) Approval standards
 - 5) Application and assessment process (i.e., the application process formally begins when the In-Home Consultation is successfully completed).
- B. Ensure a current or former foster or adoptive parent is present and available to answer questions.
- C. Provide all participants with a copy of PUB-22: Standards of Approval for Family Foster Homes.
- D. Provide all participants with a Background Check Packet (MidSOUTH shall not provide the packet to prospective foster families), which includes:
 - 1) FBI fingerprint card
 - 2) CFS-316: Request for Child Maltreatment Central Registry Check
 - 3) CFS-341: Certification of Absence of Criminal Record
 - 4) CFS-342: State Police Criminal Record Check
 - 5) CFS-419: Foster Family Support System Information
 - 6) CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers
 - 7) VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
 - 8) VSP-2: Authorization to Obtain Traffic Violation Record
 - 9) Arkansas State Vehicle Safety Program Manual
- E. Have a notary present to notarize the forms in the Background Check Packet if the family chooses to complete during the Information Meeting.
- F. Provide participants with additional Background Check Packets for their Foster Family Support System (see POLICY VII-G: Alternate Care).

POLICY VII-C: FOSTER HOME ASSESSMENT PROCESS

01/2011

In order to ensure quality foster homes, DCFS will complete a thorough home assessment for each prospective foster family. The home assessment is a mutual selection process. It involves several components including, but not limited to, an in-home consultation visit, background checks, pre-service training, a home study, and ongoing consultation with the prospective foster parents to ensure that all appropriate criteria related to both compliance and quality are met. Prospective foster parents, with the exception of provisional foster parents, are highly encouraged to attend an Information Meeting before the In-Home Consultation Visit.

Basic criteria for consideration in determining the appropriateness of foster homes (provisional and regular) includes, but is not limited to:

Age:

Applicant is at least 21 years old.

Marital Status:

- A. In a two-parent home, the husband and wife shall be joint applicants; each shall actively participate in the approval process, and shall provide verification that they are married. The marriage shall be stable.
- B. A person who is divorced must provide verification of that divorce and must be divorced for at least one year from the date on the court order (i.e., verification of any divorces that were finalized in the preceding year only are required).
- C. A person who is widowed must provide verification that they have been widowed for at least one year.
- D. Couples who are separated may not apply to be foster parents.
- E. A single person may apply to foster.

General Physical and Mental Health:

Members of the household must not have a health condition or disability that would interfere with the family's ability to parent the child. Each member of the household shall have a physical examination by a physician within six months prior to the approval of the home study on the prospective foster family, and annually thereafter.

Housing:

- A. Space is adequate to promote health and safety. Each bedroom should have at least 50 square feet of space per occupant.
- B. All firearms are maintained in a secure, locked location.
- C. All water hazards and dangerous pets will be assessed. Safeguard measures will be implemented, as appropriate.
- D. Children of opposite sexes will have their own separate bedrooms if either child is four years old or older, except for a mother in foster care with her child(ren).
- E. Water is provided by public water system or approved by the Department of Health.

Resources:

The applicant must have sufficient resources to meet the financial, medical, physical, educational, emotional, and shelter needs of the child without depending on state or federal financial assistance (e.g., SNAP, etc) to meet those needs (although these forms of assistance may be used to supplement a family's income). A recent check stub and the previous year's income tax return is required to verify income and employment. While the

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foster care board payment may be a resource for a child, foster parents should have sufficient resources to care for a child even without a board payment. The foster care board payment shall not be considered a part of the foster family's income.

The Division shall place children in approved foster homes where the foster parents and appropriate members of the household have been cleared through a series of background checks: the Arkansas Child Maltreatment Central Registry, the Arkansas State Police Criminal Record Check and an FBI Criminal Background Check.

Foster parents and other members of the household age 10 years and older, excluding children in foster care, must be cleared through the Arkansas Child Maltreatment Central Registry. The Arkansas Child Maltreatment Central Registry Check will be repeated every two years on all appropriate household members. If applicable, a Child Maltreatment Central Registry Check should also be conducted on each household member age 10 years of older in any state of residence in which they have lived for the past six years, and in their state of employment, if different, for reports of child maltreatment.

Foster parents and all other members of the household age 18 years and older, excluding children in foster care, must also be cleared through the State Police Criminal Record Check. The State Police Criminal Record Check shall be repeated every two years on all appropriate household members.

Foster parents and all members of the foster home who are 18 years of age and older, excluding children in foster care, must also clear an FBI fingerprint-based Criminal Background Check for all foster parent applicants. DCFS will check the driving record (violation points) for each prospective foster parent and other applicable members of the household. The Arkansas State Vehicle Safety Program sets the maximum number of traffic violation points a foster parent may be allowed.

Foster parents must also complete the Division's pre-service training curriculum which includes 27 hours of Foster/Adopt PRIDE training and three hours of DCFS orientation prior to placement of a child. Foster parents must also complete CPR and Standard First Aid Training and receive certification in both areas.

The purpose of the assessment process is to educate prospective foster parents on the characteristics of children in out-of-home placement and evaluate their ability to meet those needs, as well as evaluate the applicants' compliance with the DCFS standards of approval for foster homes

The home study (a component of the overall home assessment) assists in determining if a family is ready, willing and able to become a suitable and safe placement resource for a child. The home study must evaluate a family's dynamics in areas including but not limited to, motivation for wanting to foster, health, education, lifestyle, daily schedules, parenting practices, support systems and personal histories. By learning more about these areas, the home study assists in ascertaining how members of a family function individually and as a unit, and, subsequently, helps inform the recommendation as to whether a family should serve as a foster home. To complete a successful home study, the Division uses CFS-405: Foster Care/Adoption Services Family Assessment Information.

If at any point throughout the home assessment process a prospective foster home is found to be out of compliance with a licensing standard or a DCFS policy, this non-compliance issue must be addressed. However, if the Resource Worker determines that the non-compliance issue would not endanger the safety or well-being of children placed in a home, an Alternative Compliance or DCFS Waiver may be requested as appropriate. If the individual conducting the home study finds non-compliance, he or she must notify the Resource Worker who should then take the appropriate steps outlined above to address the non-compliance issue. For more information, on requesting an Alternative Compliance or DCFS Waiver, see Appendix IX.

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The successful completion of all home assessment components will allow the Division to assess the quality and capability of foster homes. The home assessment process will also assist prospective foster parents in determining if fostering is appropriate for them and, if so, prepare them for their new role.

PROCEDURE VII-CI: Background Check Processing

If the prospective foster family did not attend an Informational Meeting, the Resource Worker must provide the family with a Background Check Packet which includes:

- 1) FBI fingerprint card
- 2) CFS-316: Request for Child Maltreatment Central Registry Check
- 3) CFS-341: Certification of Absence of Criminal Record
- 4) CFS-342: State Police Criminal Record Check
- 5) CFS-419: Foster Family Support System Information
- 6) CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers
- 7) VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
- 8) VSP-2: Authorization to Obtain Traffic Violation Record
- 9) Arkansas State Vehicle Safety Program Manual

The Resource Worker must process all of the following forms for the appropriate foster family members and the Foster Family Support System and will:

- A. Submit the signed CFS-593, VSP-1 and VSP-2 to the Vehicle Safety Program Coordinator along with a clear copy of the driver's license for each prospective foster parent and applicable teenage driver.
 - 1) Copy the front and back of the driver's license.
 - 2) Document in CHRIS.
 - 3) The county office must receive the results of the Arkansas State Vehicle Safety Program check before the family can be approved for training.
- B. Submit the completed CFS-316: Request for Child Maltreatment Central Registry Check for each household member age 10 years and older, excluding children in foster care. The CFS-316 must be notarized. The Child Maltreatment Central Registry Check will be repeated every two years.
 - 1) If applicable, a Child Maltreatment Central Registry Check should also be conducted on each household member age 10 years or older in any state of residence in which they have lived for the past six years, and in their state of employment, if different, for reports of child maltreatment.
 - 2) Route each completed CFS-316 to the Central Registry Unit.
 - 3) Document on the Provider Household Member Required Checks Information Screen.
 - 4) File a copy of the results in the county office. The county office must receive the results of the Child Maltreatment Central Registry Check before the family can be approved for training.
- C. Use CFS-341: Certification of Absence of Criminal Record to obtain written certification from the foster parents that any household members ages 10-17 do not have a criminal record. File a copy in the case record.
- D. Submit the completed CFS-342: State Police Criminal Record Check for each household member age 18 years and older, excluding children in foster care. The CFS-342 must be notarized. The State Police Criminal Record Check must be completed prior to requesting the FBI Criminal Background Check. The State Police Criminal Record Check shall be repeated every two years.
 - 1) Route each completed CFS-342 to the Criminal Records Unit.
 - 2) Document on the Provider Household Member Required Checks Information Screen.
 - 3) File a copy of the results in the county office. The county office must receive the results of the Criminal Record Check before the family can be approved for training.

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- E. Process an FBI fingerprint-based Criminal Background Check for all foster parent applicants and all members of the prospective foster home who are 18 years of age and older, excluding children in foster care. Encourage the prospective foster parents to submit the FBI Criminal Background Check as early as possible given that processing time may be significant. The FBI fingerprint-based Criminal Background Check must be submitted prior to the family attending training; however, the results are not required before the family can attend training.

There are two options for completing the FBI check:

- 1) Electronic Fingerprint Scanning
 - a. Foster parent applicants do NOT need to fill out an FBI fingerprint card, as a request for electronic scanning will be done via CFS-342.
 - b. The Resource Worker will forward the completed CFS-342 to the Criminal Records Unit.
 - c. The Criminal Records Unit will use the CFS-342 to get a transaction number from the State Police.
 - d. The Criminal Records Unit will forward the transaction number to the Resource Worker.
 - e. The Resource Worker will forward the transaction number to the applicants.
 - f. Applicants must go to an approved Electronic Harvester to have fingerprints scanned. Check with the Resource Worker for the closest location.
 - g. Applicants must pay the electronic harvester fee. If applicants are approved and opened as a foster home, they may request reimbursement.
 - h. The Resource Worker will document the results on the Provider Household Member Required Checks Information Screen and file a copy of the results in the county office.
- 2) Ink Fingerprint
 - a. Foster parent applicants will complete CFS-342 and the FBI fingerprint card with good, unsmudged prints.
 - i. If the prints are not readable, the family will have to re-submit. Foster parent applicants may not use an Electronic Harvester if they have already submitted ink fingerprints and the attempt was unsuccessful.
 - ii. If a legible set of fingerprints cannot be obtained after a minimum of two attempts, a name-based FBI check will be conducted instead.
 - b. The Resource Worker will forward the documents to the Criminal Records Unit.
 - c. The Resource Worker will document the results on the Provider Household Member Required Checks Information Screen and file a copy of the results in the county office.

PROCEDURE VII-C2: In-Home Consultation Visit

The Resource Worker will:

- A. Within 10 working days after clearances on all required background checks have been received, (with the caveat that an FBI check must have been submitted but not completed for provisional homes), conduct an in-home consultation visit with the prospective foster family in order to:
 - 1) Provide all Information Meeting documents to the family if they did not attend an Information Meeting (see PROCEDURE II-B4).
 - 2) Review and complete the CFS-446: In-Home Consultation Visit Report. The completed CFS-446 will serve as the first formal step in the application process.
 - 3) Discuss the standards of approval for foster homes as outlined in PUB-22 and answer any questions the family may have.
 - 4) Inform the prospective foster family that they will not be approved until they meet minimum licensing standards and any other qualifications deemed appropriate.

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- 5) Discuss training required prior to approval, including completion of CPR and Standard First Aid training and certification (for specific CPR and First Aid requirements, see PUB-30).
- 6) Review the Arkansas State Vehicle Safety Program (ASVSP) with the family and have them complete the following forms, if they have not already done so:
 - a. CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers.
Teenage drivers in the home will be subjected to the ASVSP and must be licensed if they will be allowed to transport children in foster care who are placed in the home. The result of the teenager's ASVSP report should not impact the decision to approve the home as long as the parents' ASVSP check is favorable. If teenager does not pass the ASVSP report, he or she will not be able to transport children in foster care.
 - b. VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
 - c. VSP-2: Authorization to Obtain Traffic Violation Record
- 7) If the Background Check Packet for the members of the Foster Family Support System has not been completed and processed, collect and begin processing the CFS-419: Foster Family Support System Information (one per FFSS member family) and for each appropriate member of each FFSS family (following Procedure VII-C1: Background Check Processing):
 - a. CFS-316: Request for Child Maltreatment Central Registry Check
 - b. CFS-342: State Police Criminal Record Check
 - c. CFS-593: Arkansas State Vehicle Safety Program (ASVSP)
 - d. VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
 - e. VSP-2: Authorization to Obtain Traffic Violation Record
- 8) Provide the family with the following documents:
 - a. CFS-404: General Medical Report (one for each person residing in the household)
 - b. CFS-409: Foster/Adoptive Family Preference Checklist
 - c. CFS-455: Request/Consent for Health Department Services
 - d. CFS-480: Alternate Compliance of Water Supply Agreement (if applicable)
 - e. PUB-30: Foster Parent Handbook
- 9) Inform the family that three positive confidential referrals are required.
 - a. Provide the family with three stamped envelopes addressed to the Resource Worker.
 - b. Inform the family that the individual writing the reference letter must mail it directly to the Resource Worker. (The prospective foster family shall not view the reference letter.)
- 10) The Resource Worker will be responsible for submitting the completed Reference Letters to the individual conducting the home study.
- 11) Begin completing CFS-475: Checklist for Compliance.
- 12) Determine whether the family would be willing to serve as an informal respite home in addition to a regular foster home (see Policy VII-G: Alternate Care).
- 13) If the family is being opened as a provisional home, also:
 - a. Complete the CFS-452: Provisional Foster Home Verification with the family.
 - b. Provide a copy of the CFS-452 to the family and file the original in the case record.
 - c. Complete the CFS-474: Provisional Foster Home Orientation Checklist with the family.
 - d. Once all signatures are obtained, provide the family with a copy of CFS-474.
 - e. File the original CFS-474 in the case record.

The Area Director will:

- A. Sign the CFS-474: Provisional Foster Home Orientation Checklist.

PROCEDURE VII-C3: Initiation of Pre-Service Training

In order to approve applicants for Pre-Service Training, within 10 working days of receiving the results of all Child Maltreatment Central Registry Checks and the State Police Criminal Record Check, the Resource Worker will:

- A. Submit the signed and completed CFS-446: In Home Consultation Visit Report to the Area Director or designee with one of the following recommendations:
 - 1) Invite the applicant to attend Pre-Service Training, OR
 - 2) Do not invite the applicant to Pre-Service Training and provide an explanation.
- B. If the Area Director approves the recommendation to send the applicant to Pre-Service Training, complete the contact purpose of “In-Home Consultation/Approval for Training” in the Provider Contact Information Screen.
- C. Arrange and/or provide one-on-one pre-service training to the family if group training sessions are unavailable locally.

The Area Director or designee will:

- A. Log receipt of the CFS-446 on the DCFS Foster/Adopt Home in CHRIS.
- B. Note approval or disapproval of recommendation within five working days of submission of the CFS-446 by the Resource Worker.
- C. Either approve or disapprove the recommendation of the Resource Worker.
- D. When an applicant is approved:
 - 1) Sign and return the CFS-446 to the Resource Worker.
 - 2) Notify the family they have been approved for training.
 - 3) Submit a copy of the following to the prospective foster parents and to MidSOUTH:
 - a) The CFS-446 approving the family to attend Pre-Service Training.
 - b) Cover letter to the prospective foster family that will:
 - i. Inform the prospective foster parents of approval to attend Pre-Service Training.
 - ii. Inform the prospective foster parents that the MidSOUTH trainer will contact them to schedule Pre-Service Training.
 - iii. Remind prospective foster parents to obtain CPR and Standard First Aid Training and certification.
 - 4) Click on ‘Supervisor Reviewed Contact’ checkbox in CHRIS on the ‘In-Home Consultation/Approval for Training’ Purpose which the Resource Worker entered in the Provider Contact Information Screen. The system will automatically notify MidSOUTH of approval status.
- E. When an applicant is NOT approved:
 - 1) Sign and return the CFS-446 to the Resource Worker.
 - 2) Send letter to applicants who were not approved to attend Pre-Service Training.
 - 3) Forward a copy of the letter to the Resource Worker.
 - 4) Log notice of non-selection on the Provider Household Member Required Checks Information Screen.

PROCEDURE VII-C4: Pre-Service Training

The prospective foster family will:

- A. Submit the completed CFS-409: Foster/Adoptive Family Preference Checklist to their Resource Worker by the first day of Pre-Service Training:

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- B. Complete a minimum of 27 hours of Foster/Adopt PRIDE training and three hours of DCFS orientation prior to placement of a child. All make-up sessions shall also be completed in order for a family to fully complete pre-service training.
- C. Complete CPR and Standard First Aid Training and receive certification in both areas.
- D. Submit the following completed forms to the Resource Worker by the last day of Pre-Service Training:
 - 1) CFS-404: General Medical Report (one for each member of residing in the household)
 - 2) CFS-455: Request/Consent for Health Department Services
 - 3) CFS-480: Alternate Compliance of Water Supply Agreement (if applicable; please note that an Alternative Compliance must be requested with this form; see Appendix 9: Alternative Compliance and Policy Waiver Protocol).
- E. Ensure that the individuals providing references have submitted their letters to the Resource Worker by the last day of Pre-Service Training. Each person providing a reference should mail the reference letter directly to the Resource Worker using the pre-stamped, pre-addressed envelope provided (i.e., all reference letters shall remain confidential; prospective foster family shall not handle a completed reference letter).

The Resource Worker will:

- A. Document the CPR Training and First Aid Training Effective and Expiration Dates in the Provider Household Members/Requirements Tab in CHRIS.

The Area Director or designee will:

- A. Hold the Area or County Orientation Session:
 - 1) Use CFS-465: Foster Parent Orientation Checklist to guide the orientation session.
 - 2) Provide each foster family with a new foster parent packet.
 - 3) Review the packet content with the foster parents which will include:
 - a. Stamped envelopes addressed to the appropriate county office
 - b. Examples of the completion of travel documentation that must be submitted monthly
 - c. Copy of the Code of Ethics
 - d. State vehicle forms
 - e. CFS-381: Training Record Log
 - f. Medication Log
 - g. Child Inventory Log
 - h. Fire Drill Log
 - i. CFS-352: Medical, Dental, Vision, Hearing and Psychological Episodic Visits
 - j. After hours contact sheet
 - k. Foster Care Board Sheet

PROCEDURE VII-C5: Home Study

The home study can be conducted by designated Division staff, by staff contracted through the MidSOUTH Training Academy or other contract providers, or by volunteers trained by designated DCFS staff.

The individual conducting the home study will:

- A. Conduct an initial face-to-face interview with the prospective foster parent(s) using the CFS-405 to guide the conversation.
- B. Evaluate the first interview and note responses that will require further clarification and/or development.

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- C. Collect from the Resource Worker the three reference letters and review. Three *positive, confidential* references are required.
- D. Administer a second face-to-face interview with the applicant(s).
- E. Evaluate the second interview and note responses that will require further clarification and/or development.
- F. If necessary, conduct additional face-to-face interviews with the prospective foster parent(s) and/or other household members to further explore topics noted during the evaluation process.
- G. Interview each household member separately who is 10 years of age or older. Observe younger children and interview if appropriate.
- H. Within 45 working days of the family completing pre-service training, complete CFS-405 and submit to the Resource Worker for review and assessment.
- I. Notify the applicant in writing if a determination to approve or deny the home based on CFS-405 and other assessment documents cannot be completed within 60 days of the family completing pre-service training and explain the reason.
- J. Send a copy of this notification to the Resource Worker.

The Resource Worker will:

- A. Review the final report based on CFS-405 and other assessment documents and, based on the review, recommend to approve or deny the home.
- B. Submit the recommendation to approve or deny the home to the Area Director within one week of receiving the final Home Study Report from the person conducting the home study.
- C. Document the Initial Home Study Completed Date on the Provider Service Details Screen in CHRIS.

The Area Director or designee will:

- B. Review and assess the completed CFS-405 report and other assessment documents as well as the Resource Worker's recommendation to approve or deny.
- C. Approve or deny the home within one week of receipt of all final documents from the Resource Worker.
- D. Notify the foster parent applicant(s) in writing if a decision cannot be made within sixty days of the final home visit and explain the reason.
- E. Send a copy of the notification to the Resource Worker.

PROCEDURE VII-C6: Final Approval of Foster Homes

The Resource Worker will:

- A. Ensure the CFS-475 is completed and that any safeguard measures deemed necessary are in place.
- B. Conduct a final face-to-face visit with the prospective foster parents and a final walk-through of the home with the County Supervisor.
- C. Complete the CFS-462: Initial Foster Family Agreement with the family.
- D. File the CFS-462: Initial Foster Family Agreement in the case record.
- E. Enter a disposition as to the approval/denial of the foster home within three working days of receipt of the County Supervisor's approval or denial.
 - 1) If the recommendation is approval, then:
 - a. Schedule a date for a County or Area Orientation Session for newly approved foster parents.
 - b. Complete Provider Alternate Care Screen in CHRIS if family has determined they are willing to serve as an Informal Respite Home and enter all appropriate identified Foster Family Support System Individual Members (see POLICY VII-G: Alternate Care).

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- c. Enter Begin Date on Availability Status on Provider Service Status Screen and Request Approval on Provider Service Detail Screen in CHRIS.
- 2) If the recommendation is denial, then:
 - a. Send a “Letter of Denial” to the applicants who were not approved. See POLICY VII-D: Denial of a Foster Home and document in Provider Contact Information Screen in CHRIS.
 - b. End Date the Foster Family Service on the Provider Services Tab selecting the appropriate Reason for End Date.

The County Supervisor will:

- A. Participate in the final face-to-face visit and final walk through of the home with the Resource Worker.

The Area Director will:

- A. Approve the Resource Worker’s Request for Approval in Provider Service Detail Screen in CHRIS to finalize the approval of the Foster Family. Upon approval, CHRIS automatically provides the Foster Family Approval Letter to be printed, mailed and filed in record.

NEW

POLICY VII-D: DENIAL OF A FOSTER HOME

01/2011

If at any point during the home assessment the Division determines that an applicant does not meet the standards or any other criteria of a quality foster home, DCFS will deny approval of the home.

PROCEDURE VII-D1: Denial as a Result of the In-Home Consultation Visit Report

The Resource Worker will:

- A. Inform the family of their non-compliance with any identified standard and determine if the family is willing and/or able to address the issue in a timely manner in order to come into compliance. The family cannot be approved to open as a foster home until the corrective action is completed.
- B. If the family chooses not to address compliance issues or, despite trying, fails to achieve compliance, share the non-compliance with the family and document it on the CFS-446. The family will sign the In-Home-Consultation acknowledging non-compliance. The County Supervisor will disapprove the family and the family will be given a copy of the CFS-446: In-home Consultation Visit Report with all signatures.
- C. Recommend non-approval for training if the family cannot comply with all approval standards, including if they receive a negative result from the Vehicle Safety Program.
- D. End Date the Foster Family Service on the Provider Services Tab selecting the appropriate Reason for End Date in CHRIS.

PROCEDURE VII-D2: Denial due to Negative Results of a Background Check

The County Supervisor will:

- A. Share the results with the family and inform them of their ineligibility to attend training.
- B. Send a "Letter of Denial" to the family and document in Provider Contact Information Screen in CHRIS.
- C. Document the results of the background check in the Provider Household Member/Requirements Tab and End Date the Foster Family Service on the Provider Service Tab selecting the appropriate Reason for End Date in CHRIS.

PROCEDURE VII-D3: Denial as a Result of the Home Assessment

The County Supervisor will:

- A. Send a "Letter of Denial" to all applicants who are not approved and document in Provider Contact Information Screen in CHRIS.
- B. End Date the Foster Family Service on the Provider Service Tab selecting the appropriate Reason for End Date in CHRIS.

POLICY VII-E: REEVALUATION OF THE FOSTER HOME

01/2011

In order to ensure continued quality of all DCFS foster homes, the Division shall reevaluate each foster home's ability to care for children at least annually and whenever there is a major life change. Major life changes include:

- Death or serious illness among the members of the foster family.
- Marriage, separation, or divorce. (See more detailed information concerning foster parents who plan to marry or divorce below.)
- Loss of or change in employment.
- Change in residence.
- Suspected child maltreatment of any child in the foster home.
- The addition of family members.

The completion and approval of all foster home reevaluations must be documented in CHRIS. If a foster home reevaluation is not completed and documented annually in CHRIS, any IV-E eligible child placed in the home will lose his IV-E eligible claimability until the reevaluation of the family is completed and documented.

In addition to continuing to meet all Minimum Licensing Requirements and DCFS Policy as it relates to foster homes, foster parents must also complete a minimum of fifteen hours of Division-sponsored or Division-approved in-service training annually after the first year of service. Foster parents must also maintain current CPR certification and Standard First Aid training. Maintenance of CPR certification and First Aid training is in addition to the fifteen hours of continuing education and, therefore, cannot be counted as part of the continuing education.

If the foster parents' annual in-service training requirements are more than 60 calendar days overdue, then a reevaluation will also be required unless an extension to meet in-service training requirements has been granted by the Area Director.

Foster parents shall complete their annual in-service training requirements before any additional children in care are placed in their home unless an exception is granted. Foster parents who do not meet the in-service training requirements will be notified that they must complete the in-service training requirements within 60 days. No additional children will be placed in the home during this 60 day period.

PROCEDURE VII-E1: Annual Reevaluation of the Foster Home

The Resource Worker will:

- A. Monitor approved foster homes through quarterly visits to ensure compliance with Division standards.
- B. Develop and maintain a record for each foster 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 4. This record shall contain:
 - 1) Past and current (as appropriate)
 - a. CFS-404 (one for each member of the household)
 - b. CFS-409
 - c. CFS-419
 - d. CFS-446
 - e. CFS-452 (for provisionals only)

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- f. CFS-455
 - g. CFS-462
 - h. CFS-462a (one for each child placed in the home; see POLICY-)
 - i. CFS-474 (for provisionals only)
 - j. CFS-475
 - k. CFS-480 (if applicable)
 - l. CFS-6058
- 2) In-service training record.
- C. Conduct an annual reevaluation of the foster home using CFS-475: Checklist for Compliance. The completion and approval of all foster home reevaluations must be documented in CHRIS.
 - D. Complete/update the Individual Training Needs Assessment (ITNA) with the foster parent.
 - E. Submit the completed ITNA to MidSOUTH within 45 working days of completing the reevaluation.
 - F. Document in the foster home record that the foster parent(s) have maintained current certification in both CPR and Standard First Aid and document in the Provider Household Members/Requirement Tab in CHRIS.
 - G. Update any expired State Criminal Record Checks and Central Registry Checks and document in the Provider Household Members/Requirement Tab in CHRIS.
 - H. Enter the foster parents' hours of in-service training on the Training Screen in CHRIS.
 - I. Request an exception for any foster parent whose annual in-service training hours are 60 calendar days overdue, if applicable.
 - J. Submit documentation with recommendation to approve or disapprove the home to the Area Director or Designee.
 - K. Complete the Provider Reevaluation Screen in CHRIS and Request Approval for Area Director's review and approval.

The Area Director will:

- A. Review the CFS-475 and Resource Worker recommendation to approve or deny the home.
- B. Approve the Resource Worker's Request for Approval on the Provider Reevaluation Screen in CHRIS.

When an exception to the in-service training requirements is requested, the Area Director will:

- A. Receive the request for exception to in-service training requirements.
- B. Review the quality of care provided by the foster family and the reasons for overdue training.
- C. Determine whether to grant an exception to the in-service training requirement for up to 60 calendar days.

PROCEDURE VII-E2: Single Foster Parents Who Plan to Marry

When a single foster parent plans to marry and wishes to continue providing care to children in foster care, the Resource Worker will:

- A. Conduct a reevaluation using the CFS-475. This is to ensure the foster home will maintain compliance and quality with the inclusion of the new spouse in the home.
- B. Enter the future spouse as a Household Member in the Provider Household Member Screen in CHRIS.

The future spouse will be considered an applicant seeking approval. He or she must complete and submit the following to the Resource Worker:

- A. Vehicle Safety Program documents
 - 1) CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers
 - 2) VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business

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- 3) VSP-2: Authorization to Obtain Traffic Violation Record
- B. Background check documents
 - 1) CFS-316: Request for Child Maltreatment Central Registry Check
 - 2) CFS-342: State Police Criminal Record Check
 - 3) FBI fingerprint card (This is not needed if applicant is completing FBI fingerprint check via Electronic Harvester.).
 - 4) Complete the Required Checks Tab on the Provider Household Member Screen in CHRIS.

The foster parent and fiancé should be informed that the reevaluation, the fiancé's approval and the waiver will have to be granted before the fiancé can take on the role of foster parent and reside with the children in the home. A waiver is needed due to the DCFS Policy requiring that foster parents to be married for at least two years.

Once the reevaluation is completed and all newly involved persons have been approved for contact with children in foster care, a waiver should be requested, which should address the strengths and qualities of the relationship that support the request for the waiver. See Appendix 9.

PROCEDURE VII-E3: Married Foster Parents Who Plan to Divorce

When jointly licensed foster parents, who currently have children placed in their home, plan to divorce, the Resource Worker will:

- A. Conduct a reevaluation on the foster parent who has elected to continue the role of care provider using the CFS-475.
- B. Determine if the foster parent still meets all other licensing standards.
 - 1) If the home continues to comply with all standards, an alternative compliance is not needed.
 - 2) If the home is out of compliance or does not meet other DCFS policies designed to ensure the quality of the home, determine if a corrective action plan could bring the home into full compliance and/or maintain the quality of the home.
 - a. If the foster parent agrees to participate in the corrective action plan, the home may remain open and continue caring for the child(ren) currently placed in the home.
 - b. The corrective action plan must be completed successfully within 60 days.
 - c. If a corrective action plan is not feasible, the case may be referred for alternative compliance or a waiver request.
 - d. End Date the Household Member who is no longer in the home in the Household Information Tab of the Provider Household Members Screen in CHRIS.

POLICY VII-F: FOSTER HOME REOPENING

01/2011

There may be situations when foster parents who previously self-elected to close their home and/or whose home was closed by the Division would like to reopen.

PROCEDURE VII-F1: Reopening a Foster Home That Has Been Closed Less Than One Year

For former foster homes that have been closed less than a year and express interest in reopening, the Resource Worker shall:

- A. Complete new background checks on all appropriate members of the household regardless of whether previous background checks are still be current.
- B. Conduct a reevaluation of the prospective home as an annual reevaluation of any standing foster home would be completed to determine if the prospective foster home would be still be an appropriate placement for a child in care.

PROCEDURE VII-F2: Reopening a Foster Home That Has Been Closed More Than One Year but Less Than Two Years

For former foster homes that have been closed for more than one year but less than two years and express interest in reopening, the Resource Worker shall:

- A. Follow the process outlined in POLICY VII-C: FOSTER HOME ASSESSMENT PROCESS and Procedures VII-C1: Background Check Processing, VII-C2: In-Home Consultation Visit, VII-C5: Home Study and VII-6: Final Approval of Foster Homes.
- B. If, based on the Resource Worker's home assessment, the family does not need to complete Pre-Service Training, inform the family that they are not required to attend Pre-Service Training, but they do have the option to do so.
- C. If the family elects to attend Pre-Service Training, follow the process outlined in Procedures VII-C3: Initiation of Pre-Service Training and VII-C4: Pre-Service Training.

PROCEDURE VII-F3: Reopening a Foster Home That Has Been Closed for More Than Two Years

For former foster homes that have been closed for more than two years and express interest in reopening, the Resource Worker shall:

- A. Follow all policies and procedures outlined in POLICY VII: DEVELOPMENT OF FOSTER HOMES. Pre-Service Training is required for all former foster homes that have been closed for more than two years.

POLICY VII-G: ALTERNATE CARE FOR CHILDREN IN OUT-OF-HOME PLACEMENT

01/2011

Alternate care for children in out-of-home placement may be used to provide assistance to foster parents when circumstances requiring supervision by an appropriate adult other than the foster parents exist, e.g., if both foster parents work, during foster parent training, transporting a child in foster care for medical purposes, need for short-term, temporary care to provide relief to the foster parent from the on-going responsibility of care, etc.

There are five types of alternate care:

A. Normal Age-Appropriate Activities – Children in foster homes should be encouraged to participate in normal age-appropriate activities such as overnight visits with friends, extra-curricular activities, church activities, and short-term summer camps. Foster parents shall exercise careful consideration when determining whether a child may participate in any normal age-appropriate activity. Foster parents shall notify the FSW if the child will spend more than 24 continuous hours outside the foster home when participating in said activities.

B. Child Care – Child care may be routinely provided as a part of an out-of-home placement case. Child care providers must be on the voucher system and licensed by The Division of Child Care and Early Childhood Education or on the Voluntary Child Care Registry. Every attempt should be made to place children in care in a quality child care setting.

Child care for children may also be provided as a part of an out-of-home placement case to provide assistance to foster parents for non-routine circumstances that relate to the retention and/or support of the foster home such as foster parent training.

C. Babysitting – Babysitters may be used to provide occasional care for children in the foster home for no more than six continuous hours at one time. Foster parents shall exercise careful consideration when evaluating the character and competence of any individual asked to babysit. Babysitters shall not transport children. Background checks are not required.

D. Foster Family Support System – The Foster Family Support System (FFSS) may be comprised of up to three individuals or families identified by the foster family. FFSS members may provide care for children when the foster parent is unable to do so on the occasion of anticipated or unanticipated events. Foster parents shall exercise careful consideration when evaluating the character and competence of any individual asked to serve as an FFSS member.

Members of a Foster Family Support System may transport children and care for children in the foster home or in the home of the FFSS member. However, an FFSS member shall not provide care for more than 72 continuous hours at one time regardless of the location in which care is provided. Requests for longer periods of care provided by an FFSS member must be approved by the Area Director or designee. The FSW shall be notified when an FFSS member will provide care for more than 24 continuous hours. The Foster Family Support System shall not be used in place of respite care or as an out-of-home placement.

All prospective FFSS members must be cleared through the Child Maltreatment Central Registry and a State Police Criminal Record Check. The Division will request any other state where the prospective FFSS member has resided in the preceding six years to check its child abuse and neglect registry. The Division will provide documentation in the case record that the Child Maltreatment Central Registry and State Criminal Record Checks were conducted on the prospective FFSS member.

Documentation of at least one home visit for evaluation purposes is required of all prospective FFSS members.

The Division will check the driving record (violation points) for each potential FFSS member. The Arkansas State Vehicle Safety Program sets the maximum number of traffic violation points an FFSS member foster parent may be allowed.

- E. Respite Care – When a Foster Family Support System member is not available to provide needed care on a short-term basis, respite care may be utilized in order to temporarily relieve the foster family of the ongoing responsibilities and stresses of care. There are two types of respite care:
- 1) Informal Respite Home – An approved DCFS foster home that can provide temporary care when the Foster Family Support System is unable to assist or for situations in which children will be outside of the foster home for more than 72 continuous hours and the FFSS was not approved to provide care for that period. An Informal Respite Home may provide care for no more than seven continuous days at one time. A stay in an Informal Respite Home must be documented in CHRIS, but not as a separate/new placement. Longer periods of respite care in an Informal Respite Home require approval from the Area Director or designee.
 - 2) Formal Respite Care – A DCFS contract provider who supplies short-term care particularly when a child’s current placement is at risk of disruption and/or respite is needed to prevent a residential, Division of Youth Services (DYS), juvenile detention center, acute psychiatric, or similar placement. Formal Respite Care should be provided in accordance with a family-driven, youth-guided respite plan and in coordination with a child’s behavioral health treatment plan (if applicable).

Formal Respite Care shall be provided for no more than seven days per three month period. A stay with a Formal Respite Care provider must be documented in CHRIS, but not as a separate/new placement. Longer periods of Formal Respite Care require approval from the Area Director or designee.

PROCEDURE VII-GI: Normal Age Appropriate Activities

The Foster Family will:

- A. Notify the Family Service Worker if the child will participate in an age appropriate activity that will cause the child to be outside of the foster home for more than twenty-four continuous hours. The foster family should provide as much advance notice as possible particularly for normal age appropriate activities that require the child to be outside the foster home for several days such as summer camps.
- B. Provide the Family Service Worker with:
 - 1) Activity location address
 - 2) Contact name at identified location

- 3) Contact phone number
- 4) Anticipated dates for which the child will stay at this location
- 5) Date that the child returns to the home once the activity has ended (i.e., actual end date of activity).

The Family Service Worker will:

- A. Assess the appropriateness of the proposed activity when notified by the foster family that the child in care will be outside the foster home for more than 24 continuous hours in order to participate in said activity.
 - 1) If the proposed activity is determined to be appropriate
 - a. Select the Alternate Care button on the Foster Children Screen in CHRIS.
 - b. Complete the Alternate Care Screen.
 - i. If the child is already participating in the activity, this screen should be completed immediately.
 - ii. If the child has not yet begun participating in the activity, this screen should be completed prior to the start of the activity.
 - c. Enter the actual end date of the activity on the Alternate Care Screen when the foster family confirms with the Family Service Worker that the child has returned to the foster home.
 - 2) If there are concerns regarding the appropriateness of the proposed activity:
 - a. Notify the County Supervisor.
 - b. If the County Supervisor and Family Service Worker determine that the proposed activity is inappropriate, notify the foster family that the child shall not participate in said activity.
 - c. Document notification in the Contact Screen.

The County Supervisor will:

- A. After receiving any notification of concerns from the Family Service Worker, hold a case conference with the worker to determine if proposed activity is appropriate.
- B. Notify the Area Director of the Family Service Worker's concern and the action taken as a result of the case conference between the Family Service Worker and the Supervisor.

PROCEDURE VII-G2: Babysitting

The Family Service Worker will:

- A. Notify the County Supervisor if he or she has cause to believe that babysitting services are being used inappropriately, excessively and/or if the Family Service Worker has concerns about the character or competence of the individual(s) providing baby-sitting services.
- B. Call a meeting with the foster family, if deemed appropriate by the Supervisor, to clarify the appropriate use of babysitting services.
- C. Document the meeting with the foster family in the Contacts screen.

The County Supervisor will:

- A. After receiving any notification of concerns from the Family Service Worker, hold a case conference with the worker to determine if a meeting with the foster family or another action is needed to ensure the appropriate use of babysitting services.
- B. Notify the Area Director of the Family Service Worker's concern and the action taken as a result of the case conference between the Family Service Worker and the Supervisor.

PROCEDURE VII-G3 Child Care for Children in Temporary Out-of-Home Placement

For routine child care services, the Family Service Worker will:

- A. Complete the Child Care Referral Request Screen.
- B. Authorize services for a maximum of three months.
- C. Make verbal requests to the County Supervisor for approval in an emergency, followed by a completed automated request within five working days.
- D. Initiate renewals no later than the first day of the last month of the eligibility period.
- E. Notify the child care center in writing 10 business days prior to last day child will attend if the child will no longer be attending.
- F. Complete a new Child Care Referral Request if the child leaves Foster Care and enters Protective Services and child care is to continue.
- G. Complete a new Child Care Referral Request if the child has been part of a Protective Services case and enters Foster Care and Child Care is to continue.

If the child leaves the foster care or protective services program, CHRIS will automatically notify the child care system.

The County Supervisor will:

- A. Approve the Child Care Referral Request, which will then be sent automatically to Central Office for review and approval.

For non-routine child care services (e.g. when the foster parents are obtaining foster parent training), the Family Service Worker will:

- A. Assist foster parents to obtain childcare. This transportation is payable via DHS-1914. All other requests must receive prior approval from the Area Director.

PROCEDURE VII-G4: Foster Family Support System for Children in Out-of-Home Placement

The Family Resource Worker will:

- A. Per Procedure VII-C2, collect and process the CFS-419: Foster Family Support System Information (one per FFSS member family) and for each appropriate member of each FFSS family:
 - 1) CFS-316: Request for Child Maltreatment Central Registry Check
 - 2) CFS-342: State Police Criminal Record Check
 - 3) CFS-593: Arkansas State Vehicle Safety Program (ASVSP)
 - 4) VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
 - 5) VSP-2: Authorization to Obtain Traffic Violation Record
- B. Select the Support System Button on the Provider Screen
- C. Complete the Foster Family Support System Individual Member Tab and Required Checks Tab for all appropriate members of the Foster Family Support System.
- D. Update this information as necessary following each annual reevaluation.

The Foster Family will:

- A. Notify the Family Service Worker each time the child in care will stay with a member of the Foster Family Support System for more than 24 continuous hours and indicate:
 - 1) With which member of the Foster Family Support System the child will be staying; and,

- 2) The dates that the child will be with the identified member of the Foster Family Support System.
 - 3) Date that the child returns to the home once the activity has ended (i.e., actual end date of activity).
- B. Request approval through CHRIS for FFSS stays longer than 72 continuous hours.

The Family Service Worker will:

- A. Select the Alternate Care Button on the child's current placementscreen each time a child stays with a member of the Foster Family Support System for more the 24 continuous hours.
- B. Complete the Alternate Care Screen.
- C. Request extension approval from the Area Director through CHRIS if the foster family asks that the child be placed with a member of the Foster Family Support System for more than 72 continuous hours.
- D. Notify the foster family as to whether a request for the child's placement with a member of the Foster Family Support System for longer than 72 continuous hours is approved or denied.
 - 1) If an extended stay request with a member of the Foster Family Support System is approved, enter approved dates on the Alternate Care screen.
 - 2) If an extended stay request with a member of the Foster Family Support System is denied, recommend to the foster family that that they secure an Informal Respite Care placement and assist with such an arrangement as needed.
- E. Enter actual end date of stay with FFSS on the Alternate Care screenwhen the child returns to the regular foster family.

The Area Director will:

- A. Consult with the Family Service Worker as to whether an extended stay request (more than 72 continuous hours) with a member of the Foster Family Support System is appropriate and approve or deny request in CHRIS.

PROCEDURE VII-G5: Respite for Children in Out-of-Home Placement

The Foster Family will:

- A. Notify the Family Service Worker in advance of each time the child in care will stay with an informal respite home and indicate:
 - 1) With which informal respite home the child will stay; and,
 - 2) The dates that the child will be with the identified informal respite home.
 - 3) Date that the child returns to the home once the activity has ended (i.e., actual end date of activity).
- B. Request approval from the Family Service Worker for informal respite home stays longer than seven continuous days.
- C. Notify the Family Service Worker immediately if the child is in need of formal respite care in order to prevent a child's current placement from disrupting and/or to prevent a residential, Division of Youth Services (DYS), juvenile detention center, acute psychiatric, or similar placement.

The Family Service Worker will:

- A. For informal respite care:
 - 1) Select the Alternate Care Button on the Foster Children Screen each time a child stays with an informal respite home for more than 24 continuous hours.
 - 2) Complete the Alternate Care Screen.

- 3) Update the Alternate Care Screen with the actual end date when the child returns to the regular foster family.
- 4) Request extension approval for stays in an informal respite home longer than seven continuous days from the Area Director through CHRIS.
- 5) Notify the foster family as to whether a request for the child's placement in an informal respite home for longer than seven continuous days is approved or denied.
- 6) Complete Alternate Care Screen accordingly.

B. For formal respite care:

- 1) Contact the financial coordinator to request formal respite placement.
- 2) If a formal respite placement is available, make necessary arrangements with the formal respite care provider and the regular foster family.
- 3) Request extension approval for formal respite care stays longer than seven continuous days per three month period from the financial coordinator.

The Financial Coordinator will:

- A. Contact the appropriate provider to assess placement availability.
- B. Notify the Family Service Worker if a placement is available.
- C. Request extension approval for formal respite care stays longer than seven continuous days per three month period from the Prevention and Supports Manager.

The Area Director will:

- A. Consult with the Family Service Worker as to whether an extended stay request in an informal respite home (more than seven continuous days at one time) is appropriate.
- B. Approve or deny in CHRIS.

POLICY VIII-G: DEVELOPMENT OF ADOPTIVE HOMES

01/2011

The Division provides adoption services to recruit, retain, assess, and prepare adoptive families to ensure that adoption, when that is the best permanency option, is timely, well-supported and lifelong. The services focus on finding families for children rather than finding children for families. Assessment and preparation of prospective adoptive families are completed according to the need for homes for children. The child's health, safety, and well-being shall be of paramount concern in the development of the adoptive placement.

In order to ensure quality adoptive homes, DCFS will complete a thorough home assessment for each prospective adoptive family. The home assessment is a mutual selection process. It involves several components including, but not limited to, compliance checks, an in-home consultation visit, pre-service training, a home study, and ongoing consultation between the prospective adoptive parents and Adoption Specialist. Prospective adoptive families are highly encouraged to attend a local information meeting before the in-home consultation visit but are not required to do so. The home study shall address whether the adoptive home is a suitable home, and shall include a recommendation as to the approval of the petitioner as an adoptive parent.

If at any point throughout the home assessment process a prospective adoptive home is found to be out of compliance with a licensing standard or a DCFS policy, this non-compliance issue must be addressed. However, if the Adoption Specialist, or the individual conducting the home study, determines that the non-compliance issue would not endanger the safety or well-being of children placed in a home, an Alternative Compliance or DCFS Waiver may be requested as appropriate. For more information on requesting an Alternative Compliance or DCFS Waiver see Appendix 9.

Criteria for consideration in determining the appropriateness of adoptive homes includes, but is not limited to:

Jurisdiction:

DCFS will participate in the adoption of a minor who is in DHS custody or for whom the Court has retained jurisdiction only if either the person seeking to adopt the child, or the child, is currently a resident of Arkansas.

Residency Requirements for Adoption in Arkansas:

See Procedure VIII-F1 for Arkansas residency requirements for adoption.

Age:

Applicant is:

- A. At least 21 years old;
- B. A primary caregiver who is at an age so that it can be anticipated that he can parent the child into adulthood. This assessment will be made by the Adoption Specialist when determining what is in the best interests of the child(ren) to be adopted.

Generally, at least a 10-year age difference and no more than a 45-year age difference between the child and adoptive applicant is preferred.

Marital Status:

- A. In a two-parent home, the husband and wife shall be joint applicants; each shall actively participate in the approval process, and shall provide verification that they have been married. The marriage shall be stable.

- B. A person who is divorced must provide verification of that divorce and must be divorced for at least one year from the date on the court order (i.e., verification of any divorces that were finalized in the preceding year only are required).
- C. A person who is widowed must provide verification that they have been widowed for at least one year.
- D. Couples who are separated may not apply to adopt.
- E. A single person may apply to adopt.

General Physical and Mental Health:

Members of the household must not have a health condition or disability that would interfere with the family's ability to parent the child. Each member of the household shall have a physical examination by a physician within six months prior to the approval of the adoption home study on the prospective adoptive family, and annually thereafter until placement of a child.

Housing:

- A. Space is adequate to promote health and safety. Each bedroom should have at least 50 square feet of space per occupant.
- B. All firearms are maintained in a secure, locked location.
- C. All water hazards and dangerous pets will be assessed. Safeguard measures will be implemented, as appropriate.
- D. Children of opposite sexes will have their own separate bedrooms if either child is four years old or older, except for a mother in foster care with her child(ren).
- E. Water is provided by public water system or approved by the Department of Health.

Resources:

The applicant must have sufficient resources to meet the financial, medical, physical, educational, emotional, and shelter needs of the child without depending on state or federal financial assistance (e.g., SNAP, etc) to meet those needs (although these forms of assistance may be used to supplement a family's income). A recent check stub and the previous year's income tax return are required to verify income and employment. While an adoption subsidy may be a resource for a child who meets the eligibility criteria, adoptive parents should have sufficient resources to care for a child even without a subsidy. The adoption subsidy shall not be considered a part of the foster family's income.

The Division shall place children in approved adoptive homes where the adoptive parents and other appropriate members of the household have been cleared through the Child Maltreatment Central Registry, a State Police Criminal Record Check and an FBI Criminal Background Check. DCFS will check the driving record (violation points) for each potential adoptive parent and other applicable members of the household. The Arkansas State Vehicle Safety Program sets the maximum number of traffic violation points an adoptive parent may be allowed. Adoptive parents must also complete the Division's pre-service training curriculum. The entire assessment and approval process shall educate adoptive parents on the characteristics of children waiting for adoptive homes and assess their capability to meet those needs.

DCFS employees who are related to children in foster care may be approved to adopt their relatives, if they are an appropriate placement. Other DCFS employees may apply to be adoptive parents. Applications will be considered on a case-by-case basis.

Siblings shall be placed together in the same adoptive home. Siblings may be placed separately upon written documentation by a Mental Health Professional that placement of the siblings together would be detrimental to their best interests or is otherwise not possible at the time of placement.

Before placement for adoption, the Adoption Specialist shall compile and provide a disclosure packet to the prospective adoptive parents, which is a detailed, written health history and genetic and social history of the child which excludes information which would identify custodial/non-custodial parent(s) or members of a custodial/non-custodial parent(s)'s family. The information shall be set forth in a document that is separate from any document containing information identifying the custodial/non-custodial parent(s) or members of the custodial/non-custodial parent(s)'s family.

The Office of Chief Counsel shall file an adoption summary with the clerk before the entry of the adoption decree. Upon order of the court for good cause shown, the clerk of the circuit court may tender to a person identified by the court a copy of the detailed, written health history and genetic and social history.

The Division provides pre-placement services to move children into adoptive families in a timely manner and post-placement services to help the family adjust. After finalization, services are available to help preserve adoptive families such as respite care, counseling, wraparound services, Intensive Family Services, and the Mutual Consent Voluntary Adoption Registry.

The placement of a child for adoption will not be denied or delayed when an approved family is available outside the jurisdiction responsible for handling the child's case.

The Juvenile Division of Circuit Court shall retain jurisdiction to issue orders of adoption, interlocutory or final, when a juvenile is placed outside the state of Arkansas, unless the Court allows for finalization in the receiving state.

Legal risk adoptive placements may be considered for a newborn that is being relinquished for adoption or for a child whose custodial/non-custodial parent(s) has filed an appeal to the termination of parental rights. Legal risk placements can only be approved by the Adoptions Manager.

The Division shall provide notice of any hearing to be held with respect to a child in Department custody to the child's foster or pre-adoptive parents. (Families are identified as pre-adoptive once a child is placed in the home and prior to finalization of the adoption.) The original petitioner in the juvenile matter shall provide relative caregivers notice of any hearing. The court shall give foster parents, pre-adoptive parents, and relative caregivers the right to be heard in any hearing held with respect to a child in foster care. Foster parents, adoptive parents, and relative caregivers shall not be made a party to a case solely on the basis that they are entitled to notice and the right to be heard.

PROCEDURE VIII-G I: Recruitment of Adoptive Applicants

All staff should participate in recruitment efforts. While the following is not a comprehensive list, staff should:

- A. Encourage adoptive parents to:
 1. Make one-to-one contacts with other individuals who may be or have expressed interest in adopting.
 2. Schedule speaking engagements with community groups in order to share information about adopting.
- B. Actively coordinate with professional organizations and minority groups to create public interest.
- C. Contact community organizations and media to inform them about DCFS needs and successes.
- D. Conduct Information Meetings.

The Adoption Specialist will:

- A. Publicize the need for adoptive families.
- B. Publicize the availability and purpose of adoption subsidy.
- C. Recruit adoptive families that reflect the ethnic and racial diversity of children for whom adoptive homes are needed.
- D. Recruit for placement for specific children when necessary.
- E. Utilize adoptive families and volunteers in recruitment campaigns.
- F. Provide adoption brochures.
- G. Explain and discuss the adoption process.
- H. Refer applications from friends, relatives, and DHS employees to the Adoption Supervisor.
- I. Complete the adoption preparation/assessment within four to six months (includes pre-service training).

PROCEDURE VIII-G2: Retention of Adoptive Applicants

All DCFS staff will:

- A. Ensure good communication among all team members, as well as mutual respect, understanding, and honesty.
- B. Support adoptive homes as needed in order to best serve children and their families.

Adoption Specialists will:

- A. Keep adoptive applicants and adoptive parents informed of DCFS programs, services, and policies that relate to adoption.
- B. Support the prospective adoptive parents throughout the inquiry, application, preparation/assessment, approval, waiting for placement, selection, placement and finalization of adoption.

The Adoption Supervisor will develop, implement, and monitor an area-wide adoption recruitment plan.

The Adoptions Manager or designee will develop, implement, and monitor a state-wide adoption recruitment plan.

PROCEDURE VII-G3: Inquiries

The Adoption Supervisor or designee will:

- A. Designate a staff person to respond to all phone and internet inquiries within five working days.
 - 1) Assign adoption-only inquiries to the designated Adoption Specialist within five working days of all phone and internet inquiries.
 - 2) Ensure that all requests from County Supervisors for an adoption specialist to be assigned as secondary on inquiries regarding both Adoption and Foster Care (a Resource Worker will be assigned as primary by the County Supervisor) are met.
 - 3) Foster Care-Only inquiries will be assigned to the designated Resource Worker (notification of internet inquiries made by prospective foster parents will go directly to the designated supervisor, who will assign the inquiry to the designated Resource Worker).
 - 4) Track and monitor adoption inquiries.
 - 5) Decide who will assess and prepare an adoptive applicant if there is a conflict of interest.

The designated Adoption Specialist will:

- A. Respond to all phone and internet inquiries within five working days of the inquiry follow-up assignment.

- B. When responding to an inquiry, give a brief explanation of the county adoption needs, correct any misinformation the caller may have, and explain the adoptive parent assessment process. Inquiries made through the website will automatically populate the appropriate CHRIS county inbox the next working day.
- C. Enter information documenting all activities with “adopt-only” families beginning with Applicant Status (Inquiry) to the approval process in CHRIS. This includes all appropriate Provider Screens – General Information Tabs, Household Members/Requirements Tab, Contacts Screen, Preferences Tab, Adoption Characteristics Tab and Services Details Screen.
- D. Provide the family with an information packet within five working days after initial contact is made. The information packet will consist of:
 - 1) A letter identifying a contact person.
 - 2) PUB-406: Care, Commit, Connect
 - 3) PUB-409: What is DCFS?
 - 4) An Arkansas Heart Gallery brochure.

Copies of the brochures can be obtained from the Adoptions Unit.

PROCEDURE VIII-G4: Information Meetings

The Adoption Specialist is responsible for assessing and preparing applicants for adoption. To begin this process, the Adoption Specialist will:

- A. Conduct a meeting with a group of adoptive applicants within 30 working days of initial contact. This may or may not include a joint meeting with individuals interested in fostering.
- B. Notify Adoption Supervisor if this time frame cannot be met.
- C. During the informational meeting inform attendees of the following:
 - 1) The adoption program is child focused, and the family who will best meet the child’s individual needs will be selected.
 - 2) The application process formally begins with the successful completion of the In-Home Consultation.
 - 3) Application approval does not guarantee placement.
 - 4) A child’s health and safety are paramount in the development of an adoptive family for a child.
 - 5) Priority is given to completing an adoption home study on families for children with special needs who are waiting for placement.
 - 6) Adoption Specialist’s role and responsibilities
 - 7) Adoption process
 - 8) Assessment and preparation process and time frames
 - 9) Reasons children enter Out-of-Home Placement and are legally freed for adoption
 - 10) Explanation of children with special needs
 - 11) Eligibility criteria for adoption
 - 12) Adoption subsidy
 - 13) Discussion of children currently awaiting placement, to include photo-listing, if available
 - 14) Legal procedures
- D. Provide all participants with a copy of PUB-22: Standards of Approval for Family Foster Homes.
- E. Provide participants with a Background Check Packet (MidSOUTH shall not provide the packet to prospective adoptive families), which includes:
 - 1) FBI fingerprint card
 - 2) CFS-316: Request for Child Maltreatment Central Registry Check
 - 3) CFS-341: Certification of Absence of Criminal Record
 - 4) CFS-342: State Police Criminal Record Check

- 5) CFS-419: Foster Family Support System Information. Even if a family is interested in adoption only, it is suggested the family develops a Foster Family Support System to have during the pre-adoptive placement period (See Policy VII-G: Alternate Care).
 - 6) CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers
 - 7) VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
 - 8) VSP-2: Authorization to Obtain Traffic Violation Record
 - 9) Arkansas State Vehicle Safety Program Manual
- F. Have a notary present to notarize the forms in the Background Check Packet if the family chooses to complete during the Information Meeting.
- G. Provide participants with additional Background Check Packets for their Foster Family Support System.

PROCEDURE VIII-G5: Background Check Processing

If the prospective adoptive family did not attend an Informational Meeting, the Adoption Specialist must provide the family with a Background Check Packet which includes:

- 1) FBI fingerprint card
- 2) CFS-316: Request for Child Maltreatment Central Registry Check
- 3) CFS-341: Certification of Absence of Criminal Record
- 4) CFS-342: State Police Criminal Record Check
- 5) CFS-419: Foster Family Support System Information
- 6) CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers
- 7) VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
- 8) VSP-2: Authorization to Obtain Traffic Violation Record
- 9) Arkansas State Vehicle Safety Program Manual

The Adoption Specialist must process all of the following forms for the appropriate prospective adoptive family members and the Foster Family Support System and will:

- A. Submit the signed CFS-593, VSP-1 and VSP-2 to the Vehicle Safety Program Coordinator along with a clear copy of the driver's license for each prospective adoptive parent and applicable teenage driver.
 - 1) Copy the front and back of the driver's license.
 - 2) Document in CHRIS.
 - 3) The county office must receive the results of the Arkansas State Vehicle Safety Program check before the family can be approved for training.
- B. Submit the completed CFS-316: Request for Child Maltreatment Central Registry Check for each household member age 10 years and older, excluding children in foster care. The CFS-316 must be notarized. The Child Maltreatment Central Registry Check shall be repeated annually thereafter until the adoption decree has been issued. The person must have no history of true abuse and/or neglect.
 - 1) If applicable, a Child Maltreatment Central Registry Check should also be conducted on each household member age 10 years or older in any state of residence in which they have lived for the past six years, and in their state of employment, if different, for reports of child maltreatment.
 - 2) Route each completed CFS-316 to the Central Registry Unit.
 - 3) Document on the Provider Household Member Required Checks Information Screen.
 - 4) File a copy of the results in the county office. The county office must receive the results of the Child Maltreatment Central Registry Check before the family can be approved for training.
- C. Use CFS-341: Certification of Absence of Criminal Record to obtain written certification from the prospective adoptive parent(s) that any household members aged 10-17 do not have a criminal record. File a copy in the case record.

- D. Submit the completed CFS-342: State Police Criminal Record Check for each household member age 18 years and older, excluding children in foster care. The CFS-342 must be notarized. The State Police Criminal Record Check must be completed prior to requesting the FBI Criminal Background Check. Applicants must have no history of convictions for offenses listed in ACA § 9-28-409. These checks must be made prior to approval and shall be repeated annually thereafter until the adoption decree has been issued (see Procedure VIII-F1 for a listing).
- 1) Route each completed CFS-342 to the Criminal Records Unit.
 - 2) Document on the Provider Household Member Required Checks Information Screen.
 - 3) File a copy of the results in the county office. The county office must receive the results of the Criminal Record Check before the family can be approved for training.
- E. Out-of-state adoptive families do not need to do an Arkansas State Police Check if they have never resided in Arkansas. Adoptive parents and each member of the household age 18 years and older, excluding children in foster care, residing out-of-state shall provide state police criminal record checks from their state of residence. These checks must be made prior to approval and shall be repeated annually thereafter until the adoption decree has been issued. Any person who is found guilty of or pleads guilty to an excluded criminal offense pursuant to ACA § 9-28-409(e)(1) shall be excluded as an adoptive parent.
- F. Process an FBI fingerprint-based Criminal Background Check for all adoptive applicants and all members of the prospective adoptive home who are 18 years of age and older, excluding children in foster care. Encourage the adoptive applicants to submit the FBI Criminal Background Check as early as possible given that processing time may be significant. The FBI fingerprint-based Criminal Background Check must be submitted prior to the family attending training; however, the results are not required before the family can attend training.

There are two options for completing the FBI check:

- 1) Electronic Fingerprint Scanning
 - a. Adoptive applicants do NOT need to fill out an FBI fingerprint card. A request for electronic scanning will be done via CFS-342.
 - b. The Adoption Specialist will forward the completed CFS-342 to the Criminal Records Unit.
 - c. The Criminal Records Unit will use the CFS-342 to get a transaction number from the State Police.
 - d. The Criminal Records Unit will forward the transaction number to the Adoption Specialist.
 - e. The Adoption Specialist will forward the transaction number to the applicants.
 - f. Applicants must go to an approved Electronic Harvester to have fingerprints scanned. Check with the Adoption Specialist for the closest location.
 - g. Applicants must pay the electronic harvester fee. If applicants are approved and opened as a foster/pre-adoptive home, they may request reimbursement.
 - h. The Adoption Specialist will document the results on the Provider Household Member Required Checks Information Screen and file a copy of the results in the county office.
- 2) Ink Fingerprint
 - a. Adoptive applicants will complete CFS-342 and the FBI fingerprint card with good, unsmudged prints.
 - i. If the prints are not readable, the family will have to re-submit. Adoptive applicants may not use an Electronic Harvester if they have already submitted ink fingerprints and the attempt was unsuccessful.
 - ii. If a legible set of fingerprints cannot be obtained after a minimum of two attempts, a name-based FBI check will be conducted instead.
 - b. The Adoption Specialist will forward the documents to the Criminal Records Unit.

- c. The Adoption Specialist will document the results on the Provider Household Member Required Checks Information Screen and file a copy of the results in the county office.

PROCEDURE VIII-G6: In-Home Consultation Visit

All adoptive applicants must participate in an In-Home Consultation Visit in order to begin the assessment process. The Information Meeting is not a substitute for the In-Home Consultation Visit. All prospective adoptive parents must attend an Information Meeting before the In-Home Consultation Visit.

The Adoption Specialist will:

- A. After attendance at an Information Meeting and after clearances on all required background checks have been received, conduct an in-home consultation visit with the prospective adoptive family in order to:
 - 1) Review and complete the CFS-446: In-Home Consultation Visit Report. The completed CFS-446 will serve as the first formal step in the application process.
 - 2) Discuss the standards of approval for adoptive homes and answer any questions the family may have.
 - 3) Inform the prospective adoptive family that they will not be approved until they meet minimum licensing standards and any other qualifications deemed appropriate.
 - 4) Discuss training requirements required prior to approval, including completion of CPR and Standard (not Basic) First Aid training and certification.
 - 5) Ask the adoptive applicant to complete a photograph album.
 - 6) Review the Arkansas State Vehicle Safety Program (ASVSP) with the family and have them complete the following forms, if they have not already done so:
 - a) CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers.
Teenage drivers in the home will be subjected to the ASVSP and must be licensed if they will be allowed to transport children in foster care who are placed in the home. The result of the teenager's ASVSP report should not impact the decision to approve the home as long as the parents' ASVSP check is favorable. If teenager does not pass the ASVSP report, he or she will not be able to transport children during the pre-adoptive placement.
 - b) VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
 - c) VSP-2: Authorization to Obtain Traffic Violation Record
 - 7) If the Background Check Packet for the members of the Foster Family Support System (needed for pre-adoptive placements) has not been completed and processed, collect and begin processing the CFS-419: Foster Family Support System Information (one per FFSS member family) and for each appropriate member of each FFSS family (following Procedure VIII-G5: Background Check Processing):
 - a) CFS-316: Request for Child Maltreatment Central Registry Check
 - b) CFS-342: State Police Criminal Record Check
 - c) CFS-593: Arkansas State Vehicle Safety Program (ASVSP)
 - d) VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
 - e) VSP-2: Authorization to Obtain Traffic Violation Record
 - 8) Provide the family with the following documents for them to complete:
 - a) CFS-404: General Medical Report (one for each person residing in the household)
 - b) CFS-409: Foster/Adoptive Family Preference Checklist
 - c) CFS-455: Request/Consent for Health Department Services
 - d) CFS-480: Alternate Compliance of Water Supply Agreement (if applicable)
 - 9) Inform the family that three positive confidential reference letters are required.

- a) Provide the family with three stamped envelopes addressed to the Adoption Specialist.
- b) Inform the family that the individual writing the reference letter must mail it directly to the Adoption Specialist. (The prospective adoptive family shall not view the reference letter.)
- 10) Determine whether the family would be willing to serve as an informal respite home (see Policy VII-G: Alternate Care).
- 11) Begin completing the CFS-475: Checklist for Compliance.
- B. The Adoption Specialist will be responsible for submitting the completed reference letters to the individual conducting the home study.
- C. Require a professional assessment of an applicant's ability to parent, if needed. It may be necessary for the adoptive applicant to pay for that assessment.

PROCEDURE VIII-G7: Initiation of Pre-Service Training

In order to approve applicants for Pre-Service Training, within 10 working days of receiving the results of the Child Maltreatment Central Registry Checks and the State Police Criminal Record Checks, the Adoption Specialist will:

- A. Submit the signed and completed CFS-446: In Home Consultation Visit Report to the Adoption Supervisor with one of the following recommendations:
 - 1) Invite the applicant to attend Pre-Service Training and complete the Provider Contact Screen selecting "In-Home Consultation/Approval for Training:" Purpose in CHRIS, OR
 - 2) Do not invite the applicant to Pre-Service Training and provide an explanation.
- B. If the Adoption Supervisor approves the recommendation to send the applicant to Pre-Service Training, complete the contact purpose of "In-Home Consultation/Approval for Training" in the Provider Contact Information Screen.
- C. Arrange and/or provide one-on-one pre-service training to the family if group training sessions are unavailable locally.
- D. Enter the CFS-409 responses in the Provider Adoption Characteristics Tab in CHRIS.

The Adoption Supervisor or designee will:

- A. Log receipt of the CFS-446 on the DCFS Foster/Adopt Home in CHRIS.
- B. Note approval or disapproval of recommendation within five working days of submission of the CFS-446 by the Adoption Specialist. Either approve or disapprove the recommendation of the Adoption Specialist.
- C. When an applicant is approved:
 - 1) Sign and return the CFS-446 to the Adoption Specialist.
 - 2) Notify the family that they have been approved for training.
 - 3) Submit a copy of the following to the prospective adoptive parents and to the trainer at MidSOUTH:
 - a. The CFS-446 approving the family to attend Pre-Service Training.
 - b. Cover letter to the prospective adoptive family that will:
 - i. Inform the prospective adoptive parents of approval to attend Pre-Service Training.
 - ii. Inform the prospective adoptive parents that the MidSOUTH trainer will contact them to schedule Pre-Service Training.
 - iii. Remind prospective adoptive parents to obtain CPR and Standard First Aid Training and certification.
 - 4) Click on "Supervisor Reviewed Contact" checkbox in CHRIS on the "In-Home Consultation/Approval for Training" Purpose which the Adoption Specialist entered in the

Provider Contact Information Screen. The system will automatically notify MidSOUTH of approval status.

- D. When an applicant is NOT approved:
 - 1) Sign and return the CFS-446 to the Adoption Specialist.
 - 2) Send letter to applicants who were not approved to attend Pre-Service Training.
 - 3) Forward a copy of the letter to the Adoption Specialist.
 - 4) Log notice of non-selection on the Provider Household Member Required Checks Information Screen.

PROCEDURE VIII-G8: Pre-Service Training

The prospective adoptive family will:

- A. Complete a minimum of 27 hours of Foster/Adopt PRIDE training and three hours of DCFS orientation prior to placement of a child. All make-up sessions shall also be completed in order for a family to fully complete pre-service training.
- B. Complete CPR and First Aid Training and receive certification in both areas.
- C. Submit the completed CFS-409: Foster/Adoptive Family Preference Checklist to the Adoption Specialist by the first day of Pre-Service Training:
- D. Submit the following forms to the Adoption Specialist by the last day of Pre-Service Training:
 - 1) CFS-404: General Medical Report (one for each member residing in the household)
 - 2) CFS-455: Request/Consent for Health Department Services
 - 3) CFS-480: Alternate Compliance of Water Supply Agreement (if applicable; please note that an Alternative Compliance must be requested with this form; see Appendix IX: Alternative Compliance and Policy Waiver Protocol).
- E. Ensure that the individuals providing references have submitted them to the Adoption Specialist by the last day of training. Each person providing a reference should mail the reference letter directly to the Adoption Specialist using the pre-stamped, pre-addressed envelope provided (i.e., all reference letters shall remain confidential; prospective adoptive family shall not handle a completed reference letter).

The Adoption Specialist will:

- A. Assist with the Area or County Orientation Session.
- B. Document the CPR Training and First Aid Training Effective and Expiration Dates in the Provider Household Members/Requirements Tab in CHRIS.

PROCEDURE VIII-G9: Home Study

A home study determines if a family is ready, willing and able to become a suitable and safe placement resource for a child. The home study must evaluate a family's dynamics in areas including but not limited to, motivation for wanting to adopt, health, education, lifestyle, daily schedules, parenting practices, support systems and personal histories. By learning more about these areas, the home study assists the evaluator in understanding how members of a family function both individually and as a unit, and, subsequently, make an informed recommendation on the best placement for a child who comes into care.

To complete a successful home study, the Division uses CFS-405: Foster Care/Adoption Services Family Assessment Information. The home study can be conducted by designated Division staff, by staff contracted through the MidSOUTH Training Academy or other contract providers, or by volunteers trained by designated DCFS staff.

The home study evaluator will:

- A. Conduct an initial face-to-face interview with the prospective adoptive parent(s) using CFS-405 to guide the conversation.
- B. Evaluate the first interview and note responses that will require further clarification and/or development.
- C. Collect the three reference letters from the Adoption Specialist and review. Three positive references are required.
- D. Conduct a second face-to-face interview with the applicant(s).
- E. Evaluate the second interview and note responses that will require further clarification and/or development.
- F. If necessary, conduct additional face-to-face interviews with the prospective adoptive parent(s) and/or other members of the household to further explore topics noted during the evaluation process.
- G. Interview each household member separately who is 10 years of age or older. Observe younger children and interview if appropriate.
- H. Within 45 working days of the family completing pre-service training, complete the home study report (based on CFS-405) and submit to the Adoption Specialist for review and assessment.

The Adoption Specialist will:

- A. Review the final report (based on CFS-405) and other assessment documents and, based on the review, recommend to approve or deny the home.
- B. Send a copy of the home study report, written recommendation of approval or denial, all required forms including the three *positive, confidential* reference letters to the Adoptions Supervisor within one week of receiving the final report from the home study evaluator.
- C. Provide a copy of the final home study report to the family regardless of approval or denial if the family has requested to see the report.
- D. If the home is denied, explain the reasons for denial in a personal interview and refer for professional services if indicated.
- E. Keep the family's photo album in his or her possession.
- F. Document the Initial Home Study Completed Date on the Provider Services Details Screen in CHRIS.

The Adoption Supervisor will:

- A. Review and assess the completed home study report and other assessment documents as well as the Adoption Specialist's recommendation to approve or deny the home.
- B. Determine whether to approve or deny the adoptive applicant within one week of receiving all final documents from the Adoption Specialist.
- C. Notify the adoptive applicant in writing of approval or denial within one week of receiving all final documents from the Adoption Specialist.
- D. Notify the applicant in writing if a determination to approve or deny the home based on the home study report and other assessment documents cannot be completed within 60 days of the family completing pre-service training and explain the reason. Send a copy to the Adoption Specialist.
- E. In CHRIS, upon approval of the adoptive applicant, enter the new adoptive family in CHRIS by completing the Resource screens to obtain a resource provider number. Also, the Vendor Maintenance Form - F10021 must be completed and sent to AASIS as soon as possible by designated staff.
- F. Return the home study report and entire record to the Adoption Specialist with a copy of the written approval or denial notification.

PROCEDURE VIII-G10: Reevaluation of Approved Adoptive Applicant's Record

A child in foster care placed in an approved adoptive home (Pre-Adoptive Service) continues status as a child in foster care until finalization of the adoption. The adoptive home (Pre-Adoptive Home Service) must be reevaluated annually until the adoption is finalized. Additionally, the adoptive home must be reevaluated if the approved applicant(s) experiences any major life changes such as:

- Death or serious illness among the members of the adoptive family.
- Marriage, separation, or divorce.
- Loss of or change in employment.
- Change in residence.
- Suspected child maltreatment of any child in the adoptive home.
- The addition of family members.

The Adoption Specialist will reevaluate the family prior to placement of the child. The Adoption Specialist will not wait for the annual reevaluation. An additional home visit is required if there has been a change of residence. Completion of new forms (listed below) will be necessary depending on the type of change.

If an approved applicant has not had a child placed within one year, or a child has been placed and the adoption has not been finalized, or the adoptive family has experienced a major life change, the Adoption Specialist will:

- A. Visit in the home and ascertain changes in the situation and assess the family's continued interest in adoption.
- B. Use the CFS-475: Checklist for Compliance to update the narrative summary and record annually from the date in the approval letter until a child is placed and the adoption is finalized.
- C. Complete/update the Individual Training Needs Assessment (ITNA) with the parent.
- D. Submit the completed ITNA to MidSOUTH within 45 working days of the home visit.
- E. Submit within 45 working days from the home visit a packet to the Adoption Supervisor to include:
 - 1) CFS-475
 - 2) Any background checks that require updating at that time (CFS-316 and/or CFS-342)
 - 3) CFS-404: General Medical Form Report on each member of the household;
 - 4) CFS-414: Change of Status, if applicable.
- F. Send a copy of CFS-475, all required forms and written notification of approval to the Adoptions Manager or designee when a reevaluation is approved.
- G. In CHRIS, under the Pre-Adoptive Home Service for the approved adoptive family:
 - 1) Complete the Provider Reevaluation Screen and Request Approval for Adoption Supervisor's review and approval.
 - 2) Complete the Provider Contact Screen on all activities concerning reevaluation process.
 - 3) Update the Provider Resource Household Members Required Checks Tab especially the Criminal Record Checks and the Child Maltreatment Central Registry Checks.
 - 4) Update any expired CPR Training and First Aid Training dates.

The Adoption Supervisor will:

- A. Refer to Procedure VIII-G5.
- B. In CHRIS, under the Pre-Adoptive Homes Service for the approved adoptive family:
 - 1) Review the Provider Reevaluation Screen and approve the Adoption Specialist's Request for Approval (if appropriate) of adoptive family's reevaluation.

PROCEDURE VIII-G I I: Selection of an Adoptive Family

The Family Service Worker will:

- A. Pursue child's relatives as possible adoptive placements.
- B. Invite Adoption Specialist to permanency planning staffing.
- C. Assure prior to the permanency planning staffing that the child's out-of-home placement record is up to date and that all attachments which are required for an adoption packet (Appendix 2-B) are in the child's record. These will be copied and forwarded to the Adoption Specialist within three working days after the permanency planning hearing.
- D. Notify the Adoption Specialist within 14 days prior to TPR staffing and hearing.
- E. Send additional attachments to the Adoption Specialist once the initial adoption packet is completed in order to maintain current information until a child is placed with an adoptive family.
- F. Document in the child's out-of-home placement record and in CHRIS the efforts to secure needed attachments and the reason for an attachment not being available.
- G. Provide information requested by the Adoption Specialist in the preparation of the child's adoption summary and in the selection of an adoptive family.
- H. Place siblings together in the same adoptive home. Separate siblings by placement only upon written determination by a Mental Health Professional that placement of the siblings together would be detrimental to their best interest or is otherwise not possible at the time of initial placement.
- I. Continue to prepare the child for adoption.

The Adoption Specialist will:

- A. Determine prior to the 11 month staffings if there is a resource of approved adoptive applicants to consider for a child who may have a permanent goal of adoption (enter characteristics of child into the computer matching system to obtain listing of approved adoptive applicants). If there is not an adequate resource of approved adoptive applicants, the Adoption Specialist will initiate generalized recruitment for an adoptive family who may be interested in adopting a child with similar characteristics.
- B. Prepare the child's adoption packet (adoption summary and attachments -- see Appendix 2-A and 2-B) within 30 days from the permanency planning hearing.
- C. In CHRIS, complete the Adoption Characteristics section in the Child's Characteristic's Screen in the child's case.
- D. Enter characteristics of the child into the computer matching system, CFS-468: Adoption Data Matching within five working days from the court hearing that terminated parental rights to obtain a listing of approved and registered adoptive applicants from in and out-of-state.
- E. Contact the Adoptions Manager or designee, to request adoption assessments on the approved adoptive applicants.
- F. Decide within 10 working days from receiving the listing and adoption assessments if recruitment of an adoptive family is needed.
- G. Assist the Family Service Worker in preparing the child for adoption.
- H. Complete and maintain a CFS-433: Individualized Recruitment Plan written recruitment plan if an appropriate adoptive family is not available.
- I. Send the following to the Adoptions Manager or designee, if a photo-listing and website registration of the child is needed: a color photograph, adoption summary, special evaluations if applicable, the CFS-467: Adoption Recruitment Agreement if 10 years or older and a draft of the completed registration page.
- J. Notify the Adoptions Manager or designee in writing if registrations are needed on available, national adoption exchanges.
- K. Monitor and document recruitment activities on the CFS-433: Individualized Recruitment Plan.

- L. Enter characteristics of the child into the computer matching system CFS-468: Adoption Data Matching on a consistent basis if the initial listing did not result in the selection of an appropriate adoptive family.
- M. Update the child's adoption summary annually until an appropriate adoptive family is selected and ensure that attachments are updated. Send a copy of the updated adoption summary and special evaluations to the Adoptions Manager or designee if the child has a photo-listing, website and/or adoption exchange registration. Send a copy of the updated summary to the child's Family Service Worker.
- N. Ensure compliance with Indian Child Welfare Act, if applicable.
- O. Consult with the Family Service Worker, the family's Adoption Specialist and other appropriate DCFS staff and professionals involved with the child in the selection of an adoptive family. Schedule and conduct a staffing, if applicable.
- P. Select the most appropriate approved adoptive applicant for the child consistent with the child's needs. Ensure the applicant's ability to meet the special needs of the child. Refer to PUB-04: Minimum Licensing Standards for Child Welfare Agencies. Document the selection by completing the CFS-470: Selection of Adoptive Family.
- Q. In CHRIS, complete the Provider Adoption Considerations Tab on the selected family (Pre-Adoptive Home Service) identifying the considered foster child.
- R. Send the completed CFS-470 to the Adoption Supervisor within ten working days of receiving the assessments of approved adoptive applicants for a child who does not have a special need(s) and within thirty working days for a child with a special need(s). Attach a copy of the child's adoption summary and the selected family's adoption assessment to the CFS-470.
- S. Prepare the child's adoption packet:
 - 1) Delete identifying information in the child's adoption packet as it relates to the child's birth/legal parent and extended family.
 - 2) Make a copy of the non-identified adoption packet for the selected adoptive family and one for the family's Adoption Specialist, if different from the child's Adoption Specialist.
 - 3) Upon approval of the selection, complete a CFS-471: Disclosure for Adoption.
 - 4) Forward packets and CFS-471 with a memorandum to the family's Adoption Specialist, if different from the child's Adoption Specialist. The memorandum should include significant information about the child including the need for special resources/services, provide a schedule for pre-placement activities and convey any other significant information that relates to the placement of the child.
 - 5) Send a copy of the memorandum to the Adoption Supervisor, Family Service Worker, and OCC Attorney for the child's initiating county.
- T. Discuss delays in the selection of an adoptive family with the Adoption Supervisor and document reasons for the delay.
- U. Determine immediately if another approved adoptive applicant can be selected if the Adoption Supervisor, the adoptive family, or child does not agree with a selection. Document if another approved adoptive family cannot be selected and continue recruitment activities.
- V. Forward a written notification to the Adoption Specialist for each approved adoptive applicant who has been considered, and provide the reason(s) for the applicant not being selected. The applicant's Adoption Specialist will notify the approved applicant in writing if he had asked to be considered for a child who is registered in the DCFS photo-listing and website but was not selected.
- W. Initiate and follow ICPC procedures if an out-of-state approved adoptive applicant is selected.

The Adoptions Manager or designee will:

- A. Complete, within five working days of receiving the required information, a photo-listing and website registration for a child referred by an Adoption Specialist.

- B. Coordinate and maintain a photo-listing book and website of children with special needs to be distributed to each Adoption Specialist.
- C. Complete, within five working days of receiving the required information, a registration on an available adoption exchange for a child referred by an Adoption Specialist.
- D. Send to an Adoption Specialist within three working days names of prospective adoptive families who respond to recruitment activities.
- E. Coordinate and maintain the computer matching system to assist in the selection of an adoptive family.
- F. Maintain the file for adoption assessments of approved adoptive applicants who reside within the state and out-of-state.
- G. Provide technical assistance on recruitment and selection of adoptive families.

The Adoption Supervisor will:

- A. Assess the child's adoption packet, the assessment of the approved adoptive applicant, and the CFS-470: Selection of Adoptive Family from the Adoption Specialist and determine the appropriateness of the selection within 10 working days.
- B. Document the determination to approve or deny the selection on the CFS-470: Selection of Adoptive Family from the Adoption Specialist and explain in writing the reason(s) for a denial.
- C. Return all information to the Adoption Specialist.

PROCEDURE VIII-G12: Disclosure, Pre-Placement, and Placement Activities

After the selection of an adoptive family has been approved, the child's Adoption Specialist will:

- A. Continue to assist the Family Service Worker in preparing the child for adoption.
- B. Work with the Family Service Worker in preparing the child to meet the selected adoptive family (including the presentation of the family's photograph album) after the adoptive parents has signed the disclosure form.
- C. In CHRIS:
 - 1) Complete the Affidavit of Disclosure in the child's case once an adoptive family has been selected.
 - 2) Document all contacts, visits, activities, progress, concerns in the Contact Screen in the child's case.
- D. Arrange and conduct pre-placement visits between the child and the selected adoptive family. There must be at least three pre-placement visits for a child who is two years of age or older. These visits shall not be scheduled until the selected adoptive parents have signed the disclosure form.
- E. Supervise visits of the child with the selected adoptive family when the visits are in the child's area.
- F. Review information about the child with the selected adoptive family and answer questions.
 - 1) If adopted youth is age 16 or older, inform the family that the youth is eligible for ETV (Educational Training Voucher) and may participate in youth development activities and life skills classes.
 - 2) Refer youth age 16 or older to TYS coordinator, if youth desires to participate in said activities.
- G. Provide support to the selected adoptive family.
- H. Assess the acceptance and development of a relationship between the selected adoptive family and the child.
- I. Remain in contact with the adoptive family's Adoption Specialist.
- J. Coordinate times, dates, places, and activities for the pre-placement visitation schedule with the family's Adoption Specialist and child's Family Service Worker.
- K. Arrange any needed appointments with the Family Service Worker for the selected adoptive family to meet with special providers, i.e., mental health counselors, doctors, school personnel, etc.

- L. Assess the child's wardrobe. Arrange purchases of any additional clothing with the Family Service Worker.
- M. Arrange with the Family Service Worker a physical exam and developmental assessment by a physician within 30 days prior to adoptive placement and completion of the CFS-366: Health Screening.
- N. Present and explain the CFS-420: Legal Risk Adoption Placement Agreement to the selected adoptive parent(s) if a legal risk adoptive placement is planned. Secure the adoptive parent's(s) signature on the CFS-420 and approval from the Adoptions Manager prior to placement.
- O. Document dates of pre-placement visits, contacts, activities, progress, concerns, etc. and send a copy to the family's Adoption Specialist, Adoption Supervisor, Family Service Worker, and OCC Attorney for the child's initiating county.

The Adoptive Family's Adoption Specialist will:

- A. Review, discuss and present to the selected adoptive parent the child's non-identifying adoption packet and CFS-471: Disclosure for Adoption and document in narrative.
- B. Assist in assessing appropriateness of the selection.
- C. Secure the signature of the selected adoptive parent on the CFS-471.
- D. Give the selected adoptive parent a copy of the signed CFS-471.
- E. Advise the child's Adoption Specialist of the family's interest in adopting the child.
- F. Coordinate with the child's Family Service Worker and Adoption Specialist a pre-placement visitation schedule.
- G. Supervise visits of the child with the selected adopted family when visits are in the family's area.
- H. Discuss and coordinate with the selected adoptive parent resources (adoption subsidy, counseling, medical, educational services, etc.) which a child may need. In addition, when discussing an adoption subsidy, the Adoption Specialist will be clear that they will only be screening for a determination of special needs, subsidy eligibility and making a recommendation to the Adoption Unit. The Adoption Specialist will notify the family of approval/denial of an adoption subsidy. (See Procedure VIII-H1: Initial Application for Adoption Subsidy.) The Adoption Specialist must also explore other resources and assistance that may be available for the child and adoptive family when screening for a subsidy.
- I. Document dates of contacts, activities, progress, concerns, etc., in the narrative section of CHRIS as well as in the court report and send a copy to the child's Adoption Specialist, designated Adoption Supervisor, Adoptions Manager, Family Service Worker, and OCC Attorney for the child's initiating county.
- J. Send a completed CFS-414: Change of Status to the Adoptions Manager or designee, when the child has been placed.

The Family Service Worker will:

- A. Continue to prepare the child for adoption.
- B. Prepare the child to meet the selected adoptive family with the assistance of the child's Adoption Specialist after the adoptive parents have signed the CFS-471: Disclosure for Adoption.
- C. Prepare and support the foster family or out-of-home placement provider for separation and enlist their help with the child.
- D. Prepare child's school personnel, therapist, and other professionals for the proposed adoption.
- E. Coordinate with the child's Adoption Specialist times, dates, places and activities for the pre-placement visitation schedule.
- F. Participate in pre-placement and placement activities and remain involved until the process is completed.
- G. Assess the feelings and reactions of the child and the foster parents or out-of-home placement provider and share these with the child's Adoption Specialist.

- H. Provide information about the child to the selected adoptive family.
- I. Assure that the child's clothing and personal belongings are appropriately prepared and packed for the move to the adoptive family's home.
- J. Transfer the child's out-of-home placement record (including CHRIS record) to the adoptive family's Adoption Specialist within five working days of the placement date (after pre-placement visits have been completed). The family's Adoption Specialist will assume primary case management responsibility at the time of placement.
- K. In CHRIS:
 - 1) Complete the foster child's Termination of Parents Rights Screen on each parent.
 - 2) In the Enter/Exit Screen, exit foster child from current foster home placement selecting Pre-Adoptive Placement and enter child in the Pre-Adoptive Service of the adoptive family's home.
 - 3) Update Contact Screen, Characteristic Screen, Medical Screen and Court Hearing Screen to document all current available information on child.
 - 4) In the Assign/Transfer Screen, assign the family's Adoption Specialist as the Primary Responsible Person for case.

The Foster Parent or Out-of-Home Placement Provider will:

- A. Help prepare the child for adoption.
- B. Participate in the pre-placement and placement activities.
- C. Provide the selected adoptive family with information about the child.
- D. Assess and report the child's feelings, actions and reactions to the Family Service Worker and/or the Adoption Specialist.
- E. Encourage and support the child to accept the adoptive family.

PROCEDURE VIII-G13: Post-Placement Services

The Adoptive Family's Adoption Specialist will:

- A. Provide casework counseling, support, and referral to needed resources/services until the adoption is finalized.
- B. Visit the adoptive family in their home at least once a week during the first four weeks after placement and at least twice a month in the home until the adoption is finalized.
- C. Have a private conversation with the age-appropriate child during each visit.
- D. Process an application for adoption subsidy, if applicable, prior to recommending finalization of the adoption. (Refer to Policy VIII-H.)
- E. Document place and dates of contacts, activities, progress, concerns, etc., and send a copy to Adoption Supervisor, child's Adoption Specialist, and OCC Attorney for the child's initiating county.
- F. Develop a CFS-6010: Case Plan within thirty days of the child's placement.
- G. Notify the pre-adoptive parent of the date for a judicial review.
- H. Establish time frame for finalization of the adoption, and document the reasons the adoption has not been finalized within six months.
- I. Inform the family about post-adoption services (provide subsidy brochure).
- J. In CHRIS:
 - 1) Document all adoption post placement services in the Contact Screen of child's case.
 - 2) Complete Case Plan Treatment Goal screens when case plan has been revised within thirty days of placement.
 - 3) Complete the Court Hearing screens on all judicial reviews.

PROCEDURE VIII-G14: Disruption of Adoptive Placement

If a disruption of an adoptive placement is imminent before the final decree, the family's Adoption Specialist will provide appropriate services to preserve the family and prevent disruption, if applicable.

- A. Notify immediately the Adoption Supervisor. From the initiating county notify the County Supervisor, Family Service Worker, Adoption Specialist, OCC Attorney and attorney ad litem.
- B. Schedule and conduct a staffing to include those listed above and the adoptive parent(s), age appropriate child and any other significant individuals.
- C. Return the following case management responsibilities to the initiating county Family Service Worker if there is no plan to immediately select another adoptive family and disruption occurs:
 - 1) Primary case management responsibility for the case.
 - 2) Primary information management responsibility in CHRIS.
 - 3) The child's paper record within five working days of the disruption.
- D. Prepare the family for disruption and provide casework counseling and referrals for needed services.
- E. In CHRIS:
 - 1) Document the staffing, reason for disruption, and all contacts with adoptive family in the Contacts Screen.
 - 2) Exit child from current adoptive home placement selecting Placement Resource Requested Removal or Child Requested Change of Placement in the Enter/Exit Screen.
 - 3) Transfer the case back to the last Primary Assigned Family Service Worker in the Assign/Transfer Screen.

PROCEDURE VIII-G15: Finalization of an Adoption

Refer to Procedure VIII-F7.

We believe...

- Behavior change and the work of change is a part of our daily challenge.
- Safety for children is achieved through positive protective relationships with caring family and community members.
- Meaningful decisions require close family participation in decision making.
- Strengths of families and supporting these strengths contribute to life-long permanent relationships for children.
- Families' success depends on community involvement and shared problem solving.
- Practice with families is interrelated at every step of the casework process.
- Sustainable success with families is the work of a team.
- The entire system must support frontline practice to achieve positive outcomes with families.
- Every staff position, role, and activity of the Division shows continuous effort to build and maintain professionalism.
- Skill based training and consultation forms the foundation for successful practice with families.
- Quality improvement and accountability guide all of our work. How we do the work is as important as the work we do.



LOCAL STATS &
CONTACT
INFORMATION
GO HERE

Arkansas Department of Human Services Division of Children and Family Services

Our mission is to keep children safe and help families. DCFS will respectfully engage families and youth and use community-based services and supports to assist parents in successfully caring for their children. We will focus on the safety, permanency and well-being for all children and youth.



*Together for Arkansas
Children and Families*

PUB -20

www.fosterarkansas.org

Be a Foster Parent

Open your heart,
pen your home...



CARE...
about local children

COMMIT...
your time and love

CONNECT...
become a Foster Parent



Enhance a child's life...

Open your heart and your home to a child during a time of crisis and change. As a foster parent, you will guide and support your foster child every day. By your actions, you can help children and their families cope with the challenges that life brings their way.



Foster care gives children a temporary home when their parents cannot take care of them. In foster care, a child lives in a safe, stable, and nurturing home while the child's family will focus on getting the assistance they need to become a successful family.

The goal is to return the child home safely. If that is not possible, a permanent home will be found.



A Child Is Waiting....

- At DCFS we strive to:
- Value and support families at every step of a family's encounter with our system.
- Safely keep children with their families.
- Enhance well-being in all of our practices with families.
- Use foster care and any other placements as temporary services to help achieve reunification.
- Use permanent placements with relatives or other adults, when reunification is not possible, who have a close relationship to the child or children (preferred permanency option).



- Make certain all youth in foster care have access to an array of resources to help them achieve a successful transition into adulthood.
- Ensure that when adoption is the best permanency option that adoptions are timely, well-supported, and lifelong.



Who Are the Children in need of Foster Care?

Children in foster care are of all ages, from birth to teenagers. They are of varying ethnicities and socio-economic backgrounds. Foster families are especially needed to care for sibling groups, teenagers, and children with disabilities. In Arkansas the need for foster homes is **URGENT!**

Will you open your heart and your home and become a foster parent?

We believe...

- Behavior change and the work of change is a part of our daily challenge.
- Safety for children is achieved through positive protective relationships with caring family and community members.
- Meaningful decisions require close family participation in decision making.
- Strengths of families and supporting these strengths contribute to life-long permanent relationships for children.
- Families' success depends on community involvement and shared problem solving.
- Practice with families is interrelated at every step of the casework process.
- Sustainable success with families is the work of a team.
- The entire system must support frontline practice to achieve positive outcomes with families.
- Every staff position, role, and activity of the Division shows continuous effort to build and maintain professionalism.
- Skill-based training and consultation forms the foundation for successful practice with families.
- Quality improvement and accountability guide all of our work.
- How we do the work is as important as the work we do.



For more information about services available through DHS-DCFS or if you know of anyone who is in need of services, please contact:



Help make a difference for a child or a family by: being a mentor, foster parent, tutor, parent mentor, adoptive parent, transitional living sponsor, and much more by contacting the number above.



Arkansas
Department of Human
Services
**Division of Children and
Family Services**

Care
Commit
Connect



*Together for Arkansas'
Children and Families*

PUB-406



DCFS Mission Statement:

Our mission is to keep children safe and help families. DCFS will respectfully engage families and youth and use community-based services and supports to assist parents in successfully caring for their children. We will focus on the safety, permanency and well-being for all children and youth.



The Arkansas child welfare practice model describes all of our efforts to renew our work with families and aligns us more readily with our division's mission. It reflects our goals, our principles, our casework process, our daily interactions and our decisions. It is not spelled out in any single document. Instead it is increasingly a part of everything we do and is reflected in every document we write and use.

The practice model is the way our systems work together to serve children and families.

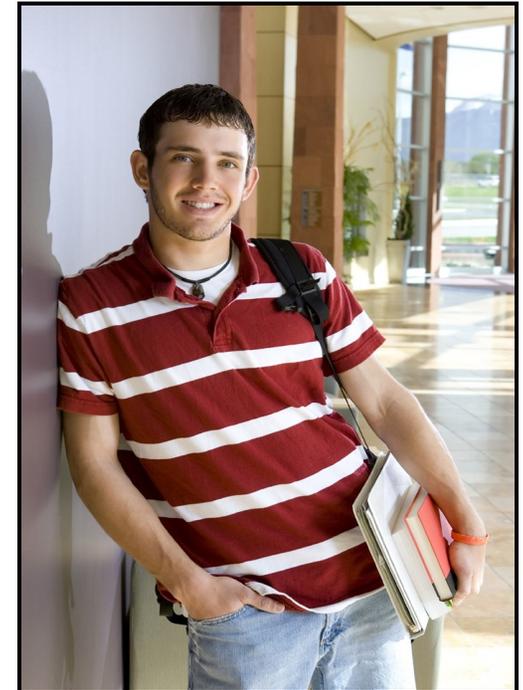
Practice Model Goals

Our practice model unites our casework process with an approach that values and supports families at every step of a family's encounter with our system. The goals of our practice model are:

- Safely keep children with their families.
- Enhance well-being in all of our practice with families.
- Use foster care and other placements as temporary services to help achieve reunification.
- Use permanent placement with relatives or other adults, when reunification is not possible, who have a close relationship to the child or children (preferred permanency option).



- Ensure adoptions, when that is the best permanency option, are timely, well-supported and lifelong.
- Ensure youth have access to an array of resources to help achieve successful transition to adulthood.



Principles to Guide Best Practices

Along with our goals, we support the practice model by looking for ways to incorporate the following principles into every encounter we have when working on behalf of families.