Division of Children & Family Services
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MEMORANDUM

TO: Interested Persons and Providers

FROM: Mischa Martin, Director, Division of Children and Family Services

DATE: September 12, 2020

SUBJ: **Development of Resource Homes and Support to Resource Parents**

As a part of the Arkansas Administrative Procedure Act process, attached for your review and comment are proposed rule revisions.

Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

If you have any comments, please submit those comments in writing, no later than October 11, 2020.

NOTICE OF RULE MAKING

The Director of the Division of Children and Family Services of the Department of Human Services announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed child maltreatment investigation rule(s) under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§ 6-18-233, 9-28-103, 9-28-402, 9-28-405, 20-76-201, and 25-10-129.

Effective December 1, 2020:

The Arkansas Department of Human Services (DHS), Division of Children and Family Services (DCFS) revises the DCFS Policy and Procedure Manual to comply with the National Model Licensing Standards for Foster Family Homes pursuant to Title IV-E, Section 471(a)(36) of the Social Security Act. The revisions align with the forthcoming Arkansas Minimum Licensing Standards for Child Welfare Agencies (Placement) issued by the Division of Child Care & Early Childhood Education. In addition, DCFS rescinds PUB-30: Resource Parent Handbook, and issues a new version that aligns with the manual.

Various sections of the DCFS Policy and Procedure Manual are revised. In addition to the revisions noted below, most every section in this promulgation includes improved formatting and organization and technical corrections.

Policy V-C updates clarify the amount of incidental expenses that may be covered for resource families and required documentation for them. References to obsolete procedures were deleted. DCFS revises Policy VI-J to detail adjustments to board payments when resource parents are the payee for other federal benefits for a child. And, the section establishes that the Social Security Administration (SSA) is the decision-making entity for payees of other social security benefits. DCFS updates staff roles and responsibilities and deletes references to obsolete forms and procedures.

DCFS updates numerous policies contained in Section VII. DCFS revises Policy VII-A to define the terms resource home and resource parent and make changes throughout the section to reflect those terms. And, DCFS clarifies the difference between a provisional relative or fictive kin resource home and a fully approved home. The section now includes the existing allowance for waiver of non-safety Minimum Licensing Standards and policy for relatives and fictive kin per the federal Fostering Connections Act. DCFS adds information for staff in ensuring provisional relative homes successfully transition to fully approved homes within six months or implement a transition plan before then to reduce trauma to children. Finally, obsolete references are deleted.

DCFS revises Policy VII-B to emphasize the importance of conducting diligent search and assessment of relatives and fictive kin throughout the life of a dependency-neglect case. DCFS inserts references to DCFS texting application for placement and the resource parent portal. DCFS updates rules regarding the functioning of the Centralized Inquiry Unit, which processes initial resource parent applications and background checks for traditional applicants and establishes that traditional resource home applications be submitted online. DCFS updates forms and documents provided to applicants and details when they are provided during the process.

Policy VII-C is revised to formally remove the maximum age limit on resource parents and to amend resource home approval and maintenance requirements to meet federal National Model Licensing Standards (NMLS) and the forthcoming Minimum Licensing Standards (MLS) for Child Placement Agencies. The intent of the majority of the NMLS are consistent with previous DCFS policies and MLS and the adoption of NMLS primarily resulted in minor language adjustments and formatting. However,

the exceptions to this that resulted in substantive changes are: (a) only allowing for a medical exemption for immunizations for children who are household members of the resource home (as opposed to also allowing for religious or philosophical exemptions); (b) requiring all household caregivers of infants to have an up-to-date pertussis (whooping cough) vaccine; and requiring all household members who will be caregivers of infants and children with special medical needs to have an up-to-date annual influenza vaccine. Medical exceptions (i.e., the immunization is contrary to the individual's health as documented by a licensed health care professional) may also apply to the pertussis and flu vaccinations. Other updates not related to NMLS include clarifying that staff may work with local law enforcement to verify criminal records for placement with a relative or fictive kin while a State Police Criminal Record Check is pending and adding timeframes for Federal Bureau of Investigation (FBI) Criminal Background Checks for provisional and fictive kin placements. Section updates also include consideration of CPR and First Aid certifications for various healthcare providers, revision of specified forms and documents provided to a resource parent applicant, details on when the documents are provided, and a requirement that SAFE home study components be retained in the provider file.

DCFS updates Policy VII-D requirements regarding notice to a resource parent applicant when a background check shows criminal history per FBI audit findings and any subsequent corrective actions implemented. Policy VII-E changes include deletion of obsolete forms. Policy VII-F now specifies elements given consideration when a former resource homes requests to be reopened, references to the Resource Family Review Committee (outlined in the existing Policy VII-K), and requirements to reopen a resource home based on the length of time for which it had been closed. DCFS inserts reference to the streamlined adoption process in Arkansas Code § 9-9-701.

Policy VII-G provides additional guidance regarding balancing a child's extracurricular activities with schoolwork and family time and allows for extended placement of a child with the resource parents' approved Resource Family Support System during extenuating circumstances if approved by the DCFS Area Director. Procedure VII-N1 further details processes when a child goes missing from an out-of-home placement, including the filing of a motion and order to notify the court within twenty-four hours of discovery. The procedure provides that the order be sent to the Central Office, who serves as a point of communication and who will assist in locating the child.

DCFS amends several appendices to the manual and rescinds appendix 6, resulting in renumbering of appendices 7, 8, and 9. DCFS updates appendix 3 with resource parent and resource home terminology and other technical corrections, and deletes references to obsolete forms in appendix 4. Appendix 8 is revised to specify issues requiring a policy waiver, add considerations under the law necessary when an alternative compliance is requested, and update staff duties in the chain of command for reviewing and approving alternative compliance and policy waiver requests. Updates to appendix 8 also include notification procedures for appearance by resource parents at Child Welfare Agency Review Board, and information regarding temporary alternative compliance approvals for provisional resource parent applicants.

DCFS rescinds PUB-30: Resource Parent Handbook and replaces it with a new version that aligns with the revisions to the policy manual described above. The handbook updates include more information about the role of resource parents in supporting reunification and what they may expect in daily living when a child is placed with them, along with details on the role of parents of children in care. Per the request of the DCFS Advisory Council, information was added regarding DCFS texting application for placement and the resource parent portal. Finally, the handbook changes include updates to staff responsibilities. The new requirements related to immunizations per the NMLS are also found in the Resource Parent Handbook along with several new requirements related to pool safety that are also in the NMLS and in the forthcoming MLS for Child Placement Agencies.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Rules Promulgation, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P.O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at https://humanservices.arkansas.gov/resources/promulgation-of-new-rules. Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than **October 11, 2020.** Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at 501-320-6164.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. **4501962581**

Mischa Martin, Director
Division of Children and Family Services

POLICY V-C: FAMILY SUPPORT FUND

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The Division of Children and Family Services~~Division~~ ~~shall~~will ensure that staff has prompt access to the Family Support Fund to support birth, post-adoptive, and resource~~foster~~ families. ~~-~~The purpose of the fund ~~shall be~~is:

A. To prevent children from entering or remaining in Out-of-Home Placement due to the parents' financial inability to meet the children's basic needs.

B. To pay for Out-of-Home Placement incidental items that exceed twenty-five dollars ($25.00) and ~~that~~ are both outside of the contracting process and ~~are~~ not covered by board payments. Examples include school field trips, camping dues, dance supplies, musical instruments, registration fees, specialized school supplies such as ~~(e.g.,~~ graphing calculators required by the school~~;~~. ~~however~~However, standard school supplies ~~shall~~ will be covered by personal needs monies within the board payment~~),~~; sport fees or equipment, social club fees, summer programs, specialized art supplies, and school pictures.

1) Providers will be required to provide documentation of the need for the expense. For example, a school letter requiring material purchase, or a camp registration form.

PROCEDURE V-C1: Cash Assistance

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The Family Service Worker will:

A. Complete the CFS-496: Assessment for Income Assistance to ~~make a~~ determineation ~~of~~ the basic unmet needs and appropriateness of using the fund to address the need~~(s)~~; and,~~.~~

B. Route the CFS-496: Assessment for Income Assistance to ~~the DCFS County Supervisor~~his or her supervisor or designee for review and approval.

The ~~DCFS County~~ Family Service Worker Supervisor or designee will:

~~A. Monitor the county's allocation to ensure the county's funds are sufficient to meet client needs.~~

~~B.~~A. Review and approve, or ~~/~~deny requests;~~.~~

~~C.~~B. Maintain a log of approved requests using~~,~~ CFS-332: Income Assistance Request Log;~~.~~

~~D. Determine the payment mechanism through the DHS 1914: DHS Requisition. Payment will only be made to service providers.~~

~~E.~~C. Ensure completion of process to develop the purchase order;~~.~~

D. Monitor activities to ensure payment to service providers and management of ~~county~~ funds; and,~~.~~

~~F.~~E. Obtain receipts for services rendered and maintain them in the client's hard file.

PROCEDURE V-C2: Foster Care Incidentals

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The ~~Family Service Worker~~ Family Service Worker will:

A. Assess and determine the needs of the child receiving Out-of-Home Placement Services and the appropriateness of using the fund to meet the assessed need;~~.~~

~~A.~~B. Gather documentation of need for the expense from the placement provider;~~.~~

~~B.~~C. Request the use of the fund from his or her supervisor or ~~the DCFS County Supervisor/D~~designee;~~.~~

~~C.~~D. Complete any additional paper~~-~~work required by the method of payment chosen by the ~~DCFS County~~ Supervisor;~~.~~ and,

E. Provide a receipt to the ~~DCFS County s~~Supervisor ~~/~~or d~~D~~esignee within two (2) business days following the dating of the check.

1) ~~–~~Attach ~~the~~ receipt to ~~the~~ CFS-333: Client Information Sheet.

~~1)~~2) ~~-~~If the amount of the check exceeds the amount of the receipt, the balance must be returned to the ~~DCFS County s~~Supervisor or d~~/D~~esignee immediately.

The ~~DCFS County~~ Family Service Worker Supervisor or d~~/D~~esignee will:

A. Monitor the ~~county's~~ allocation to ensure ~~the county's~~ funds are sufficient to meet client needs;~~.~~

B. Approve or deny the request;~~.~~ and,

C. For approved requests, the Supervisor will access the Family Support Fund in one of the following ways:

1) Trust Accounts, if available and ample for purchase.

a) ~~–~~Fill out the CFS-334: Foster Care Authorization for Billing for amount of purchase and submit to finance; and,~~.~~

2) ~~Process -~~Purchase Order using the DHS-1914: Department of Human Services~~DHS~~ Requisition or P-card requisition.

a) ~~-~~Follow guidelines in the Purchase Order M~~m~~anual.

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PROCEDURE VI-A5: Out-of-Home Placement Support

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The Family Service Worker (FSW) will:

A. When a child is first placed in foster care, If an initial clothing order may be issued if needed is needed, . The FSW will assess discuss with the foster resource parent to determine which clothing items are needed, and issue the authorized amount of clothing allowance using the DHS-1914 or P-card process. The FSW will a

1) Accompany the resource foster parent to the store to approve the purchase; .

B. Complete all actions identified in Policy III-A: General Services Case Opening and Re-Evaluation; .

A. C. Complete the IV-E and Medicaid application as prescribed in Procedure III-A2; .

B. D. Complete all of the medical exam requirements for the child including the Comprehensive Health Assessment; . (sSee Procedure VI-D1: Comprehensive Health Assessment and Health Plan for Children Receiving Out-Of-Home Placement Services); .

C. E. Complete all case opening functions as outlined in Policy IV-A: Services Case Plan and IV-B: Case StaffingsStaffing; and.

D. F. Visit the child as required in Policy VII-I: Supervision of Children in Out-Of-Home PlacementDivision Contact with Children in Out-of-Home Placements.

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POLICY VI-J: TRUST ACCOUNTS FOR CHILDREN IN FOSTER CARE

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The Department of Human Services (DHS), Division of Children and Family Services (DCFS), maintains Trust Accounts for children in foster care who receive Supplemental Security Insurance (SSI), Social Security Administration (SSA) Title II Benefits, Child Support, Veterans Benefits (VA), Railroad Benefits (RR), or ~~any type of income~~worker's compensation. These benefits will automatically be used to pay for the child's foster care expenses, which include the monthly board payments and contract payments. DHS will apply to become the payee for ~~all~~ benefits collected, as appropriate.

DHS must monitor accounting for all children in foster care to protect against duplicated funding or other errors. Monetary payment to resource parents through DCFS board payment may be adjusted based on the amount of benefits a resource parent receives directly for a foster child. For details, review Policy VII-M: Financial Support to Resource Parents.

DCFS must ensure that potential changes in payee are assessed~~made~~ when a child receiving benefits initially enters foster care. The IV-E/Medicaid Eligibility Unit will screen all DCFS clients for potential SSI and SSA eligibility, based on information reported on the SSI Screening Questionnaire completed by DCFS field staff, and make applications for those who may meet SSA criteria. Ultimately, the authorizing agency of the benefits is the decision-making entity regarding payees for SSA and SSI benefits.

The child's trust fund account must not exceed resource limits, to maintain eligibility for Medicaid and title IV-E. DCFS will coordinate the monitoring of Trust Fund accounts with the Office of Finance~~and Administration - General Operations Section~~, IV-E/Medicaid Eligibility Unit, and other pertinent agencies to ensure the timely and efficient management of these accounts. For details regarding special resource limits, see Procedure VI-J6: Monitoring Trust Accounts for Accuracy and Compliance with State and Federal Regulations.

Authorized uses of different funds vary according to their sources. However, any expenditure from a child's ~~(in foster care)'s~~ trust account (in foster care) must be for the direct care ~~and/~~or needs of the child in receipt of the income. Funds cannot be used for siblings, parents, or other individuals in the initial removal home. Authorized uses are as follows:

A. Income in a Regular Account has no restrictions, but ~~;~~ spending must be appropriately prioritized according to the child's needs and disability.
B. SSI Income in a Dedicated Account may be used for the following with approval from the Social Security Administration:
   1) ~~m~~Medical treatment;
   2) E~~, e~~ducation;
   ~~1)~~3) J~~or j~~ob skills training; or,
   ~~2)~~4) I~~i~~f they pertain to an impairment: ~~—~~
      a) P~~p~~ersonal needs assistance;

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b) H~~h~~ousing modifications;
c) Sp~~sp~~ecial equipment;
d) T~~t~~herapy or rehabilitation; or~~,~~
e) O~~o~~ther items ~~/~~or services if approved by the SSA.

When the DCFS Eligibility Unit places a hold for funds on a trust account for a purchase for the youth, those funds will not be held for more than sixty (60) days. After sixty (60) days, the held funds will be released for other account uses unless an extension is requested and approved.

PROCEDURE VI-J1: Opening a Trust Account

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When the child enters foster ~~care~~care, and is already receiving income, the Family Service Worker (FSW) will:

A. List the income source, amount, and frequency on the child's ~~CHRIS~~ Income screen in the Division's information system.

~~A.~~B. Update the child's Relationship screen in the Division's information system, if the income source is Child Support, so that an electronic referral is made to the Office of Child Support Enforcement.

~~B. Have the birth/legal parent(s) or guardian execute a CFS-491: Consent for Use of Funds and Resources and explain that without consent authorization, the child may accumulate excess funds which would make him ineligible for Medicaid. If permission is not given, obtain permission from the court to use conserved funds.~~

~~C. Forward a CFS-376: Authorization for Billing and Trust Account Action and a memo containing the following information to the IV-E Eligibility Unit if monies are being sent by the Family Service Worker to be deposited into a Trust Account:~~

~~1) Child's name, Social Security number, date of birth, race, and gender~~
~~2) Type of benefit~~
~~3) County~~
~~4) Date of request and begin date of income~~
~~5) Award amount~~
~~6) Back pay (optional)~~
~~7) CHRIS Case & Identification Number~~
~~8) Signature and telephone number of person submitting request~~

The IV-E Eligibility Unit will:

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A. After thirty (30) days of the date a child enters foster care, s~~S~~ubmit a change of payee request to the appropriate agency(s) for~~once~~ a child receiving cash benefits who has been ~~is~~ court ordered into foster care.
B. Prepare appropriate forms and deliver monies received directly by the IV-E Eligibility Unit, to the DHS Accounts Receivable section for establishment of or deposit into a foster care trust account.

PROCEDURE VI-J2: Closing a Trust Account

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To close a Trust Account when a child returns home, is emancipated, or adopted, the ~~Family Service Worker~~FSW will:

A. Exit the child from foster care in the Division's information system. ~~CHRIS and complete the Trust Form A including the following information:~~
~~A.~~
~~B. Child's Name, SSN, CHRIS case and identification number.~~
~~C. Name, telephone and signature of person submitting the request.~~
~~D.~~B. Ensure the ~~N~~name and address of the child's custodian/legal guardian, and the relationship to the child are correct in the Division's information system.
~~E. Notation to return funds to the following once all outstanding bills are paid:~~
~~1) Child, if emancipated.~~
~~2) Parent/Legal Guardian if a child is not emancipated or is under 18.~~
C. Immediately request all outstanding bills, ~~from providers~~that will be paid from a foster care trust account from providers, and forward with appropriate documentation as soon as possible:
1) ~~t~~To the IV-E Eligibility Unit ~~with appropriate documentation as soon as possible~~for non-P-card purchases; or,
~~1)~~2) To the Central Office Financial Support Unit for P-card purchases.

The IV-E Eligibility Unit will:

A. Complete forms to close out the account and send the closeout packet to the Office of Finance and Administration.
B. Notify the Social Security Administration that the child has exited foster care so that SSA may determine the appropriate payee for the child's ongoing benefits.

PROCEDURE VI-J3: Change of Payee Requests

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The FSW will:

A. N~~When a Family Service Worker becomes aware that a child entering care is already receiving benefits from SSA, SSI, VA, RR Benefits, Child Support or other income, the Worker will n~~otify the DCFS Eligibility Unit when the FSW becomes aware that a child entering care is already receiving benefits from SSA, SSI, VA, RR Benefits, Child Support, or other income.

B. For child support, refer the child's parent(s) to the Office of Child Support Enforcement using the Relationship screen in the agency information system.

~~A.~~C. Maintain a record of expenses for the child.

~~-~~The DCFS Eligibility Unit will:

A. Notify the appropriate office that the child is in the custody of DHS/DCFS ~~is the new payee~~: ~~** (see below)~~

1) For Social Security benefits: ~~—~~ Submit an SSA-11-BK: Request ~~request~~ to be Payee~~payee~~ form to the Little Rock Social Security Office, unless the child is placed in a provisional relative or fictive kin resource home.

2) For VA benefits: ~~—~~ Telephone or f~~F~~ax the VA office with the primary recipient's benefit number and advise them that DHS/DCFS requests to become~~is~~ the new payee.

3) For RR benefits: ~~—~~ Contact the Benefits Department of the specific, individual railroad company to advise them that DHS/DCFS requests to become ~~is~~ the new payee.

4) For Child Support: ~~—~~ The Office of Chief Counsel will submit a copy of the court order placing the child in foster care to the Office of Child Support Enforcement (OCSE).

~~i. The Family Service Worker will refer the child's parent(s) to the Office of Child Support Enforcement using the Relationship screen in CHRIS.~~

~~Submit a change of payee request to the appropriate agency(s), designating DHS/DCFS as the new payee.~~

~~ii. Designate the payee as follows:~~

~~DHS Fiscal Administration for Foster Care~~
~~PO Box 8181, Slot W405~~
~~Little Rock, AR 72203-8181~~

~~File a copy of the completed "Change of Payee" request to the IV-E/Medicaid Eligibility Unit in the child's eligibility record.~~

~~iii.~~

~~B. If a contract facility (rather than DHS) is designated the payee for a child's income, that facility must submit a monthly report CFS-377: Facility Trust Account Reporting to the DCFS Foster Care Unit to include the following information:~~

~~C. Child's name and Social Security number~~

~~D. Beginning of the month balance~~

~~E. Deposits and expenses~~

~~F. End of the month balance~~

~~Under current procedure, the only facilities authorized to become representative payee for Arkansas children in foster care are Arkansas Human Development Centers, Easter Seals,~~

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~~Arkansas Pediatric Facility, and Millcreek. Ultimately, the Social Security Administration is the decision making entity regarding payees for SSA and SSI benefits.~~

PROCEDURE VI-J4: Requests for Trust Account Funds

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~~A. To request trust account funds t~~The ~~Family Service Worker~~Division staff making the purchase for the child will for all purchases:

A. Verify funds availability in the client assets screen in the Division information system.
B. Complete the appropriate sections of CFS-334: Foster Care Services – Authorization for Billing, indicating the amount and purpose for the funds being requested.
C. Request approval from County Supervisor or designee and Area Director or designee.
D. When the approved CFS-334: Foster Care Services – Authorization for Billing is received from the Financial Coordinator (see below for County Supervisor, Area Director, Financial Coordinator, and Eligibility Analyst roles), complete purchase:
   1) Within forty-eight (48) hours of receiving approval if purchase will be made with a P-Card;
   ~~1)~~2) Within five (5) days of receiving approval if purchase will not be made with a P-card.
E. Upon completion of purchase:
   1) For P-Card purchase:
      a) Within three (3) business days of purchase:
         i. Complete and sign separate P-Card Transaction Log for each transaction;
         ii. Sign receipt and write in case number, Trust ID, and client date of birth on the receipt;
         iii. Submit P-Card Transaction Log, original receipts, CFS-334: Foster Care Services – Authorization for Billing, and two (2) legible copies to the Financial Coordinator.
            (1) If the original receipt is lost, or a provider issues a carbon copy as the client's original receipt, an agency generated CFS-380: Trust Account Invoice may be utilized on a case--by--case basis.
         iv. Place copies of receipts and CFS-334 in the child's hard file.
         v. Complete CFS-335: Confirmation of Receipt of Goods for Child in Foster Care and submit to the Central Office Financial Support Unit.
   2) For Non-P-Card purchase:
      a) Within five (5) business days of purchase:
         i. Sign receipt and enter case number, Trust ID, and client date of birth on the receipt;
         ii. Submit original receipts, CFS-334: Foster Care Services – Authorization for Billing, and two (2) legible copies to Financial Coordinator; and,

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iii. Place copies of receipts and CFS-334 in the child's hard file.
iv. Complete CFS-335: Confirmation of Receipt of Goods for Child in Foster Care and submit to the Central Office Eligibility Unit.

The County Supervisor or designee will:

A. Review completed CFS: 334: Foster Care Services – Authorization for Billing.
B. If approved, send to Area Director or designee.
C. If denied, return to Division staff who would have completed the purchase with reason for denial or requested changes.

The Area Director or designee will:

A. Review completed CFS: 334: Foster Care Services – Authorization for Billing.
B. If approved, send to CFS-334 and send justification to the Financial Coordinator.
C. If denied, return to County Supervisor or designee with reason for denial or requested changes and include Area Financial Coordinator on the email.

The Area Financial Coordinator will:

A. Forward the CFS-334: Foster Care Services – Authorization for Billing and justification to the Eligibility Analyst;
B. Upon completion of purchase with P-Card:
   1) Review P-Card Transaction Log, receipts, CFS-334: Foster Care Services – Authorization for Billing, and copies of documents from Division staff who made the purchase.
   2) Verify information on the receipt;
   3) Verify purchases were made as approved on the CFS-334; and,
   4) FedEx all material referenced above to the applicable Central Office Financial Support Unit Budget Specialist.
C. Upon completion of purchase for non-P-Card Purchases:
   1) Review receipts, CFS-334: Foster Care Services – Authorization for Billing, and copies of documents from Division staff who made the purchase.
   2) Verify information on the receipt;
   3) Verify purchases were made as approved on the CFS-334; and,
   4) Send all materials referenced above to the Eligibility Analyst.

The Eligibility Analyst will:

A. Assess the hold request.
   1) If the hold request is denied, notify the Financial Coordinator of the denial; or,
   2) If the hold request is approved, assign Trust Account hold number (as appropriate) based on CFS-334: Foster Care Services – Authorization for Billing approvals; and
      a) Email the approved CFS-334: Foster Care Services – Authorization for Billing to the Division staff who will complete the purchase.
B. Upon completion of purchase for non-P-Card purchase:
   1) Review receipts, CFS-334: Foster Care Services – Authorization for Billing, and copies of documents from Division staff who made the purchase;

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2) Verify information on the receipt;
3) Verify purchases were made as approved on the CFS-334;
4) Verify if the vendor is already entered into the applicable system and, if not, request W-9 from the Financial Coordinator; and,
5) Send all materials referenced above to the Eligibility Unit Supervisor or designee for review.

The Central Office Financial Support Unit will (for P-Card purchases):

A. Receive email with approval and hold number from the Eligibility Specialist;
B. Place documentation in pending file for Division P-Card shopper;
C. Notify Department of Finance and Administration to request an increase in single purchase limit, if needed;
D. Notify appropriate staff, if a transaction amount exceeds allowed amount;
E. Serve as liaison among Financial Coordinator, DFS, and Accounts Payable; and,
F. Prepare documents for Office of Systems and Technology (OST) to deduct purchases from Trust Account.

The Eligibility Unit Supervisor or designee will (for non-P-Card purchases):

A. Review all material sent by Eligibility Analyst as outlined above;
B. Sign the CFS-334: Foster Care Services – Authorization for Billing for Central Office; and,
C. Deliver material to Accounts Payable.

Accounts Payable will (for non-P-Card purchases):

A. Review all material sent by the Eligibility Unit; and,
—Send check to vendor for goods or services.

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PROCEDURE VI-J5: Reporting Information Changes to the DCFS Eligibility Unit

12/2020

Status changes that affect a child in foster care's trust account will be coordinated between the DCFS Eligibility Unit and the DHS Office of Finance~~ and Administration- General Operations Section~~.

~~Status changes that affect a child in foster care's trust account must be submitted electronically or in writing and signed by the appropriate DCFS staff on CFS-376: Authorization for Billing and Trust Account Action.~~

The ~~Family Service Worker~~FSW will ~~report appropriate information to the DCFS Eligibility Unit within 5 days of any of the following occurrences, which may affect the child's monthly benefit amount and/or SSI income payments~~update and keep current all placement information in the Division's information system to ensure accuracy of auto-generated reporting to the Social Security Administration:

A. Placement changes to or from a detention, medical, or psychiatric treatment facility, or ~~or long-term care facility, Human Development Center, Mill Creek or~~ run-away status.

~~B. When the child is placed in a contract or long-term care facility the FSW must ensure that the child receives his/her personal need funds.~~

~~C. To reinstate benefits, the FSW must make notification of return to DHS custody from the above placements.~~

B. The child exits~~in~~ foster care ~~is adopted, reaches the age of maturity~~ or is deceased.

~~D.~~C. Errors are found on the Trust Account Report or on the assets screen in the Division's information system.

~~E. Errors are found on the Trust Report or on the Assets screen in CHRIS.~~

PROCEDURE VI-J6: Monitoring Trust Accounts for Accuracy and Compliance with State and Federal Regulations

12/2020

The County Supervisor~~s~~ or designee will:

A. Supervise the trust account~~-~~ related work carried out by the Family Service Workers.

B. Review and sign each approved CFS-334: Foster Care Services – Authorization for Billing~~-~~.

C. Monitor trust account balances to ensure they do not exceed resource limits. Resource limits are:

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1) Two-thousand dollars ($2~~1~~,000) for Non-IV-E Foster Care Medicaid (category ninety-one (91)).
2) Two-thousand dollars ($2,000) for Foster Care EC Medicaid (category ninety-six (96)), DDS Waiver Medicaid, Foster Care Spend Down Medicaid (category ninety-seven (97)), and Supplemental Security Income (SSI category forty-five (45)), Long Term Care Medicaid.
3) Ten thousand ($10,000) for title IV-E.

D. Carry out any trust account- related responsibilities delegated by ~~their~~ the Area Director~~s~~.

The Area Director or designee~~s~~ will:

A. Monitor Trust Reports for their DCFS service area, ensuring:
   1) Compliance with state and federal resource limits;
   2) Accuracy of basic information (county placement, duplicate accounts, etc.);
   3) Necessary actions by ~~Family Service Workers~~FSWs; and
   4) Reimbursement of board payments.
B. Monitor CFS-334: Foster Care Services – Authorization for Billings for duplicate, repeat, or unusual purchases prior to submission to the Office of Finance and Administration–General Operations Section.
C. Monitor reports of trust funds being held or conserved for action by county staff.
   Ensure Trust Reports (available electronically through the Division's information system) ~~on CHRIS.net~~ are used to the full extent necessary.
D.

~~PROCEDURE VI-J7: DHS Office of Finance and Administration – General Operations Section Trust Account Responsibilities~~

~~01/2010~~

~~The DHS Office of Finance and Administration – Managerial Accounting, Accounts Receivable will:~~
~~Complete trust account deposits within three working days of the deposit posting to the Bank Account.~~
~~Interest will be allocated no later than the fifth working day of each month for the previous month's interest receipts.~~

~~The DHS Office of Finance and Administration - General Operations Section will:~~
~~Complete trust account withdrawals, holds, and closures within 10 business days of request by DCFS staff.~~
~~Forward each CFS-334: Foster Care Services – Authorization for Billing needing correction or additional information to the DCFS Eligibility Unit for corrective action. Any CFS-334: Foster Care Services – Authorization for Billing that is rejected due to incomplete documentation, lack of funds, or any other reason will be handled in the following manner:~~
~~If the form is returned due to insufficient funds in the trust account, the DCFS Eligibility Unit will notify the appropriate Area Financial Coordinator and/or DCFS staff and forward the returned invoice to individual for further processing/instruction.~~

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~~If the form is returned due to missing signatures, original/agency-generated CFS-380: Trust Account Invoice, insufficient documentation or the invoice was previously paid, the DCFS Eligibility Unit will forward the form(s) to the appropriate Area Financial Coordinator and/or DCFS staff for correction.~~

~~Forward requests to close trust accounts, appropriate documentation and a net refund check (minus outstanding obligations) to the Social Security Administration, Office of Child Support Enforcement, or appropriate party within 10 business days of receipt of request.~~

~~Submit Trust Account Closeout Requests to Office of Finance and Administration on the CFS-379: Closeout/Overpayment Notification. The DCFS Fiscal Officer or designees within that Division will initial each form.~~

PROCEDURE VI-J7~~8~~: Information System~~CHRIS~~ Team Trust Account Responsibilities

12/2020

The Information System~~CHRIS~~ Team will:

A. Update ~~CHRIS~~ a~~A~~sset screen information with ~~monthly~~ daily Trust Report data.
B. Provide OFM with an electronic mechanism to review and approve prior to reimbursement for board payment from the trust account.
C. Make corrections to ~~CHRIS~~ asset screens upon notification.
~~C.~~D. Provide support to resolve issues with processing of transactional data using the Trust Fund. Net application, as applicable.
~~D.~~E. Reimburse contract payments from trust accounts in the same manner currently used to reimburse board payments.

PROCEDURE VI-J8~~9~~: DCFS Eligibility Unit Responsibilities

12/2020

The DCFS Eligibility Unit will:

A. Assist DCFS staff with trust account~~-~~ related problems as needed.
B. Assist DCFS with training its staff on new or ~~/~~revised trust account policies and procedures.
C. Monitor Trust Report balances for compliance with state and federal resource limits.
D. Monitor Trust Reports for accuracy (e.g., is the child still in care, duplicate accounts, incorrect Social Security Numbers, etc.).
E. Monitor trust account for funds being held or conserved pending action by the Family Service Worker.
F. Forward requests for corrections on a~~CHRIS A~~sset screens to information system ~~CHRIS~~ personnel for correction.
G. Notify the Social Security Administration (SSA) of changes in their recipient's status (excluding a request to close accounts). *In accordance with Section 2126.1 of the Social Security Handbook, status changes must be reported within ten (10) days after the month in which they occur.*
   Changes may be reported by –
   1) Calling ~~the Social Security Administration~~SSA, toll free, at 1-800-772-1213; or,~~.~~
   2) Calling, writing, or visiting the Little Rock Social Security Office.

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H. Review and forward each completed non-p-card CFS-334: Foster Care Services – Authorization for Billing to the Office of Finance and Administration- General Operations Section within five (5) business days of receipt.

I. Review each non-p-card CFS-334: Foster Care Services – Authorization for Billing returned by OFM for needed additional information, /errors, /etc., and coordinate with DCFS staff for corrected re-submission of the form(s) to OFM for processing.

J. Review electronic request for trust account hold and if approved then assign a hold number.

K. Email the hold number to the Area Financial Coordinator and the Central Office Financial Support Unit.

I.

J.L. -Review and forward requests to open, close, hold, /release, or update trust accounts or /funds to the Office of Finance and Administration-General Operations Section electronically, if appropriate, within five (5) business days of receipt. -Requests may also be submitted in writing with appropriate DCFS staff signature(s).

K. Process Overpayment Requests received from Social Security. -Overpayment requests and requests to close trust accounts will be submitted to OFM on the CFS-379: Closeout/Overpayment Notification334: Foster Care Services-Authorization for Billing with appropriate documentation.

L.M.

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VII. DEVELOPMENT OF RESOURCE HOMES & SUPPORT TO RESOURCE PARENTS

POLICY VII-A: RESOURCE ~~FOSTER~~ HOME DEFINITIONS ~~PURPOSE~~ AND ROLES

~~08~~12/~~2013~~2020

The Department of Human Services (DHS), Division of Children and Family Services (DCFS or the "Division") is licensed by the Child Welfare Agency Review Board as a child placement agency to approve foster and adoptive homes for DCFS. The Division utilizes the term "resource home" to refer to both types of these homes and "resource parent" or "resource family" to refer to an individual or family in those homes that provide a family-like setting on a twenty-four (24) hour basis for children in the custody of and placed there by DHS. For the time in which a child in DHS custody is placed in a resource home, that resource home must adhere to the reasonable and prudent parent standard (See Policy VII-G: Alternate Care) in the care of any child placed in the home by DHS, and be the primary residence of the individual or family that is owned, rented, sublet, or leased by the individual or family.

To receive full approval as a resource home, a resource home must meet all applicable Minimum Licensing Standards for Child Welfare Agencies (Placement) established by the Child Welfare Agency Review Board and DCFS policy regarding resource home approval and maintenance provided herein (i.e., Section VII of the DCFS Policy and Procedure Manual). Anything less than full approval as a resource home is insufficient for meeting title IV-E eligibility requirements. A resource home must meet all applicable Minimum Licensing Standards for Child Welfare Agencies (Placement) and DCFS policy pertaining to resource home approval and maintenance for the duration of the child's placement while the child is in DHS custody. With respect to resource homes on or near Indian reservations, approval rests with the tribal licensing or approval authority.

Regardless of the specific service type provided, the term resource home is used because all resource homes are designed to serve as a resource to children in the custody of DHS and, in cases where reunification with the biological family is still the goal, also serve as a resource to the child's biological family. The development of quality ~~foster~~ resource 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~~ resource 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 cooperate and understand their own and each other's roles, 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 homes on or near Indian reservations, approval would rest with the tribal licensing or approval authority).~~

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~~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 (2) types of DCFS resource~~foster~~ homes that provide foster care services: provisional~~Provisional~~ ~~Foster~~ relative or fictive kin resource ~~H~~homes~~,~~ (which may be opened on a provisional basis or as a fully approved resource home), and traditional~~Regular~~ ~~Foster~~ resource h~~H~~omes.

Relative or fictive kin resource homes that are opened on a ~~P~~provisional basis are identified~~, and~~ recruited, and opened in an expedited manner by a~~the~~ Family Service Worker. The Division seeks out provisional relative and fictive kin resource homes ~~, who,~~ in an effort to preserve family connections and reduce the amount of trauma a child experiences when entering foster care, by placing them with a safe and appropriate relative or fictive kin ~~and expedite placement , may seek to place a child in foster care with a relative or fictive kin~~. ~~-~~"Relative" means a person within the fifth degree of kinship to the child or to at least one of the children in a sibling group, including step-siblings and half-siblings, by virtue of blood or adoption ~~(see POLICY VI-A)~~ if one has been identified and is appropriate. "Fictive kin" means a person not related by blood or marriage, but who has a strong, positive, emotional tie to a child and has a positive role in the child's life~~,~~ (or the life of a parent of the child, if the child is an infant), ~~-~~if one has been identified and is appropriate.

~~The purpose of opening a provisional foster home is to enable DCFS to make an expedited placement for a child with a relative or fictive kin with whom a bond already exists.~~ To open and place a child in DHS custody in a provisional relative or fictive kin resource home, Arkansas Child Maltreatment Central Registry Check, Arkansas State Police Criminal Record Check, and Vehicle Safety Program Check results must be received for all applicable household members, and a visual inspection of the home must be completed (See Policy VII-C). Therefore, a provisional relative or fictive kin resource home may be opened and a child in DHS custody placed in that home, before the results of the FBI Background Check are received, before out-of-state child maltreatment checks are received, before the provisional resource~~foster~~ parents have completed the pre-service training, and before a full home study is complet~~finish~~ed. ~~These are the only differences in initial approval requirements, including Minimum Licensing Standards, between provisional foster homes and regular foster homes in Arkansas.~~

Once opened as a provisional home, DCFS staff works with the relative or fictive kin resource~~foster~~ parents in that home to bring them into full compliance with all Minimum

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Licensing Standards and DCFS policies in order to transition from provisional resource home status to a fully approved relative or fictive kin resource home within a six (6) month period. However, through the approved alternative compliance or policy waiver processes (see Appendix 8: Alternative Compliance and Policy Waiver Protocol), non-safety standards and policies may be waived for relative and fictive kin resource homes (and the home will still be considered to be in full compliance with any alternative compliance or policy waiver that is in place for that specific home). Provisional resource~~foster~~ homes that are not in full compliance at the end of six (6) months must be closed and the child(ren) removed, unless the relative has acquired custody. However, DCFS staff will assure that every effort is made to help the provisional resource parents come into compliance with all requirements within six (6) months as long as the health and safety of the children placed there are ensured and, if applicable, work to make sure that any necessary transition plans are developed in advance of this six (6) month mark in an effort to lessen trauma to the children.

During the period~~ of time~~ that a~~the~~ relative or fictive kin home is on provisional resource ~~status,~~status,~~;~~ a foster care board payment is not provided. However, provisional ~~foster~~ resource parents may apply for and receive benefits for which the relative ~~and/~~or fictive kin is entitled due to the placement of the child in the home (e.g., SNAP). A p~~P~~rovisional resource~~foster~~ home~~s~~ may also receive child support or any federal benefits (e.g., SSA) paid on behalf of the child, as applicable.

If a~~the~~ home initially~~ is~~ opened as a provisional resource home becomes a fully approved relative or fictive kin ~~regular~~ resource~~foster~~ home, a foster care board payment will then be provided to help support the needs of the child placed in the home. However, if the home received any child support ~~and/~~or any federal benefits paid~~n~~ on behalf of the child while the home was on provisional status, those child support payments ~~and/~~or federal benefits may~~ust~~ then be transferred to the Division to reimburse the state for foster care board payments and other expenses as appropriate.

Once opened as a fully approved resource~~foster~~ home, the resource~~foster~~ parents may then request to care for children in foster care who are not related to or are not fictive kin of the resource ~~children in foster care with~~parent with the understanding that additional evaluation of the~~ir~~ home would be required to ensure that it would be an appropriate placement for children who are not related or not fictive kin to the resource~~foster~~ parent~~(s)~~. ~~.~~

~~DCFS is licensed to approve foster homes.~~ Traditional resource homes are recruited to provide twenty-four (24) hour care for a child in foster care to whom they are neither related nor have other prior connections.~~Regular Foster Homes are approved foster homes that~~ However, once fully approved, traditional resource homes may provide care for both related and non-related children in DHS custody who are placed there. In addition, a traditional~~ Regular Foster~~ resource h~~H~~ome may also serve, if desired, as an informal respite home. An informal respite home is an approved DCFS resource~~foster~~ home that can provide temporary care (no more than seven (7) continuous days at one (1) time) for children in out-of-home placements when the children's full-

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time resource~~foster~~ family is unable to do so and a member of the resource~~foster~~ family's support system cannot assist. ~~(S~~see POLICY VII-G: Alternate~~LTERNATE~~ Care~~ARE)~~.

A DCFS~~ staff~~ employee is ~~are~~ only permitted to serve as an~~be~~ agency-approved resource~~foster home~~parent~~s~~ for informal respite care purposes but may not ~~serve as an~~provide informal respite care~~ home~~ for children/youth on his or her~~their~~ own caseload. The DCFS Director or designee must give prior approval to any employee seeking to become an agency-approved informal respite home provider. Each DCFS employee's request to serve as an informal respite care home will be assessed on a case-by-case basis. DCFS staff requesting to become informal respite providers must meet the same licensing and space requirements as traditional resource homes. Staff from a different county or a contract provider must assess and approve the home. Employees ~~shall~~will not use their employment status~~ as a means~~ to obtain information about the child's case, gain services, or receive preferential treatment.

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 resource~~foster~~ home on a case-by-case basis.

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

~~-~~POLICY VII-B: ~~FOSTER~~ RESOURCE HOME RECRUITMENT ~~&~~AND RETENTION

12~~01~~/2020~~11~~

The Division ~~shall~~will recruit ~~a sufficient number of~~enough resources~~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 resource~~foster~~ families in Arkansas. The Division ~~shall~~will diligently recruit potential resource~~foster~~ families that reflect the ethnic and racial diversity of children in care.

Targeted recruitment wi~~sha~~ll ~~also~~ take place for resource~~foster~~ parents who are willing and able to meet special needs of children needing placement. Targeted recruitment will begin with a diligent search and assessment of each youth's relatives and fictive kin as placement potentials, both at the initial removal from the family home and continuing throughout the dependency-neglect case.

Recruitment of new resource~~foster~~ families is an ongoing activity for which all staff are responsible. However, the Resource Unit~~Workers~~ in each Area will ~~-~~take the lead role in the recruitment process. Recruitment efforts include, but are not limited to, participation from

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current resource~~foster~~ parents, development of local and statewide media campaigns, and collaboration with community organizations.

Each Area Director will develop an annual recruitment plan for his or her area, to be initiated at the beginning of each fiscal year~~. The CFS-445: 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 Foster Home Needs Assessment will also be utilized in the development of t~~The Area ~~Foster~~ Resource Home Recruitment Plan ~~and~~ will be considered in the development of the Statewide ~~Foster~~ Resource Home Recruitment Plan.

As part of ~~foster~~ resource home recruitment, each county will host information meetings to explain the steps to becoming a resource~~foster or adoptive parent (if appropriate)~~ home as well as the responsibilities that resource~~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 resource~~foster~~ parents. Prospective resource ~~foster~~ parents are strongly encouraged to attend an information meeting prior to beginning the application process (i.e. the In-Home Consultation Visit). Neighboring counties may hold joint information meetings to better accommodate schedules and maximize staff time.

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

PROCEDURE VII-B1: ~~Foster~~ Resource Parent Recruitment

12/2020

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

A. Actively seek out relatives and fictive kin as emergency placement options for every youth entering foster care.

~~A.~~B. Actively coordinate with professional organizations and minority groups to create public interest.

~~B.~~C. Contact community organizations and media to inform them about DCFS needs and successes.

~~C.~~D. Encourage resource~~foster~~ parents to:

1) Make one-to-one contacts with other individuals who may be interested or have expressed interest in ~~fostering~~becoming a resource home.
2) Schedule speaking engagements with community groups in order to share information about fostering.

~~D.~~E. Conduct Information Meetings.

The Area Director or designee will:

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A. Conduct an annual assessment of current resource~~foster~~ homes and identify the need for additional resource~~foster~~ homes~~ by utilizing the CFS-445: Foster Home Needs Assessment~~.
B. Discuss the ~~CFS-445: Foster~~ Resource Home Needs Assessment, referrals, and inquiries with Resource Workers.
C. Submit ~~the CFS-445: Foster~~ Resource Home Needs Assessment to the Foster Care Unit by June 30,~~;~~ of each year.

The Foster Care Unit will:

Use the ~~CFS-445: Foster~~ Resource Home Needs Assessment from each area to inform the statewide ~~foster~~ resource home recruitment plan.

A.
~~A.~~ Share the statewide ~~foster~~ resource home recruitment plan with the field.
~~B.~~
B.

PROCEDURE VII-B2: Retention of ~~Foster~~ Resource Homes

12/2020

All DCFS staff will:

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

Resource Workers will:

A. Discuss and assist resource~~foster~~ parents in understanding their rights and responsibilities as resource~~foster~~ parents as well as the rights and responsibilities of the Division.
B. Provide resource~~foster~~ parents with the county on-call contact information sheet.
C. Visit homes quarterly for monitoring to ensure compliance with licensing standards and resource~~foster~~ home requirements, address any issues, and offer support to the resource~~foster~~ family.
D. Engage external stakeholders and share relevant information, thus supporting the practice model.
E. Inform resource~~foster~~ parents of the internal review of adverse action ~~ir right to a grievance~~ procedure, when differences arise with DCFS which have not been resolved to

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the resource foster parents' satisfaction, as outlined in PUB-30: Foster Resource Parent Handbook Handbook.

F. Collaborate with adoption staff as appropriate when a child's permanency goal is changed to adoption and when a child is transitioning from a resourcefoster home to an adoptive home.

Provide resource parents with information about the Division's opt-in text application used for placement purposes and the resource family provider portal. Encourage use of both programs during quarterly visits to resource homes.

F.G.

PROCEDURE VII-B3: Inquiries

12/2020

The procedure outlined herein (VII-B3) is in reference to traditional resource parent applicants only. Initial recruitment, inquiries, and background check processing for provisional relative or fictive kin resource parents are handled at the local county level.

The County Supervisor, Resource Worker, or other designee or designee will:

A. Assign foster care-only inquiries to the designated Resource Worker within 3 working days. (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).Refer anyone inquiring about becoming a resource parent to www.fosterarkansas.org.

B. Assign inquiries regarding both Adoption and Foster Care to the designated Area Resource Worker within three working days, and ensure that the appropriate Adoption Supervisor will assign an Adoption Specialist as secondary. Provide a brief overview of the inquiry process to prospective resource parents and provide prospective resource parents with contact numbers to use for follow--up with the application process if necessary.

1) Complete inquiry by going to www.fosterarkansas.org.
2) Select the Foster/Adopt Tab.
3) Select "Complete Inquiry Form."
1)4) Schedule the In-Home Consultation and FBI Fingerprinting, as appropriate.

Relay adoption-only inquiries to the Adoption Supervisor within three working days.

The designated Centralized Resource WorkerInquiry Unit staff will:

A. Enter information documenting all activities with the family beginning with aApplicant sStatus (iInquiry) to the approval process in CHRISthe Division information system. This includes all appropriate Provider Screens – General Information Tabs, Household Members/Requirements Tabs, Contacts Screen, Preferences Tab, and Services Details Screen.

1) Respond to all phone and internet inquiries within three (3) working business days of receiving the assignment from the County Supervisor (Inquiries made via the website

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will automatically populate the appropriate CHRIS county inbox the next working day).inquiry site.

2)1) When an inquiry is made, give Give a brief explanation of the county foster care needs, correct any misinformation the caller may have, and explain the resourcefoster parent assessment process.

B. If moving forward with the process, pProvide the family with an information packet within three working daysone (1) business day after initial contact is made.- The information packet will consist of:

1) A letter that:
   a) ThanksThanks, the family for their interest;
   b) Identifies a contact person; and,
   c) Indicates the date, time, and location of the next information meeting in their county or, if applicable, a neighboring county that is hosting prospective resourcefoster parents from surrounding counties.

2) PUB-406: Care, Commit, Connect
3) PUB-409: What is DCFS?
4) PUB-20: Open Your Heart, Open Your Home to Foster Care (if applicable)
2) Background check forms;should **not** be mailed at this point in time.
3) CFS-401: Current Household Information Sheet;
4) CFS-415: Reference for Resource Family;
5) CFS-419: Resource Family Support System Information;
6) CFS-447: Worksheet for Social Security Benefits;
7) CFS-448: Family Financial Worksheet;
8) CFS-453: Employment Information Sheet;
9) CFS-455: Request/Consent for Department of Health Services;
10) Road to Fostering Infographic; and,
11) Inquiry to Adoption Flowchart.

C. Upon receipt of completed forms, route all background check forms to applicable units. See Procedure VII-C1: Background Check Processing for more information.

1) If all checks clear, mail Packet 2 to the family. Packet 2 will include:
   a) Cover letter;
   b) CFS-363: Resource Parent Applicant Smoking Certification;
   c) CFS-484: Landlord Notification of Potential Tenant Foster Care Services;
   d) CFS-404: General Medical Report;
   e) PUB-30: Resource Parent Handbook;
   f) Instructions for Online Pre-Service Training;
   g) Foster Care Court Process Infographic; and,
   h) Resource Home Visit Guide Infographic.
2) If all checks are not clear, consult with Centralized Inquiry Unit Manager regarding next steps regarding whether:
   a) Inquiry must be deleted, and provider number closed due to specific background check result information; or,
   b) If Centralized Unity Inquiry staff may gather additional information from the family to determine, in consultation with the applicable Resource Worker and

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Resource Worker Supervisor, if the family is interested in and eligible to pursue an alternative compliance or policy waiver request, as applicable. See Appendix 8: Alternative Compliance and Policy Waiver Protocol.

5) Copies of the brochures listed above can be obtained from the Foster Care and Adoption Units, ordered from the DHS print shop through the local financial coordinator, or printed directly from CHRIS Public.

C. Within 5 working days after sending the information packet, contact the family via phone (if the family has not already contacted the Resource Worker) to:

1) Ensure that they received the information packet.
2) Answer any additional questions they may have.
3) Determine if they will be able to attend the next scheduled information meeting.
   a) If the family will be able to attend the next scheduled information meeting, no further action needs to be taken until that time.
   b) If the family will not be able to attend the next scheduled information meeting, mail PUB-22: Standards of Approval for Foster and Adoptive Homes and PUB-30: Foster Parent Handbook and the background check packet to them with instructions on how to complete and submit these completed forms. The background check packet includes:
      i. FBI fingerprint card
      ii. CFS-316: Request for Child Maltreatment Central Registry Check
      iii. APS-0001: Authorization for Adult Maltreatment Central Registry
      iv. CFS-341: Certification of Absence of Criminal Record
      v. CFS-342: State Police Criminal Record Check
      vi. CFS-419: Foster Family Support System Information
      vii. CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers
      viii. VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business
      ix. VSP-2: Authorization to Obtain Traffic Violation Record
      x. Arkansas State Vehicle Safety Program Manual
   c) See Procedure VII-C1 for background check processing information.

D. Attempt to contact the family to follow-up if the completed forms haveIf the Resource Worker not been received within ten (10) business days of mailing them to the family.

E. If the Centralized Inquiry Unit Worker is unable to contact the family after three (3) phone attempts (combination of phone and email):

1) S, send an email another letter to the family informing them that the Centralized Resource Inquiry Unit Worker has attempted to contact them and will not be contacting them further, but also welcoming the family to call or email the Resource WorkerCentralized Inquiry Unit if they are still interested in fosteringbecoming a resource home; and,.

1)

2) Delete the inquiry in the Division's information system and close the provider number (Centralized Inquiry Staff may reopen the provider number if the family decides to resume the application process in the future).

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PROCEDURE VII-B4: Information Meetings

12/2020

The Resource Unit staff~~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~~ resource homes needed in the county;
   4) Approval standards; and,
   5) Application and assessment process~~ (i.e., the application process formally begins with the In-Home Consultation Visit)~~.

B. Ensure a current or former resource~~foster~~ ~~or adoptive~~ parent is present and available to answer questions.

~~**Provide all participants with a copy of PUB-22: Standards of Approval for Foster and Adoptive Homes and PUB-30: Foster Parent Handbook.**~~

~~**Provide all participants with a Background Check Packet (MidSOUTH shall not provide the packet to prospective foster families), which includes:**~~

~~**FBI fingerprint card**~~

~~**CFS-316: Request for Child Maltreatment Central Registry Check**~~

~~**APS-0001: Authorization for Adult Maltreatment Central Registry**~~

~~**CFS-341: Certification of Absence of Criminal Record**~~

~~**CFS-342: State Police Criminal Record Check**~~

~~**CFS-419: Foster Family Support System Information**~~

~~**CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers**~~

~~**VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business**~~

~~**VSP-2: Authorization to Obtain Traffic Violation Record**~~

~~**Arkansas State Vehicle Safety Program Manual**~~

~~**Have a notary present to notarize the forms in the Background Check Packet if the family chooses to complete during the Information Meeting.**~~

~~**Provide participants with additional Background Check Packets for their FFSS and any other household members. Any household member who resides in the home for more than (3) cumulative months in a calendar year (e.g. an adult**~~

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~~**biological child of the foster parents who is home for the summer and holiday breaks or a relative who visits for (6) weeks twice a year) must clear all background checks.**~~

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POLICY VII-C: ~~FOSTER~~ RESOURCE HOME ASSESSMENT PROCESS

~~08/2013~~12/2020

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

BASIC CRITERIA

Basic criteria for consideration in determining the appropriateness of resource~~foster~~ homes include~~,~~ but are not limited to the following.

Age

~~-~~Applicant is at least twenty-one (21) years of age~~ and not older than 65 years of age~~.

Relationship Stability~~-~~

A. In a two (2)~~-~~ parent home, both parents ~~shall~~will be joint applicants and both parents ~~shall~~will actively participate in the approval process. The couple ~~shall~~will demonstrate a stable relationship. In assessing relationship stability, considerations may include major life changes such as:
   - Death or serious illness among family members.
   - Marriage, separation, divorce, or other significant changes in the couple's relationship.
   - Addition of household members (e.g., birth, adoption, aging relative moving in).
   - Loss of or change in employment.
B. Marriages and divorces will be verified. Applicants must provide a copy of their marriage license to verify marriage and a copy of their most recent divorce decree to verify divorce.
C. In a single parent home, the major life changes listed above ~~shall~~will also be considered when assessing the person's ability to be an effective resource~~foster~~ parent.

A resource~~foster~~ home may not house or admit any roomer or boarder. A roomer or boarder is:

A. A~~a~~ person to whom a household furnishes lodging, meals, or both, for a reasonable monthly payment; and~~,~~
B. N~~n~~ot a household member.

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A household member is a resident of the home who:

A. O~~o~~wns or is legally responsible for paying rent on the home (household head);~~ or,~~
B. I~~i~~s in a close personal relationship with a household head; or,~~,~~
C. I~~i~~s related to a household head or a to person in a close personal relationship with a household head.

Any household member who resides in the home for more than three (3) cumulative months in a calendar year must clear all the following background checks as applicable by age of the household member (see Background Check section below for more information): Arkansas Child Maltreatment Central Registry, Child Maltreatment Registry Check in any state in which the household member has lived within the preceding five (5) years,~~ Arkansas Adult Maltreatment Registry,~~ Arkansas State Police Criminal Record Check, and FBI Criminal Background Check.

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~~will have a physical examination by a physician within ~~six~~ twelve (12) months prior to the approval of the home study on the prospective resource~~foster~~ family, and annually thereafter. ~~–~~Additional information may be requested based on the results of the physical examination report.

All children who are household members must be up to date on immunizations, consistent with the recommendations of the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP), and the American Academy of Family Physicians (AAFP), unless the immunization is contrary to the child's health as documented by a licensed health care professional.

In addition, all household members who will be caregivers of infants must have an up-to-date pertussis (whooping cough) vaccine consistent with the recommendations of the ACIP, unless the immunization is contrary to the individual's health as documented by a licensed health care professional.

Finally, all household members, who will be caregivers of infants and children with special medical needs, must have an up-to-date annual influenza vaccine consistent with the recommendations of the ACIP, unless the immunization is contrary to the individual's health as documented by a licensed health care professional.

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Housing

DCFS adheres to Minimum Licensing Standards (please refer to PUB 30: Resource Parent Handbook for a full list of standards) which include, but are not limited to:

A. The resource home will be a house, mobile home, housing unit, or apartment occupied by an individual or a family and will be the primary residence of the individual or family. The location will be zoned for single family use and will have an individual address for emergency response purposes (i.e., 911).

B. Resource parents will reside in the same single-~~-~~family unit with foster children and will not have separate living quarters.

C. The resource home, ground, and all structures on the property will be maintained in a clean, safe, and sanitary condition and in a reasonable state of repair within community standards.

D. The resource home will not have signage or advertising related to a supporting recruitment agency, to include signage on vehicles used to transport foster children.

E. The resource home interior and exterior will be free from dangerous objects and conditions, and from hazardous materials.

F. Space must be adequate to promote health and safety. Each bedroom should have at least fifty (50) square feet of space per occupant. This includes infants sleeping in master bedrooms.

G. The resource home will have a heating, ventilating, and air conditioning source, maintained in safe operating condition, that keeps the temperature a minimum of sixty-five (65) degrees and a maximum of eighty-five (85) degrees.

~~A.~~H. The resource home will be free of obvious fire hazards such as defective heating equipment or improperly stored flammable materials.

I. All firearms must be maintained in a secure, locked location, and ~~stored~~ stored separately from ammunition, which must also be locked.

J. The resource home will have proper trash and recycling disposal.

~~B.~~K. The resource home will be free of rodent and insect infestation.

L. All water hazards and dangerous pets will~~will~~ be assessed. Safeguard measures will be implemented, as appropriate.

~~C.~~M. The resource home will be responsible for their own meal planning.

~~D.~~N. Children of opposite sexes will~~will~~ have their own separate bedrooms if either child is four (4) years old or older, except for a mother in foster care with her child(ren). Resource parents will not co-sleep or bed share with a foster child of any age, including infants.

~~E.~~O. Water ~~must~~shall be provided by public water system or approved annually by the Department of Health.

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P. Prospective resourcefoster parents who rent must obtain acknowledgement from their landlord that they plan to foster become a resource family on landlord's property if they are approved by DCFS to fosterbe a resource home.

F.Q. Prospective resource parents will be responsible for making their own decisions regarding which children to accept into their home, however, they will recognize the priority to maintain sibling groups.

Smoking Restrictions

--DCFS shallwill not place or permit a child in foster care in any resourcefoster home if the resourcefoster 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 resourcefoster home. This includes the use of E-cigarettes and vaping. If the resourcefoster parent indicates smoking will not occur in the presence of a child in foster care, then DCFS will designate the home a "non-smoking" resourcefoster home. If a resourcefoster parent indicates that smoking will occur in the presence of a child in foster care, the resourcefoster home will be designated a "smoking" resource foster home, and no child may be placed or remain in the resourcefoster home unless it is in the child's best interest to be placed in or remain in the resourcefoster home. Second--hand smoke is detrimental to a child's health and, as such, it is generally not in a child's best interest to be placed in a resourcefoster home that permits smoking in the presence of a child in foster care. In addition, state law prohibits smoking in a vehicle if a child in the car is under the age of fourteen (14).

Resources--

The applicant must have sufficient resources to meet the financial, medical, physical, educational, emotional, and shelter needs of the child, without relying solely on state or federal financial assistance (e.g., SNAP, SSI, SSA, etc.) to meet those needs (although these forms of assistance may be used to supplement a family's income). RA recent check stubs and the previous year's income tax return areis required to verify income and employment. While the foster care board payment may be a resourceprovided for a child, resourcefoster parents mustshould have sufficient personal resources income to care for a child even without a board payment. The fosterfoster care board payment shallwill not be considered a part of the resourcefoster family's income.

BACKGROUND CHECKS

In addition to ensuring that homes meet the basic criteria, the Division shallwill only place children in approved resourcefoster homes where the resourcefoster parents and appropriate members of the household have been cleared through a series of background checks: the Arkansas Child Maltreatment Central Registry, the Arkansas Adult Maltreatment Central Registry, the Arkansas State Police Criminal Record Check, and an FBI Criminal Background Check (with the exception that placements may be made in pProvisional Foster resource hHomes before FBI

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results are received). Any household member who resides in the home for more than three (3) cumulative months in a calendar year (e.g. an adult biological child of the resource~~foster~~ parents who is home for the summer and holiday breaks or a relative who visits for six (6) weeks twice a year) must clear all applicable background checks.

Child Maltreatment Central Registry ~~– Foster~~
Resource parents and all other members of the household age fourteen (14) 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 (2) years on all appropriate household members. If applicable, a Child Maltreatment Central Registry Check ~~shall~~will also be conducted on each household member age fourteen (14) years or older in any state of residence in which they have lived for the past five (5) years, and in their state of employment, if different, for reports of child maltreatment.

~~*Adult Maltreatment Central Registry* – Foster parents and all other members of the household age 18 and one-half years and older, excluding children in foster care, must be cleared through the Arkansas Adult Maltreatment Central Registry. As soon as possible after a household member, excluding children in foster care, reaches his or her 18th birthday, the paperwork to request the Arkansas Adult Maltreatment Central Registry Check must be initiated to ensure results are received by the time that household member reaches 18 and one- half years of age. The Arkansas Adult Maltreatment Registry check will be repeated every two years on all appropriate household members.~~

State Police Criminal Record Check ~~– Foster~~
Resource parents and all other members of the household age eighteen and a half (18.5) ~~and one half~~ years and older, excluding children in foster care, must be cleared through a State Police Criminal Record Check. As soon as possible after a household member, excluding children in foster care, reaches his or her 18th birthday, the paperwork to request the State Police Criminal Record Check must be initiated to ensure results are received by the time that household member reaches eighteen and a half (18.5) ~~and one half~~ years of age. The State Police Criminal Record Check ~~shall~~will be repeated every ~~two~~ two (2) years on all appropriate household members. If a provisional State Police Criminal Record Check enters pending status DCFS staff may work with local law enforcement to obtain local verification of criminal record for the individual to expedite placement of the child in the home of the relative or fictive kin. DCFS staff will ensure follow up with State Police Criminal Record Check within two (2) business days of check entering pending status.

FBI Criminal Background Check ~~– Foster~~
~~-~~Resource parents and all members of the resource~~foster~~ home who are eighteen and a half (18.5) ~~and one-half~~ years of age and older, excluding children in foster care, must also clear an FBI fingerprint-based Criminal Background Check. As soon as possible, after a household member~~,~~ (excluding children in foster care)~~,~~ reaches his or her 18th birthday, the paperwork to

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request the FBI Criminal Record Check must be initiated to ensure results are received by the time that household member reaches eighteen and a half (18.5) ~~and onehalf~~ years of age. The FBI Check does not need to be repeated. Placement in a provisional resource home may be made prior to receipt of FBI Criminal Background Check results, when in the best interest of the child. When placement in a provisional home occurs, DCFS will ensure that FBI Criminal Background Checks are submitted for processing within ten (10) business days. Barriers to completion within ten (10) business days should be assessed on a case-by-case basis and decisions should be made relevant to the best interests of the youth(s) placed in the provisional resource home.

Vehicle Safety Program Check

~~-~~DCFS will check the driving record (violation points) for each prospective resource~~foster~~ parent and other applicable members of the household. The Arkansas State Vehicle Safety Program sets the maximum number of traffic violation points that a resource~~foster~~ parent may be allowed. Vehicle Safety Program Checks will be repeated every two (2) years.

PRE-SERVICE TRAINING

~~Foster~~ Resource parents must also complete the Division's pre-service training curriculum which includes twenty-seven (27) hours of Foster/Adopt PRIDE or other ~~-~~pre-service training curriculum approved by the Division and three (3) hours of DCFS orientation prior to placement of a child in their home. Pre-service training will include, but is not limited to the following topics:

A. Legal Rights;
B. Roles, responsibilities, and expectations of resource parents;
C. Agency structure, purpose, policies, and services;
D. Laws and regulations as related to resource homes or foster children;
E. The impact of childhood trauma;
F. Managing child behaviors;
G. Medication administration; and,
H. The importance of maintaining meaningful connections between the child and parentings, including regular visitation.

Central Registry and State Police Criminal Background checks must be ~~cleared~~cleared, and the FBI Criminal Background Check must have been submitted before a prospective resource ~~foster~~ parent can begin pre-service training. ~~Foster~~ Resource parents must also complete infant, child, and adult CPR and Standard First Aid Training and receive certification in both areas prior to placement of a child in their home.

However, new CPR and First Aid Training is not required for individuals certified as paramedics and Emergency Medical Technicians (EMTs) if proof of current certification is provided to DCFS staff. Current certification in Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) also meet the Minimum Licensing Standard for CPR if proof of current certification is

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provided to DCFS staff. All other medical professionals (including nurses) must have current CPR certification as outlined above and provide a copy of their current certification to DCFS staff.

Additional First Aid training for nurses and other medical professionals (to include those with ACLS certification) is not required. If an applicant with a current BLS certification is a paramedic, EMT, or firefighter, additional First Aid Training is not required. However, a lay person with BLS certification may have to take a First Aid class if current certification in First Aid cannot be provided.

HOME STUDY

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. At least two (2) home study visits must be conducted in person with a~~the~~ resource~~foster~~ parent applicant~~s~~, ~~including at least one visit to the~~both of which will be conducted in the applicant's home. The evaluator ~~shall~~will interview each age-appropriate member of the household.

The home study must evaluate a family's dynamics including but not limited to, motivation for wanting to become a resource home~~foster~~, household composition, housing, safety hazards, income and expenses, health, education, childcare arrangements or plans, child rearing practices, daily schedules, social history, family activities, and support systems, (for more information, see PUB-~~04~~30: ~~Minimum Licensing Standards for Child Welfare Agencies~~Resource Parent Handbook). 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 conclusions and recommendation as to whether a family should serve as a resource~~foster~~ home.

To complete a successful home study, the Division uses the Structured Analysis Family Evaluation (SAFE). ~~-~~SAFE includes a series of interviews guided by questionnaires and then an evaluation using the SAFE Psychosocial Inventory and Desk Guide, which is summarized in the final home study report. ~~-~~The use of these tools ensures a common evaluation process and promotes uniformity in the home studies across the state.

If at any point throughout the home assessment process a prospective resource~~foster~~ home is found to be out of compliance with a licensing standard or a DCFS policy, the 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 Policy Waiver may be requested as appropriate, (particularly for relatives). An alternative compliance is a request for approval from the Child Welfare Agency Review Board to deviate from a minimum licensing standard. A policy waiver is a request to deviate from a DCFS policy or procedure. If the individual conducting the home study finds an area of non-

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compliance, he or she must notify the Resource Worker who should then take the appropriate steps as outlined in Appendix 8, to address the non-compliance issue.

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

PROCEDURE VII-C1: Background Check Processing

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With exception to provisional resource homes being completed by resource staff in the field, ~~I~~if the prospective resource~~foster~~ family did not attend an Information Meeting, the ~~Resource Worker~~ resource family must submit an application to become a resource home online at www.fosterarkansas.org. The Centralized Inquiry Unit will provide the family with ~~a~~ Background Check Packet #1 by email, which includes:

A. FBI fingerprint card (if not using harvester);
B. CFS-316: Request for Child Maltreatment Central Registry Check;
~~C. APS-0001: Authorization for Adult Maltreatment Central Registry~~
~~D.~~C. CFS-341: Certification of Absence of Criminal Record;
~~E.~~D. CFS-342: State Police Criminal Record Check;
~~F.~~E. CFS-419: ~~Foster~~ Resource Family Support System Information;
~~G.~~F. CFS-593: Arkansas State Vehicle Safety Program Additional Requirements for DCFS Drivers;
~~H.~~G. VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business;
~~I.~~H. VSP-2: Authorization to Obtain Traffic Violation Record; and,
~~J.~~I. Arkansas State Vehicle Safety Program Manual.

The ~~Resource Worker~~Centralized Inquiry Unit will:

A. Submit the signed CFS-593: DCFS Arkansas State Vehicle Safety Program, VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business, and VSP-2: Authorization to Obtain Traffic Violation Record to the Vehicle Safety Program Coordinator along with a clear copy of the driver's license for each prospective resource~~foster~~ parent, R~~F~~FSS member, and any applicable teenage drivers.
   1) Copy the front and back of the driver's license.
   2) Document on the Provider Household Member Required Checks Information Screen.
   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 and ~~F~~RFSS member age fourteen (14) years and older, excluding children in foster care.~~-~~ The CFS-316:~~-~~ Request for Child Maltreatment Central

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Registry Check must be notarized. –The Child Maltreatment Central Registry Check shallwill be repeated every two (2) years.

1) If applicable, a Child Maltreatment Central Registry Check should also be conducted on each household member and RFFSS member age fourteen (14) years or older, in any state of residence in which they have lived for the past five (5) years, and in their state of employment, if different, for reports of child maltreatment.
2) Route each completed CFS-316: Request for Child Maltreatment Central Registry Check to the Central Registry Unit.

2)3) Document on the Provider Household Member Required Checks Information Screen.

3)4) ProvideFile a copy of the results to the county office for filing in the foster resource home record.- The county office must receive the results of the Child Maltreatment Central Registry Check before the family can be approved for training.

C. Submit the completed APS-0001: Authorization for Adult Maltreatment Central Registry to Adult Protective Services for each household member age 18 and one-half years and older, excluding children in foster care. The APS-0001: Authorization for Adult Maltreatment Central Registry must be notarized. The person must have no history of true abuse and/or neglect.

1) Route each completed APS-0001: Authorization for Adult Maltreatment Central Registry to Adult Protective Services.
2) File a copy of the results in the foster home record. The county office must receive the results of the Adult Maltreatment Central Registry Check before the family can be approved for training.

D.C. Use CFS-341: Certification of Absence of Criminal Record to obtain written certification from the resourcefoster parents that any household member ages ten (10) through seventeen (17) (10-17) does not have a criminal record. Provide a copy of results to the county office for Ffileing a copy in the resourcefoster home record.

E.D. Submit the completed CFS-342: State Police Criminal Record Check for each household member and RFFSS member age eighteen and a half (18.5) and one half years and older, excluding children in foster care. The CFS-342: State Police Criminal Record Check 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 shallwill be repeated every two (2) years.

1) Route each completed CFS-342: State Police Criminal Record Check to the Criminal Records Unit.
2) Document on the Provider Household Member Required Checks Information Screen.
3) Provide File a copy of the results to the county office for filing in the resource foster home record.- The county office must receive the results of the Criminal Record Check before the family can be approved for training.

F.E. Process an FBI fingerprint-based Criminal Background Check for all resourcefoster parent applicants and all members of the prospective resource foster home who are eighteen and a half (18.5) and one-half years of age and older, excluding children in foster care. The fingerprint-based FBI Criminal Background Check must be submitted prior to the

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family attending training; however, the results are not required before the family can attend training.

There are two (2) options for completing the FBI check:

~~G.~~F. Electronic Fingerprint Scanning

1) ~~Foster~~ Resource parent applicants do NOT need to fill out an FBI fingerprint card, as a request for electronic scanning will be done via CFS-342: State Police Criminal Record Check.
2) The ~~Resource~~ Inquiry Unit Worker will forward the completed CFS-342:~~-~~ State Police Criminal Record Check to the Criminal Records Unit.
3) The Criminal Records Unit will use the CFS-342: State Police Criminal Record Check to get a transaction number from the State Police.
4) The Criminal Records Unit will forward the transaction number to the ~~Resource~~ Inquiry Unit Worker.
5) The Centralized ~~Resource~~ Inquiry Unit Worker will forward the transaction number to the ~~applicants~~resource worker.
6) Applicants must go to an approved Electronic Harvester to have fingerprints scanned. Check with the ~~Resource~~ resource w~~W~~orker for the closest location.
7) ~~Applicants must pay the electronic harvester fee. If applicants are approved and opened as a foster home, they may request reimbursement. A receipt for the harvester fees and a DHS-1914 must be submitted to the Resource Worker's local financial coordinator for reimbursement processing.~~
7) The Centralized ~~Resource~~ Inquiry Unit Worker will document the results on the Provider Household Member Required Checks Information Screen and ~~file~~ provide a copy of the results to the county office for filing in the resource~~foster~~ home record.

~~H.~~G. Ink Fingerprint:

1) ~~Foster~~ Resource parent applicants will complete CFS-342: State Police Criminal Record Check and the FBI fingerprint card with good, un-smudged prints. Take care not to staple through the fingerprints on the FBI fingerprint card.
   a) If the prints are not readable, the family will have to re-submit. ~~Foster~~ Resource parent applicants may not use an Electronic Harvester if they have already submitted ink fingerprints and the attempt was unsuccessful.
   b) If a legible set of fingerprints cannot be obtained after a minimum of two (2) attempts, a name-based FBI check will be conducted instead.
2) The Centralized ~~Resource~~ Inquiry Unit Worker will forward the documents to the Criminal Records Unit.

~~2)~~

The Centralized Inquiry Unit Worker will document the results on the Provider Household Member Required Checks Information~~-~~ Screen and provide a copy of the results to the county for filing in the resource home record.

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PROCEDURE VII-C2: In-Home Consultation Visit

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The Resource Worker will:

A. Within five (5) ~~working~~ business days after ~~clearances on all required background checks have been received, (FBI checks must have been submitted but not completed)~~being assigned the resource home, contact the prospective resource~~foster~~ family to schedule an in-home consultation visit and FBI fingerprinting with them. The in-home consultation visit should take place within two (2) weeks of the scheduling call.

~~A.~~B. During the in-home consultation visit:

1) Observe family functioning and assess the family's capacity to meet the need of the children in foster care.

~~1) Provide all Information Meeting documents (aside from the Background Check Packet which should have already been completed) to the family if they have not yet attended an Information Meeting (see Procedure VII-B4). Families are encouraged to attend an Information Meeting but are not required to do so.~~

2) Review and complete the CFS-446: In-Home Consultation Visit Report. The completed CFS-446:~~-~~ In-Home Consultation Visit Report will serve as the first formal step in the application process.

3) Discuss the standards of approval and other DCFS policy requirements related to resource homes ~~for foster homes~~ as outlined in PUB-30: Resource Parent Handbook~~22~~ and answer any questions the family may have.

4) Inform the prospective resource~~foster~~ family that they will not be approved until they meet minimum licensing standards, DCFS policy requirements, and any other qualifications deemed appropriate.

~~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: Resource Parent Handbook).

5)

~~6)~~ Provide ~~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:~~

~~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.~~

~~VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business~~

~~VSP-2: Authorization to Obtain Traffic Violation Record~~

~~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 each of the following documents for each~~

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~~appropriate member of each FFSS family (following Procedure VII-C1: Background Check Processing):~~
~~CFS-316: Request for Child Maltreatment Central Registry Check~~
~~CFS-342: State Police Criminal Record Check~~
~~CFS-593: Arkansas State Vehicle Safety Program (ASVSP)~~
~~VSP-1: Authorization to Operate State Vehicles and Private Vehicles on State Business~~
~~VSP-2: Authorization to Obtain Traffic Violation Record~~
~~Provide the family with the following documents and review/explain as necessary:~~
~~CFS-363: Foster Parent, Adoptive Parent or Applicant Smoking Certification.~~
~~CFS-404: General Medical Report (one for each person residing in the household)~~
~~CFS-409: Foster/Adoptive Family Preference Checklist~~
~~CFS-455: Request/Consent for Health Department Services, if applicable. This form should only be utilized if the family uses a well to access drinking water or if the Resource Worker has other concerns related to the drinking water, sanitation, or general health/safety conditions of the home and/or its surroundings that require an inspection by the Health Department.~~
~~CFS-480: Alternate Compliance of Water Supply Agreement, if applicable. If the family will use bottled water (and purified water for bathing if infants or children under the age of 5 will be placed in the home), this must be noted on the CFS-480: Alternate Compliance, signed by the foster parents, and updated annually. Neither a policy waiver nor an alternative compliance is required to accompany CFS-480: Alternate Compliance if the agreement to use bottled water is noted on this form and signed by the foster parents.~~
~~CFS-484: Landlord Notification of Potential Tenant Foster Care Services~~
~~PUB-30: Foster Parent Handbook~~

6) SAFE Questionnaire I.
7) Inform the family that three (3) positive confidential references are required, including at least one (1) from a relative and one (1) from a non-relative.
   a) Request that the family provide the names and addresses of three (3) ~~-~~references.
   b) Ensure that the SAFE Reference Letter Templates are delivered to the identified references with instructions:
      i. For returning the completed SAFE References; and~~,~~
      ii. That they are not to share the completed SAFE Reference Letter with the prospective resource family.

      ~~Mail the SAFE Reference Letter Templates and the SAFSE envelope (to either their area MidSOUTH Training Academy c/o Foster Parent Program or contract provider, as appropriate) to each of the references that the family provides. Include a brief cover letter that:~~
      ~~Introduces the Resource Worker~~

      ~~Explains the reason for the SAFE Reference Templates~~

   ~~a) Instructs the reference to mail the completed SAFE Reference Templates using the envelope provided.~~

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~~b) Informs the reference that they are not to share the completed SAFE Reference Letter with the prospective foster family.~~

c) Ensure~~Inform~~ the prospective resource~~foster~~ family members understand that ~~the individual writing the reference letter must mail it directly to the tagency listed on the stamped addressed envelope provided. The prospective foster~~they ~~family~~ wi~~sha~~ll not view the reference letters.

8) Begin completing CFS-475-A: Initial Checklist for ~~Foster~~Resource/Adoptive Home Assessment.

9) Determine whether the family would be willing to serve as an informal respite home in addition to a regular resource~~foster~~ home (see Policy VII-G: Alternate Care).

10) If the family is being opened as a provisional resource~~foster~~ home, also:

a) Complete the CFS-452: Provisional ~~Foster~~ Resource Home Verification with the family.

b) Provide a copy of the CFS-452: Provisional ~~Foster~~ Resource Home Verification to the family and file the original in the resource~~foster~~ home record.

c) Complete the CFS-474: Provisional ~~Foster~~ Resource Home Orientation Checklist with the family.

d) Once all signatures are obtained, provide the family with a copy of CFS-474: Provisional ~~Foster~~ Resource Home Orientation Checklist.

e) File the original CFS-474: Provisional ~~Foster~~ Resource Home Orientation Checklist in the resource~~foster~~ home record.

Provisional relative or fictive kin resource~~foster~~ parents are not required to complete CFS-409: ~~Foster~~Resource/Adoptive Family Preference Checklist. ~~—~~However, they must complete CFS-363, CFS-404, CFS-455 (if applicable~~), and CFS-480 (if applicable)~~) prior to the end of the six (6) month provisional period but not necessarily before the relative child is placed in their home.

The Area Director or designee will:

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

B. Return the signed CFS-474 to the Resource Worker.

PROCEDURE VII-C3: Initiation of Pre-Service Training

12/2020

In order to approve applicants for p~~P~~re-s~~S~~ervice t~~T~~raining, within ten (10) business~~working~~ days of successfully completing the In-Home Consultation Visit ~~(which must include the results of the cleared Child Maltreatment Central Registry Checks, Adult Maltreatment Central Registry Checks, and State Police Criminal Record Checks)~~, 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 (1) of the following recommendations:

1) Invite the applicant to attend p~~P~~re-s~~S~~ervice t~~T~~raining, OR

2) Do not invite the applicant to p~~P~~re-s~~S~~ervice t~~T~~raining and provide an explanation.

Mark-Up

B. If the Area Director approves the recommendation to send the applicant to p~~P~~re-s~~S~~ervice t~~T~~raining:
   1) Complete the contact purpose of "~~"~~In-Home Consultation/Approval for Training"~~"~~ in the Provider Contact Information Screen.
   2) Log receipt of the CFS-446 on the DCFS ~~Foster~~Resource/Adopt Home in ~~CHRIS~~the Division information system.
   3) Submit a copy of the following to the prospective resource~~foster~~ parents and to MidSOUTH (unless one-on-one pre-service training has been arranged):
      a) The CFS-446 approving the family to attend p~~P~~re-s~~S~~ervice t~~T~~raining.
      b) Cover letter to the prospective resource~~foster~~ family that will:
         i. Inform the prospective resource~~foster~~ parents of approval to attend p~~P~~re-s~~S~~ervice t~~T~~raining.
         ii. Inform the prospective resource~~foster~~ parents that the MidSOUTH trainer will contact them to schedule p~~P~~re-s~~S~~ervice t~~T~~raining.
   4) Select the ~~"~~In-Home Consultation/Approval for Training"~~ P~~ purpose~~"~~ ~~which you entered~~ in the Provider Contact Information Screen.~~ *It is important to select this checkbox prior to the family attending training in order to assist MidSOUTH with pre-service training. Once it is selected, the system will automatically notify MidSOUTH of approval status.*~~

C. When an applicant is NOT approved:
   1) Send letter to applicants who were not approved to attend p~~P~~re-~~S~~service t~~T~~raining.
   2) Forward a copy of the letter to the Area Director.
   3) Log notice of non-selection on the Provider Household Member Required Checks Information Screen.
   ~~3)~~4) Select "IHC/Not A~~a~~pproved for T~~t~~raining" and document why the family was not approved.
D. 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. Either approve or disapprove as appropriate the recommendation within five (5) ~~working~~ business days of receipt of the CFS-446 from the Resource Worker.
B. Return the signed CFS-446 to the Resource Worker.

PROCEDURE VII-C4: Pre-Service Training

12~~09~~/20~~1~~20~~1~~

The prospective resource~~foster~~ family will:

Mark-Up

A. Complete a minimum of twenty-~~-~~seven (27) hours of ~~Foster~~pre-service~~/Adopt PRIDE~~ training and three (3) hours of DCFS orientation (individually or in a group) prior to placement of a child. All make-up sessions ~~shall~~will also be completed~~ in order~~ for a family to fully complete pre-service training.
B. Complete CPR and Standard First Aid Training and receive certification for infant, child, and adult training in both areas.
C. Submit the completed SAFE Questionnaire I to their p~~P~~re-s~~S~~ervice t~~T~~rainer on the first day of training.
D. Submit the following completed forms to the Resource Worker before completing p~~P~~re-s~~S~~ervice t~~T~~raining (do not submit to the p~~P~~re-s~~S~~ervice t~~T~~rainer):
   1) CFS-363: ~~Foster~~ Resource Parent~~, Adoptive Parent or~~ Applicant Smoking Certification. Note that if the ~~foster~~ resource home is designated as a smoking resource~~foster~~ home, the Area Director will sign and submit the CFS-363 along with any supporting documentation (explaining why it would be in the child's best interest to be placed in a smoking resource~~foster~~ home) to the Assistant Director of Community Services or designee. No child in foster care will be placed in a smoking resource~~foster~~ home without a policy waiver.
   2) CFS-404: General Medical Report (one (1) for each member residing in the household).
   3) CFS-409: ~~Foster~~Resource/Adoptive Family Preference Checklist.
   4) CFS-455: Request/Consent for Health Department Services, if applicable. This form should only be utilized if the family uses a well to access drinking water or if the Resource Worker has other concerns related to the drinking water, sanitation, or general health/safety conditions of the home ~~and/~~or its surroundings that require an inspection by the Health Department.
   ~~5) CFS-480: Alternate Compliance of Water Supply Agreement, if applicable.~~
   ~~6)~~5) CFS-484: Landlord Notification of Potential Tenant ~~Foster~~ Resource Care Services.
E. Ensure that the individuals providing references have delivered~~mailed~~ their letters to the agency responsible for the home study before completing p~~P~~re-s~~S~~ervice t~~T~~raining.~~ Each person providing a reference should mail the reference letter directly to the appropriate MidSOUTH Training Academy (c/o Foster Parent Program) or the contract provider agency as appropriate 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 Division information system.
B. File all completed forms in the resource~~foster~~ family record (CFS-404; CFS-455, and ~~if applicable; CFS-480, if applicable;~~ CFS-484, if applicable).
C. Enter prospective resource~~foster~~ family preferences (based on their selections on CFS-409) in the Preferences Tab in the Provider Services/Admission Criteria Button.

Mark-Up

D. Attend the last training module and as many other training modules as possible.
E. Hold the Area or County Orientation Session using the CFS-465: ~~Foster~~ Resource Parent Orientation Checklist to guide the orientation session.

The Area Director or designee will:

A. Attend the Area or County Orientation Session whenever possible.

PROCEDURE VII-C5: Home Study

12~~07~~/2020~~11~~

The home study may 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 evaluator will complete the home study in accordance with established SAFE protocols.

The individual conducting the home study will:

A. Conduct an initial face-to-face interview with the prospective resource~~foster~~ parent(s) in the applicant home using the applicants' responses to SAFE Questionnaire I (to have been completed and submitted by the prospective resource~~foster~~ parents by the first day of pre-service training) to guide the conversation.
B. Evaluate the first interview and note responses that will require further clarification ~~and/~~or development.
C. Conduct a second face-to-face interview with the applicant(s) in the applicant home.
D. During the second interview, provide SAFE Questionnaire II to the prospective resource~~foster~~ parents who will complete this questionnaire in the presence of the home study evaluator.~~-~~ In the case of joint applicants, each applicant should complete and discuss their responses to the SAFE Questionnaire II with the home study evaluator separately, before holding another couple interview to discuss shared issues.
E. Evaluate the second interview and note responses that will require further clarification ~~and/~~or development.
F. Conduct additional face-to-face interviews with the prospective resource~~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 ten (10) years of age or older. Observe younger children and interview if appropriate.

Mark-Up

H. Review the three (3) reference letters and ensure that all three (3) letters are positive references.
I. Using information collected during the interviews and SAFE Reference Templates, along with the Desk Guide, complete the SAFE Psychosocial Inventory.
J. Within forty-five (45) ~~working~~ business days of the family completing pre-service training, complete and submit the final SAFE Home Study Report to the Resource Worker for review and assessment.

The Resource Worker will:

A. Review the final SAFE Home Study Report and other assessment documents.
B. Based on the review, submit the recommendation to approve or deny the home to the Area Director or designee within seven (7) business~~working~~ days of receiving the final SAFE Home Study Report.
C. Document the Initial Home Study Completed Date on the Provider Service Details Screen in the Division information system~~CHRIS~~.
D. Notify the applicant in writing if a determination to approve or deny the home based on the final SAFE Home Study Report and other assessment documents cannot be completed within sixty (60) business ~~working~~ days of the family completing pre-service training and explain the reason.
E. Provide a copy of the final SAFE Home Study Report, stamped with "DCFS use only" and "Not for private use" to the family regardless of approval or denial.
F. Maintain all components of SAFE Home Study (i.e., report template, reference letters, questionnaires, ration sheet) per the Division record retention schedule.

The Area Director or designee will:

A. Review and assess the completed final SAFE Home Study Report and other assessment documents as well as the Resource Worker's recommendation to approve or deny.
B. Approve or deny the home within seven (7) business~~working~~ days of receipt of all final documents from the Resource Worker.

PROCEDURE VII-C6: Final Approval of ~~Foster~~ Resource Homes

~~08/2011~~12/2020

The Resource Worker will:

Mark-Up

A. Ensure the CFS-475-A: Initial Checklist for ~~Foster~~Resource/Adoptive Home Assessment is completed, that any safeguard measures deemed necessary have been implemented, and that any requested alternative compliances or policy waivers have been approved.

B. Invite the County Supervisor to accompany them on the final face-to-face visit with the prospective resource~~foster~~ parents and final visual inspection of the home.

C. Conduct a final walk-through, face-to-face~~e visit~~ with the prospective resource~~foster~~ parents and a final visual inspection of the home (preferably with the County Supervisor).

D. Provide the family with an Approval Packet.

~~D.~~ E. Rev

~~Rev~~iew the Approval Packet content with the resource~~foster~~ parents. The Approval Packet will include:

~~1) Stamped envelopes addressed to the appropriate county office~~

~~2)~~1) Examples of the completion of travel documentation that must be submitted monthly.

~~3)~~2) Copy of the Code of Ethics.

~~4) Copy of the Arkansas Practice Model~~

~~5) CFS-381-A: Resource Parent Training Record Log~~

~~6)~~3) CFS-364: Medication Log.

~~7)~~ CFS-369: Tornado and ~~Child Inventory Log~~

~~8)~~4) Fire Drill Log.

~~9)~~5) CFS-352: Medical, Dental, Vision, Hearing, and Psychological Episodic Visits.

~~10)~~6) After hours contact sheet.

~~11)~~7) Foster Care Board Sheet.

8) Appropriate ~~Foster~~ Resource Parent Association contact information.

F. If the Background Check Packet for the members of the Resource Family Support System has not been completed and processed, collect and begin processing the CFS-419: Resource Family Support System Information (one (1) per RFSS member family) and each of the following documents for each appropriate member of each RFSS family (following Procedure VII-C1: Background Check Processing):

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.

~~F.~~

~~G.~~ Complete the CFS-462: Initial ~~Foster~~ Resource Family Agreement with the family.

G.

H. File the CFS-462: Initial ~~Foster~~ Resource Family Agreement in the resource~~foster~~ home record.

I. Enter a disposition as to the approval/denial of the resource~~foster~~ home within three (3) ~~working~~business days of receipt of the Area Director's approval or denial.

1) If the recommendation is approval, then:

a) If the orientation has not already taken place, schedule a date for a County or Area Orientation Session for newly approved resource~~foster~~ parents.

Mark-Up

b) Complete Provider Alternate Care Screen in the Division information system~~CHRIS~~ if family has determined they are willing to serve as an Informal Respite Home and, using CFS-419, enter all appropriate identified ~~Foster~~ Resource Family Support System Individual Members including information on their cleared background checks (see Policy~~POLICY~~ VII-G: Alternate Care).

c) Enter Begin Date on Availability Status on Provider Service Status Screen and Request Approval on Provider Service Detail Screen in the Division information system~~CHRIS~~.

d) If the family has indicated interest and been approved to foster children/youth with specific characteristics, identify the appropriate Disability Willing to Accept selection under the Preferences Tab in the Provider Services/Admission Criteria Button.

~~e)~~ File the approval letter in the resource~~foster~~ home record.

e)

2) If the recommendation is denial, then:

a) Send a denial letter~~"Letter of Denial"~~ to the applicants who were not approved. See Policy~~OLICY~~ VII-D: Denial of a ~~Foster~~ Resource Home and document in Provider Contact Information Screen~~ in CHRIS~~.

b) End d~~D~~ate the ~~Foster~~ resource f~~F~~amily s~~S~~ervice, on the Provider Services Tab selecting the appropriate r~~R~~eason for e~~E~~nd d~~D~~ate.

c) Specify why the home was denied, in the comment box on the Provider Services Tab.

The County Supervisor or designee is encouraged to:

A. Participate in the final face-to-face visit with the prospective resource~~foster~~ parents and final visual inspection of the home, with the Resource Worker.

The Area Director or designee will:

A. If appropriate, approve the Resource Worker's Request for Approval in Provider Service Detail Screen, in the Division information system,~~CHRIS~~ to finalize the approval of the ~~Foster~~ Resource Family. ~~-~~Upon approval, the information system~~CHRIS~~ automatically provides the ~~Foster~~ Resource Family Approval Letter to be printed, mailed, and filed in the resource~~foster~~ home record.

The Resource Worker will:

~~A.~~ Develop and maintain a record for each resource ~~foster~~ home, that contains all information and documentation as required by Minimum Licensing Standards and DCFS policy. The resource~~foster~~ home record order will include the items listed in Appendix 4: ~~Foster~~ Resource Home Record Order.

Mark-Up

POLICY VII-D: DENIAL OF A FOSTER RESOURCE HOME

12~~01~~/2020~~11~~

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 resource~~foster~~ home, DCFS will deny approval of the home.

PROCEDURE VII-D1: Denial as a Result of Negative Results of a Background Check

12/2020

The Resource Worker or designee will:

A. Share the results with the family and inform them of their ineligibility to attend training.
B. For denials related to criminal background check record results, send a CFS-508-A: Letter of Denial to the family via certified, restricted mail and document the letter in Provider Contact Information Screen in the Division information system.
   1) If the family chooses to challenge the accuracy and completeness of their criminal history record or obtain missing disposition information and contacts the assigned Resource Worker within thirty (30) days of receipt of the CFS-508-A to inform the Resource Worker that the family will challenge the results, keep the resource parent application and associated provider number open in the Division information system until the requested corrections are either approved or denied at which point further action will be taken, as appropriate.
      ~~f)~~a) If there are changes or updates to an applicant's criminal history record and the decision is made to move forward with a request for an alternative compliance request from the Child Welfare Agency Review Board, see Appendix 8: Alternative Compliance and Policy Waiver Protocol.
   2) If the Resource Worker does not receive notification that the family has elected to challenge the results of their criminal history report, then remove the Resource Parent application from the system and close the associated provider number.
      a) If the family chooses to review and request corrections to their state or FBI criminal history reports in the future, they may reapply to become a resource parent at any point once corrections are made. Resubmission of a Resource Parent application does not guarantee approval as a Resource parent.
C. Document the results of the background check in the Provider Household Member/Requirements Tab and End Date the Resource Family Service on the Provider Service Tab selecting the appropriate Reason for End Date in the Division information system.
D. Specify why the home was closed in the comment box on the Provider Services Tab.

Mark-Up

PROCEDURE VII-D2~~1~~: Denial as a Result of the In-Home Consultation Visit

12~~01~~/2020~~11~~

The Resource Worker will:

A. Inform the family of their non-compliance with any identified standard or policy and determine if the family is willing ~~and/~~or able to implement a safeguard measure in a timely manner in order to achieve compliance. The family cannot be approved to open as a resource~~foster~~ home until the safeguard measure is implemented.
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: In-Home Consultation Visit Report with all signatures. ~~-~~The family will sign the In-Home Consultation, acknowledging non-compliance.
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 d~~D~~ate the ~~Foster R~~resource ~~F~~family ~~S~~service on the Provider Services Tab by, selecting the appropriate r~~R~~eason for the e~~E~~nd d~~D~~ate in the Division information system.~~CHRIS.~~
E. Specify why the home was closed in the comment box on the Provider Services Tab.

The Area Director or designee will:

A. If a family fails to address non-compliance issues, disapprove the family and provide them with a copy of the CFS-446: In-Home Consultation Visit Report with all signatures.

~~PROCEDURE VII-D2: Denial as a Result of Negative Results of a Background Check~~

~~01/2011~~

~~The Area Director or designee 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.~~
~~Specify why the home was closed in the comment box on the Provider Services Tab~~
~~D.~~

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

12~~101~~/2020~~11~~

The Area Director or designee will:

Mark-Up

A. Send a ~~"Letter of~~ d~~D~~enial letter to all applicants who are not approved and document in Provider Contact Information Screen in ~~CHRIS~~the Division information system.

B. End d~~D~~ate the ~~Foster~~ r~~R~~esource f~~F~~amily s~~S~~ervice on the Provider Service ~~T~~tab, by selecting the appropriate ~~R~~reason for the e~~E~~nd d~~D~~ate in ~~CHRIS~~the Division information system.

C. Specify why the home was closed in the comment box on the Provider Services Tab.

Mark-Up

POLICY VII-E: ~~REEVALUATION OF THE FOSTER~~ RESOURCE HOME REEVALUATION

12~~08~~/2020~~11~~

In order to ensure continued quality of all DCFS resource~~foster~~ homes, the Division ~~shall~~will reevaluate each resource~~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 resource~~foster~~ family.
- Marriage, separation, or divorce. (See more detailed information concerning resource~~foster~~ parents who plan to marry or divorce in procedures below.)
- Loss of or change in employment.
- Change in residence.
- Suspected child maltreatment of any child in the resource~~foster~~ home.
- The addition of family members (e.g. birth, adoption, aging relative moving in).

The completion and approval of all resource~~foster~~ home reevaluations must be documented in ~~CHRIS~~the Division information system. ~~-~~If a resource~~foster~~ home reevaluation is not completed and documented annually in ~~CHRIS~~the Division information system, any IV-E eligible child placed in the home will lose IV-E eligible claim ability until the reevaluation of the family is completed and documented.

In addition to continuing to meet all Minimum Licensing Standards and DCFS Policy requirements as they relate to resource~~foster~~ homes, resource~~foster~~ parents must also complete a minimum of fifteen (15) hours of Division-sponsored or Division-approved in-service training annually after the first year of service. No more than nine ~~5~~ (9) hours of videos, TV programs, books, or online courses for each resource~~foster~~ parent will be accepted per year and must have prior approval by the Area Director or designee. ~~Foster~~ Resource 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 (15) hours of continuing education and, therefore, cannot be counted as part of the annual fifteen (15) hour continuing education requirement.

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

If the resource~~foster~~ parents' annual in-service training requirements are more than sixty (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. Extensions should be the exception and not the rule.

Mark-Up

PROCEDURE VII-E1: Quarterly Monitoring of ~~Foster~~ Resource Home

12~~08~~/2020~~11~~

The Resource Worker will:

A. Monitor approved resource~~foster~~ homes through quarterly visits to ensure compliance with Minimum Licensing and Division standards.
B. Complete 475-B: Quarterly Monitoring Checklist for ~~Foster~~ Resource Home to document completion of each quarterly monitoring visit.
File each completed 475-B in the resource~~foster~~ home record and document in ~~CHRIS~~the Division information system.
C. ~~08/2011~~

The Resource Worker will:

A. Conduct a reevaluation of the resource~~foster~~ home annually and in the case of any major life change.
B. Complete SAFE Update/Reevaluation Tools, CFS-451: ~~Foster~~ Resource Parent Reevaluation and CFS-475-C: Reevaluation Checklist for ~~Foster~~Resource/Pre-Adoptive Home. The completion and approval of all resource~~foster~~ home reevaluations must be documented in ~~CHRIS~~the Division information system.
~~C. Complete/update the Individual Training Needs Assessment (ITNA) with the foster parent.~~
~~D. Submit the completed ITNA to MidSOUTH within 45 working days of completing the reevaluation.~~
~~E.~~C. Document in the resource~~foster~~ home record that the resource~~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~~the Division information system.
~~F.~~D. Update any expired State Police Criminal Record Checks and Central Registry Checks for each member of the household or members of the R~~F~~FSS and document in the Provider Household Members/Requirement Tab ~~in CHRIS~~.
~~G.~~E. Enter the resource~~foster~~ parents' hours of in-service training in the Training Screen in the Division information system~~CHRIS~~.
F. Request an exception for any resource~~foster~~ parent whose annual in-service training hours are sixty (60) calendar days overdue, if applicable.

~~H.~~G. Submit documentation with recommendation to approve or disapprove the home to the Area Director or Designee.
~~I.~~H. Complete the Provider Reevaluation Screen ~~in CHRIS~~ and Request Approval for Area Director's review and approval.

The ~~Area Director~~Resource Supervisor will:

A. Review the SAFE Update/Reevaluation Tools, CFS-451: ~~Foster~~ Resource Parent Reevaluation and CFS-475-C: Reevaluation Checklist for ~~Foster~~Resource~~/Pre-Adoptive~~ Home and Resource Worker recommendation to approve or deny the home.

Mark-Up

B. Approve the Resource Worker's Request for Approval on the Provider Reevaluation Screen in ~~CHRIS~~the Division information system.

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

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

PROCEDURE VII-E3: Single ~~Foster~~ Resource Parents Who Plan to Marry

12~~08~~/2020~~11~~

When a single resource~~foster~~ parent plans to marry (or otherwise move in with/live together with a partner) and wishes to continue providing care to children in foster care, the Resource Worker will:

A. Conduct a reevaluation using the SAFE Update/Reevaluation Tools, CFS-451: ~~Foster~~ Resource Parent Reevaluation and CFS-475-C: Reevaluation Checklist for ~~Foster~~Resource~~/Pre-Adoptive~~ Home. This is to ensure the resource~~foster~~ home will maintain compliance and quality with the inclusion of the new spouse/partner in the home.

The future spouse/partner 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.
   3) VSP-2: Authorization to Obtain Traffic Violation Record.
B. Background check documents:
   1) CFS-316: Request for Child Maltreatment Central Registry Check.
   ~~2) APS-0001: Authorization for Adult Maltreatment Central Registry~~
   ~~3)~~2) CFS-342: State Police Criminal Record Check.
   ~~4)~~3) ~~FBI fingerprint card (This is not needed if applicant is completing~~ FBI fingerprint check via Electronic Harvester or FBI fingerprint card.~~.)~~.
   4) Complete the Required Checks Tab on the Provider Household Member Screen in ~~CHRIS~~the Division information system.
   5) Provide documentation of certification in infant, child, and pediatric CPR and First Aid.~~.~~

Mark-Up

The future spouse/partner must also complete pre-service training and resourcefoster parent orientation.– The resourcefoster parent and fiancé(e)/partner should be informed that the reevaluation will have to be completed before the fiancé(e)/partner can take on the role of resourcefoster parent and reside with the children in the home. If the future spouse/partner does not clear any of the background checks or does not complete pre-service training before moving into the home, the home must be closed.

PROCEDURE VII-E4: Two Parent Homes that Plan to Divorce/Separate

12~~08~~/2020~~11~~

When approved resourcefoster parents, who currently have children placed in their home, plan to divorce or separate, the Resource Worker will:

A. Conduct a reevaluation on the resourcefoster parent who has elected to continue the role of care provider using the SAFE Update/Reevaluation Tools, CFS-451: Foster Resource Parent Reevaluation, and CFS-475-C: Reevaluation Checklist for FosterResource/Pre-Adoptive Home.

B. Determine if the resourcefoster parent still meets all other licensing standards.

   1)2) If the home continues to comply with all standards, an alternative compliance is not needed.

   2)3) 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 resourcefoster parent agrees to participate in the corrective action plan, the home may remain open and he or she may continue caring for the child(ren) currently placed in the home.

      b) The corrective action plan must be completed successfully within sixty (60) days.

      c) If a corrective action plan is not feasible, the case may be referred for alternative compliance or a policy waiver request.

C. End dDate the hHousehold mMember who is no longer in the home, in the Household Information Tab of the Provider Household Members Screen in CHRISthe Division information system.

D. If both individuals wish to continue as resourcefoster parents, a new Provider Screen must be initiated for the parent who will be residing at a new address.

Mark-Up

POLICY VII-F: ~~FOSTER~~ RESOURCE HOME REOPENING

~~0~~12/2020~~11~~

In order to secure the best placement for each child in foster care, the Division seeks to maintain a large pool of quality resource~~foster~~ homes. For this reason, the Division will consider reopening resource~~foster~~ homes when situations arise where resource~~foster~~ parents who previously self-elected to close their home ~~and/~~or whose home was closed by the Division would like to reopen. Requirements vary depending on ~~how long a~~circumstances surrounding the resource~~foster~~ home ~~has been~~ closure~~ed~~.

For any resource home closed that has any history of child maltreatment investigations involving the provider as an alleged offender, regardless of:

B. The outcome of the investigation;
C. Whether the resource home was closed by the Division or closed at the resource parent's request; or
D. Whether there is documentation indicating the reason for closure was related to the investigation,

the reconsideration to reopen packet will be submitted to the Resource Family Review Committee via the Foster Care Manager who will present the request to the Committee for consideration. If a reconsideration to reopen packet is sent to the Resource Family Review Committee, the assumption is that local staff who submitted the packet are in support of the request. The Resource Family Review Committee will make review and make recommendations to the Division Director or designee regarding whether to reopen a resource home. The Division Director or designee will make the final decision regarding the request.

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

~~0~~12/2020~~11~~

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

A. Complete new background checks (i.e., Arkansas Child Maltreatment Central Registry Check, applicable out of state child maltreatment checks if the applicant has lived or worked in another state outside of Arkansas in the last five (5) years, ~~Arkansas Adult Maltreatment Central Registry Check,~~ Arkansas State Police Record Check, FBI Background Check, Vehicle Safety Checks) on all appropriate members of the household regardless of whether previous background checks are still current.
B. Conduct a reevaluation of the prospective home as an annual reevaluation of any standing resource~~foster~~ home would be completed to determine if the prospective resource~~foster~~ home would ~~be~~ still be an appropriate placement for a child in care, based on the following:

Mark-Up

1) Date and reasons for closure.
2) Motivation to re-open.
3) Changes in circumstance since last closure.
4) Updated in home consultation report.
5) Recommendations.
6) Completed background check results.
7) Original SAFE home study.
8) Home study updates completed prior to closure of the resource home.

C. Submit a reconsideration to reopen request to the Resource Family Review Committee via the Foster Care Manager for any resource home that was previously closed and has any history of child maltreatment investigations.

D. For resource homes closed two (2) years or less, in addition to the steps above:
   1) Collect documentation of fifteen (15) hours of continuing education training completed.

E. For resource homes closed more than two (2) years, complete the steps above with the exception collecting documentation of fifteen (15) hours of continuing education training completed and:
   ~~1)~~ Submit a recommendation to complete pre-service training again; or
   1)
   2) Submit a waiver request packet to exempt applicant from pre-service training to include:
      ~~a)~~ Parenting experiences since resource home closure
      a) ; and
      b) Training participated in related to trauma, behavior issues, child development, parenting, etc.

~~B.~~F. Notify resource parent of determination and any additional requirements to be completed prior to the resource home re-opening, such as CPR/First Aid, current physical report, current proof of insurance, etc.

**The exception to this requirement is for a family who is eligible for the streamlined adoption process per Arkansas Code section~~.~~ 9-9-701. A family is eligible for the streamlined adoption process if the family has adopted a child from the Department and then chooses to adopt another child from the Department and DHS selects the family to be the adoptive parents of a child in DHS custody. An adoptive family is not eligible for the streamlined adoption process if more than five (5) years have passed since the adoptive family finalized the initial adoption. If a family qualifies for the streamlined adoption process or if there are questions regarding a family's eligibility for the streamlined adoption process, please consult with the local Office of Chief Counsel (OCC) attorney~~,~~ for additional information and next steps.*

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

Mark-Up

~~08/2011~~

~~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:~~

~~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.~~

~~Ensure that the foster parents have earned 15 hours of continuing education for the year that their home was closed. Time spent during the In-Home Consultation Visit and updating foster parents on new DCFS policy may be counted toward the 15 continuing education hours. Document number of hours spent on the In-Home Consultation Visit and policy updates on the CFS-446: In Home Consultation Visit Report.~~

~~If, based on the Resource Worker's home assessment, the family does not need to complete pre-service training, inform the family that while they are not required to attend pre-service training, they have the option to do so.~~

~~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~~

~~08/2011~~

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

~~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-~~-~~HH~~H~~OME PLACEMENT

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Alternate care for children in out-of-home placement may be used to assist ~~provide assistance to foster~~ resource parents when circumstances requiring supervision by an appropriate adult other than the ~~foster~~ resource parents exist. The Division also promotes the use of certain types of alternate care (e.g., normal age appropriate activities, interaction with a ~~Foster~~ Resource Family Support System) among children and youth ~~as a way~~ to foster normalcy in the lives of children and youth in out-of-home placements.

There are five (5) categories of alternate care:

A. Normal Age-Appropriate Activities – Children in all out-of-home placement types will be encouraged to participate in extracurricular, enrichment, cultural, ~~and/~~or social activities that are age~~-~~ and developmentally-appropriate for a ~~particular~~ child. Age~~-~~ and developmentally appropriate activities are those that are generally accepted as suitable for children of the same chronological age and that are determined to be developmentally~~-~~-appropriate for a child, based his or her cognitive, emotional, physical, and behavioral capacities. Examples of normal age- and developmentally appropriate activities include, but are not limited to, overnight visits with friends, school field trips, school sports or other sport leagues, faith-based activities, and short-term summer camps.

~~Foster~~ Resource parents, contract placement providers, and any private provider with whom the Division maintains a Memorandum of Understanding (MOU) will uphold the reasonable and prudent parent standard in regard~~s~~ to children participating in age- and developmentally appropriate activities. The reasonable and prudent parent standard requires ~~foster~~ resource parents and other out-of-home placement providers to exercise careful and sensible consideration when determining whether an activity for a particular child will not only encourage the emotional and developmental growth of the child, but also maintain the health, safety, and best interests of the child.

Resource parents are responsible for monitoring extra-curricular activities to ensure a foster child does not become overwhelmed with too many activities. Children must have ample time in the resource home for relaxation, completion of daily household activities, completion of homework, and bonding with the resource family.

All contract placement providers as well as any private provider with whom the Division maintains an MOU will establish an on-site official who is authorized to apply the reasonable and prudent parent standard to ensure appropriate caregiver liability when approving an activity for a child in an out-of-home placement.

A caregiver is not liable for harm caused to a child who participates in an activity approved by the caregiver, provided the caregiver has acted in accordance with the reasonable and

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prudent parent standard. This paragraph may not be interpreted as removing or limiting any existing liability protection afforded by law.

The Division will provide information and skill-based training to ~~foster~~ resource parents, contract placement providers, and private providers with whom the Division maintains an MOU regarding how to apply the reasonable and prudent parent standard for the participation of a child in age~~-~~ and developmentally-appropriate activities. This training will include sharing knowledge and skill-based applications relating to the developmental stages of the cognitive, emotional, physical, and behavioral capacities of a child.

~~Foster~~ Resource parents, contract placement providers, and private providers will notify the child's FSW if the child will spend more than twenty-four (24) continuous hours outside the approved placement 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 t~~T~~he Division of Child Care and Early Childhood Education (DCCECE) 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~~ resource home such as ~~foster~~ resource parent training. Child care provided for such purposes may be reimbursed by the Division.

C. Babysitting – Babysitters may be used to provide occasional care for children in the ~~foster~~ resource home for no more than eight (8) continuous hours at one (1) time. ~~Foster~~ Resource parents ~~shall~~will exercise careful consideration when evaluating the character and competence of any individual asked to babysit. ~~Foster~~ Resource parents may reimburse the babysitter if they choose to do so. The Division will not reimburse for baby~~-~~sitting services. Babysitters ~~shall~~will not transport children. Background checks are not required.

D. ~~Foster~~ Resource Family Support System – The ~~Foster~~ Resource Family Support System (R~~F~~FSS) may be comprised of up to three (3) other households identified by the ~~foster~~ resource family. R~~F~~FSS members may provide care for children when the ~~foster~~ resource parent is unable to do so on ~~the occasion of~~ anticipated or unanticipated events.

~~Foster~~ Resource parents ~~shall~~will exercise careful consideration when evaluating the character and competence of any household asked to serve as an R~~F~~FSS member. R~~F~~FSS members must be at least twenty-one (21) years of age. There is not a standard maximum

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age limit for R~~F~~FSS members, but R~~F~~FSS members must be physically, mentally, and emotionally capable of caring for children for up to seventy-two (72) hours. Adoptive parents may not be RFSS members unless they are related to the resource parent (i.e., parent or sibling to the resource parent). ~~Foster~~ Resource parents may reimburse an R~~F~~FSS member if they choose to do so. The Division will not reimburse R~~F~~FSS members.

Members of a ~~Foster~~ Resource Family Support System may transport children and care for children in the ~~foster~~ resource home or in the home of the R~~F~~FSS member. However, an R~~F~~FSS member ~~shall~~will not provide care for more than seventy-two (72) continuous hours at one (1) ~~-~~time regardless of the location in which care is provided ~~and/~~or regardless of which R~~F~~FSS member is providing care. However, for extenuating circumstances only, the Area Director may approve for a child to stay with an RFSS member for more than seventy-two (72) hours, but no more than seven (7) days. To go beyond the seventy-two (72) hour timeframe requirement, a written request must be submitted to the Area Director explaining the reasons for the extension request. The Area Director must approve or deny the request in writing. ~~No extensions may be granted for FFSS care of a child.~~ The FSW ~~shall~~will be notified when an R~~F~~FSS member will provide care for more than twenty-four (24) continuous hours. R~~F~~FSS members taking children out-of-state for overnight trips are prohibited.

The ~~Foster~~ Resource Family Support System ~~shall~~will not be used in place of respite care or as an out-of-home placement. The number of children placed in an R~~F~~FSS member household must meet all Minimum Licensing and DCFS Policy requirements.

All prospective R~~F~~FSS 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 R~~F~~FSS member has resided in the preceding five (5) 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 received on the prospective R~~F~~FSS member.
Documentation of at least one (1) visual inspection of the home for evaluation purposes is required of all prospective ~~F~~RFSS members.

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

Documentation of at least one (1) visual inspection of the home for evaluation purposes is required of all prospective ~~F~~RFSS members.

E. Respite Care – When a ~~Foster~~ Resource Family Support System member is not available to provide needed care on a short-term ~~basis,~~basis; respite care may be utilized in order

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to temporarily relieve the foster family of the ongoing responsibilities and stresses of care. There are two (2) types of respite care:

1) Informal Respite – An approved DCFS ~~foster~~ resource home that can provide temporary care when the ~~Foster~~ Resource Family Support System is unable to assist or for situations~~-~~ in which children will be outside of the ~~foster~~ resource home for more than seventy-two (72) continuous hours. An informal respite home may provide care for no more than seven (7) continuous days at one (1) time. Periods of respite care in an informal respite home lasting longer than seven (7) ~~-~~consecutive days require approval from the Area Director or designee.

   If an Area Director approved extension exceeds fourteen (14) continuous days, the regular ~~foster~~ resource parents' board payment will be affected. If the child has stayed in any combination of R~~F~~FSS or informal respite homes (i.e., outside of the regular ~~foster~~ resource home placement, the total amount of days within those alternate care types cannot exceed fourteen (14) ~~-~~consecutive days as board payment may be affected).

   A stay in an informal respite home must be documented in ~~CHRIS~~the Division information system, but not as a separate/new placement. The number of children placed in an Informal Respite Home must meet all Minimum Licensing and DCFS Policy requirements.

   ~~Foster~~ Resource parents may reimburse an informal respite provider if they choose to do so. The Division will not reimburse an informal respite provider. The number of children placed in an Informal Respite Home must meet all Minimum Licensing and DCFS Policy requirements.

2) Formal Respite – A DCFS contract provider who supplies short-term respite care particularly when a child's current placement is at risk of disruption ~~and/~~or respite is needed to prevent a residential, 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~~will be provided for no more than seven (7) days per three (3) ~~-~~month period. A stay with a Formal Respite Care provider must be documented in ~~CHRIS~~the Division information system, but not as a separate/new placement (provided it does not exceed the more than seven (7) days per ~~3 month~~three (3) month period).

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Longer periods of formal respite care require approval from the ~~Prevention & Support Manager~~Area Director.~~-~~ If an approved extension exceeds fourteen (14) consecutive days, the regular foster parents' board payment will be affected. If the child has stayed in any combination of R~~F~~FSS ~~-~~or informal respite homes before a formal respite stay, the total amount of days within those alternate care types (i.e., outside the regular ~~foster~~ resource home placement) cannot exceed fourteen (14) consecutive days as board payment may be affected.

PROCEDURE VII-G1: Normal Age Appropriate Activities

12~~0~~/2020~~15~~

The ~~foster~~ resource family or authorized official of a contract placement provider will:

A. Use the reasonable and prudent parent standard in determining whether to give permission for a child living in an out-of-home placement to participate in extracurricular, enrichment, cultural, or social normal age-appropriate activities by considering:
   1) The child's chronological age, maturity level, physical and behavioral capacities, and cognitive and emotional developmental levels;
   2) The potential risk factors and the appropriateness of the activity;
   3) The best interest of the child, based on information known by the caregiver;
   4) The importance of encouraging the child's emotional and developmental growth;
   5) The importance of providing the child with the most family-like living experience possible; and,
   6) The behavioral history of the child and the child's ability to safely participate in the proposed activity.
B. 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 approved placement for more than twenty-four (24) continuous hours. The ~~foster~~ resource family will provide as much ~~advance notice~~notice as possible, particularly for normal age appropriate activities that require the child to be outside the approved placement for several days such as summer camps.
C. 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; and
   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~~ resource family or the authorized official of a contract placement provider that the child in care

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will be outside the approved placement for more than twenty-four (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~~the Division information system.
   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~~ resource family or other placement provider confirms with the Family Service Worker that the child has returned to the ~~foster~~ resource home.
2) If there are concerns regarding the appropriateness of the proposed activity:
   a) Notify the FSW Supervisor.
   b) If the FSW Supervisor and Family Service Worker determine that the proposed activity is inappropriate, notify the ~~foster~~ resource family or authorized official of a contract placement provider that the child ~~shall~~will not participate in the said activity.
   c) Document notification in the Contact Screen.

The FSW 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.

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 FSW Supervisor.

B.

PROCEDURE VII-G2: Babysitting

12/2020

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~~ resource family, if deemed appropriate by the Supervisor, to clarify the appropriate use of babysitting services.
C. Document the meeting with the ~~foster~~ resource family in the Contacts screen.

The County Supervisor will:

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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~~ resource 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

12/2020

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 (3) months.
C. Make verbal requests to the County Supervisor for approval in an emergency, followed by a completed automated request within five (5) business~~working~~ days.
D. Initiate renewals no later than the first (1st) day of the last month of the eligibility period.
E. Notify the child~~-~~care center in writing ten (10) business days prior to last day the 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~~the Division information system 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~~ resource parents are obtaining ~~foster~~ resource parent training), the Family Service Worker will:

A. Assist ~~foster~~ resource parents in~~to~~ obtaining childcare. ~~This transportation is payable via DHS-1914.~~ All other requests must receive prior approval from the Area Director.

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PROCEDURE VII-G4: ~~Foster~~ Resource Family Support System for Children in Out-of-Home Placement

12/2020

The Family Resource Worker will:

A. Per Procedure VII-C1, collect and process the CFS-419: ~~Foster~~Resource Family Support System Information (one (1) per ~~FFSS~~ RFSS member household), and for each appropriate member of each ~~FFSS~~ RFSS 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; and~~,~~
   5) VSP-2: Authorization to Obtain Traffic Violation Record.
B. Complete and document visual inspection of the R~~F~~FSS home.
C. Select the Support System Button on the Provider Screen.
D. Complete the ~~Foster~~ Resource Family Support System Individual Member Tab and Required Checks Tab for all appropriate members of the ~~Foster~~ Resource Family Support System.
E. Update this information as necessary following each annual reevaluation.

The ~~Foster~~ Resource Family will:

A. Notify the Family Service Worker each time the child in care will stay with a member of the ~~Foster~~Resource Family Support System for more than twenty-four (24) continuous hours and indicate:
   1) With which member of the ~~Foster~~Resource Family Support System the child will be staying; ~~and,~~
   2) The dates that the child will be with the identified member of the ~~Foster~~ Resource Family Support System; ~~-~~and,
   3) 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. Select the Alternate Care Button on the child's current placement screen each time a child stays with a member of the ~~Foster~~ Resource Family Support System for more the twenty-four (24) continuous hours.

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B. Complete the Alternate Care Screen.

Enter actual end date of stay with ~~F~~RFSS on the Alternate Care screen when the child returns to the regular ~~foster~~ resource family.

C.

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PROCEDURE VII-G5: Respite for Children in Out-of-Home Placement

12~~1~~/2020

The ~~foster~~ resource 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; and, ~~.~~
   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 (7) consecutive days.
C. Notify the Family Service Worker immediately if the child needs ~~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 Child~~ren~~ Screen each time a child stays with an informal respite home for more than twenty-four (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~~ resource family.
   4) Request extension approval for stays in an informal respite home longer than seven (7) consecutive days from the Area Director through ~~CHRIS~~the Division information system.
   5) Notify the ~~foster~~ resource family as to whether a request for the child's placement in an informal respite home for longer than seven (7) ~~-~~consecutive 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 for up to seven (7) days.

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2) If a formal respite placement is authorized and available, make necessary arrangements with the formal respite care provider (however, please note the referral form for the formal respite provider must be signed by a DCFS County Supervisor, Financial Coordinator, Area Director, or Central Office Staff-) and the regular foster resource family.
3) Select the Alternate Care Button on the Foster Children Screen each time a child stays with a formal respite placement.
4) Complete the Alternate Care Screen.
5) Update the Alternate Care Screen with the actual end date when the child returns to the regular foster resource family.
6) If an extension is needed beyond seven (-7) days, consult with Area Director as to whether it is in the child's best interest to request an extended stay in formal respite care from the Prevention & Support Managethe designated representative r in Central Office.
7) If the request for an extended stay in formal respite care is deemed in the child's best interest, request extension approval from Prevention & Support Managerthe designated representative in Central Office.
8) Notify the foster resource family and financial coordinator as to whether a request for the child's placement in a formal respite placement, for longer than seven (7) days, is approved or denied.

The Financial Coordinator will:

A. Contact the appropriate provider to assess formal respite availability for up to seven (7) days.
B. If formal respite is available, notify the Family Service Worker and encumber in PIE/CFM.
C. If formal respite is needed for more than seven (7) days, encumber in PIE/CFM once approval from the Prevention & Support Manager in Central Office is granted.

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 (7) consecutive days at one (1) time) or formal respite placement (more than seven (7) consecutive days per three (3) month period) is in the child's best interest.

The Prevention & SupportSpecialized Placement Unit Program Manager will:

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A. Consult with the Family Service Worker and Area Director as to whether formal respite care is appropriate for more than seven (7) days.
B. Approve or deny accordingly.
C. Notify the Family Service Worker or the Financial Coordinator of the decision to approve or deny.

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PROCEDURE VII-N1: When a Child is Reported Missing from an Out-of-Home Placement

~~01/2017~~12/2020

After receiving notification of the child's disappearance by the placement provider, the primary Family Service Worker (FSW) caseworker will:

A. Notify the child's secondary FSW and Transitional Youth Services (TYS) Coordinator (if applicable) and attorney ad litem within two (2) hours via email, phone, or text.

B. Notify the child's custodial or ~~/~~non-custodial parent~~(s)~~ of the discovery of the child's disappearance within two (2) hours (~~,~~ or sooner depending on the age of the child)~~, of the discovery of the child's disappearance~~ by phone, or~~,~~ preferably, a visit to the home~~, if at all possible~~if possible.
   1) If the parents currently reside in a county outside the primary FSW caseworker's county, the secondary FSW caseworker ~~and/~~or an appropriate FSW supervisor may conduct the home visit to notify the parents that their child is currently missing.
   2) If the custodial or~~/~~ non-custodial parent's~~(s)~~ current or correct address or telephone number is unknown, a letter will be written to the parent's last known address.

C. Notify the state police, local police department, ~~and/~~or sheriff's office, as applicable, within two (2) hours after receiving information on missing or abducted children or youth. The notification, which may occur via email, text, or phone will include:
   1) Child's name;
   2) A physical description of the child;
      a) A picture of the child may be released to assist with identification provided that the child is not identified as a child in foster care.
   3) Child's date of birth;
   4) Circumstances of the missing child's disappearance, including the date the child went missing or was last seen, and if the child indicated a destination (and~~,~~ if so, what the destination is);
   5) Any other factual, biographical, or historical information that may assist with locating the missing child; and
   6) A request for law enforcement to enter the information into the National Crime Information Center (NCIC) database of the Federal Bureau of Investigation.

D. Once a police report has been filed, contact the National Center for Missing and Exploited Children (NCMEC) at 1-800-THE-LOST (1-800-843-5678) no later than twenty-four (24) hours after receiving information on missing or abducted children or youth, to provide the following information to NCMEC per the Memorandum of Understanding (MOU) between the Division of Children and Family Services (DCFS) and NCMEC:
   1) Child's name;
   2) Photo of the child, if available;
   3) Child's date of birth;

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4) Name and contact information of the primary FSW caseworker and FSW supervisor;
5) Investigating Law Enforcement Agency Name, Contact Information, and Case Number, including a (i.e., Missing Person Report number);
6) Circumstances of the missing child's disappearance, including the date the child went missing or was last seen; and
7) Any other factual, biographical, or historical information that may assist with locating the missing Child.

E. Upon NCMEC's request, release to NCMEC any additional requested information and/or records in its possession that are relevant to locating the missing child.

F. Keep NCMEC informed with up-to-date information regarding the missing child.

G. Contact the local OCC Office of Chief Counsel (OCC) and request OCC to complete and file a pick-up order and a motion and order to notify the court that the child is missing no more for the child no later than twenty-four (24) hours after receiving notification of a missing child.
   1) The motion requesting the pick-up order and the proposed order will put the court on notice that the child is missing.

H. Provide the order regarding the missing child to the designated Transitional Youth Services representative in Central Office who will assist in locating the youth.

H.I. Update the child's placement information in CHRIS the Children's Reporting and Information System (CHRIS) within two (2) business days, to include completion of fields regarding the required reports made to local law enforcement and NCMEC.
   1) Even when the child is placed on runaway status, the child's Medicaid case will remain open. If the child is still on runaway status at the time of his or her Medicaid redetermination, such as (i.e., the anniversary of his or her entering foster care), then the Medicaid case will be closed at that time.

I.J. Communicate regularly with the child's secondary FSW caseworker and TYS the Transitional Youth Services (TYS) Coordinator, if applicable, and the designated Transitional Youth Services representative in Central Office.

J.K. When an Arkansas child in foster care has run away and is located in another state, notify the Administrator of the Interstate Compact for Juveniles (ICJ) of the Division of Youth Services.
   1) ICJ will process all out-of-state runaways runaways' probationers, runaways, and children in foster care.

K.L. If the child is not found:
   1) Continue to call previously contacted parties and inquire for information, furnish further information that becomes available, and if appropriate, extend the search to other counties and states.
   2) Update the custodial or non-custodial parents to assure them that the search continues no less than weekly when current contact information for the custodial or non-custodial parents is available. This requirement does not apply to parents whose parental rights have been terminated.

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After receiving notification of the child's disappearance by the placement provider, the secondary FSW (if applicable) will:

A. Notify the local police department ~~and/~~or sheriff's office, as applicable, within two (2) hours after receiving information on missing or abducted children or youth. The notification, which may occur via email, text, or phone will include:
    1) Child's name;
    2) A physical description of the child;
        a) A picture of the child may be released to assist with identification provided that the child is not identified as a child in foster care.
    3) Child's date of birth;
    4) Circumstances of the missing child's disappearance, including the date the child went missing or was last seen and if the child indicated a destination (and, if so, what the destination is);
    5) Any other factual, biographical, or historical information that may assist with locating the missing child; and
    6) A request for law enforcement to enter the information into the National Crime Information Center ~~(NCIC)~~ database of the Federal Bureau of Investigation.

After receiving notification of the child's disappearance by the placement provider, the Family Service Worker supervisor will:

A. Notify the Area Director and Assistant Director of Community Services or designee of the child's disappearance; and~~.~~
B. Conference with the FSW as needed.

Mark-Up

APPENDIX 3: RESOURCE HOME RECORDS

~~01/2013~~12/2020

Special divided folders will be used for the case records of ~~foster~~ resource homes. When a ~~foster~~ resource home is approved, the resource ~~foster~~ home record should include the items listed below. All documents should be filed in chronological order with the most current on top.

Front left:

- Approval or Denial Letter
- CFS-475-A: Initial Approval Checklist for Resource Home Record
- Verification of marriage ~~and/~~or divorce, if applicable
- All Records Checks~~:~~
- Results of the CFS-316: Child Maltreatment Central Registry Check for each applicable household member, all information received, and~~,~~ in case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for the determinations
- ~~Results of the APS-0001: Authorization for Adult Maltreatment Central Registry check for each applicable household member, all information received and, in case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for the determinations~~
- CFS-341: Certification of Absence of Criminal Record, if children ~~age of~~ages ten (10) through~~u~~ seventeen (17) reside in the household
- Results of the CFS-342: State Police Criminal Record Check for each applicable household member, all information received, and~~,~~ in case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for the determination
    - Results of the ~~FBI~~ Federal Bureau of Investigation Criminal Background Check for each applicable household member, all information received, and, in case of a report of violations, a summary of the face-to-face discussion, determination, and reasons for the determinations

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- Results of the Arkansas State Vehicle Safety ProgramASVSP check for each foster resource parent and applicable teenage driver
    - Copy of driver's license for each applicable driver
    - Documentation of current auto insurance

- CFS-446: In-Home Consultation Visit Report
- CFS-363: Foster/AdoptiveResource Applicant Smoking Certification
- CFS-404: General Medical Report
- Current immunization records for all children in the home
- Documentation of current rabies vaccinations for all household pets
- CFS-409: Foster/AdoptiveResource Family Preference Checklist
- CFS-455: Request/Consent for Health Department Services -to include Alternate Compliance of Water Supply Agreement when appropriate
- CFS-480: Alternate Compliance of Water Supply Agreement, when appropriate
- CFS-484: Landlord Notification of Potential Tenant Foster Care Services, when appropriate
- CFS-448: Privacy and Use of Surveillance in Resource Homes
- Written approval from Fire Department for approved alternate escape route, when appropriate
- Current floor plan
- Documentation of homeowner's or renter's insurance and general liability insurance
- Written approval from the owner of the home that the applicants may care for children in foster care, when appropriate
- Three completed, positive Structured Analysis Family Evaluation (SAFE)SAFE reference letters
- SAFE Home Study Final Report and supporting documents, including but not limited to (e.g. SAFE Questionnaires I & II, or Psychosocial Inventory)

Mark-Up

- Alternative ~~c~~Compliance ~~and/~~or policy waiver approval, if applicable
- Current certification in Cardiopulmonary Resuscitation ~~CPR~~ and Standard First Aid
- Summary with Recommendations
- CFS-462: Initial ~~Foster~~ Resource Home Agreement
- CFS-462-A: ~~Foster~~ Resource Home Agreement Addendum on each child currently placed in the home
- CFS-474: Provisional ~~Foster~~ Resource Home Orientation Checklist, ~~(~~for provisional~~s~~ only~~)~~
- CFS-452: Provisional ~~Foster~~ Resource Home Verification, ~~(~~for provisional~~s~~ only~~)~~
- CFS-445: Agency Approved Tornado Plan

Front Right:

- Placement history

Center Left:

- CFS-475-B: Quarterly Monitoring Checklist for Resource Home
- Any documentation gathered during the quarterly visit
-

Center Right:

- Letter of Notification of Disposition of Reevaluation or of Closure
- CFS-475-C: Reevaluation Checklist for ~~Foster/Pre-Adoptive~~Resource Home
- Any documentation gathered during the reevaluation visit, including but not limited to ~~(e.g.~~ updated auto insurance, or an updated Cardiopulmonary Resuscitation~~CPR~~ certificate~~, etc.)~~
- CFS-451: ~~Foster~~ Resource Parent Reevaluation
- Structured Analysis Family Evaluation (SAFE) ~~SAFE~~ Update Report
- Documentation of fifteen (15) hours of continuing education

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- Documentation of quarterly emergency evacuation drills
- CFS-475-G: Checklist for ~~Foster~~ Resource Home Closure, when appropriate
- Reevaluation Summary or Closure Summary

Back Left:

- CFS-475-D: Transfer of a ~~Foster~~ Resource Home to Another County, when appropriate
- CFS-475-E: Complaint Against ~~Foster~~ Resource Family Other Than Maltreatment, when appropriate
- CFS-475-F: True Reports of Child Maltreatment Against ~~Foster~~ Resource Family Members, when appropriate

Back Right:

- CFS-419: ~~Foster~~ Resource Family Support System Information
- Current results of all applicable background checks for Resource Family Support System ~~FFSS~~ members

Mark-Up

APPENDIX 4: CASE RECORD ORDER FOR (OUT-OF-HOME PLACEMENT CASES)

12~~03~~/2020~~18~~

~~The~~ The Family Service Worker shall maintain and organize the current case record on every child in foster care in ~~his~~ their caseload. Policy I-E: Official Record Keeping & Access to Official Records, states that a hard copy file of case information will be maintained for data not in the Children's Reporting and Information System (CHRIS)~~CHRIS~~. Hard copy files will be created, if ~~necessary~~necessary, for case review. The following is the case record order ~~to~~ for maintaining ~~maintain~~ files on information not in CHRIS. This case record order will also be used when hard copy files are created for case review.

Front Left: Legal Section

- Original Birth Certificate
- Social Security Card SS-5
- Affidavit, ~~(~~including protection plan and Team Decision Making (TDM), if applicable~~)~~
- Petitions
- Emergency Order
- Summons
- Warning Orders
- Adjudication Order
- Six (6) Month Review Orders
- Order Terminating Parental Rights and Granting to the Department of Human Services (DHS) the Power to Consent to Adoption
- Court Reports, ~~(~~including attachments~~)~~ for all hearings
- Photograph of Child printed from the Children's Reporting and Information System (CHRIS)
- Blue Face Sheet

Order Terminating Parental Rights, ~~(~~if applicable~~)~~, next to the top, then the most current court order followed by all legal documents related to that order; for example, ~~(i.e.,~~ petitions, warning orders, or summons~~, etc.).~~ Other information behind this is filed in chronological order with the most current on top. Behind each court order, file all legal documents and court reports related to the order. A blue~~Blue~~ face sheet should be on top of all records in this section and readily visible when the file is open.

Front Right: Child and Adolescent Needs and Strengths (CANS) ~~CANS/~~ or ~~FAST,~~Family Advocacy and Support Tool (FAST) Case Plans

- Any Family Strengths, Needs, and Risk Assessment (FSNRA), or Case Plans prior to CANS/FAST
- ~~CANS/FAST~~ signed by family members, stakeholders, and parties to the case
- CFS-6010: Case Plan signed by family members, stakeholders, and parties to the case

Mark-Up

- Transitional Plan, (if applicable)

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

Center Left: —Contacts

- Documentation of Efforts to Locate Family from (i.e. Lexis Nexis search results)
- Handwritten Contact Sheets or (home visiting forms) signed by family members who were present during visit
- Handwritten Notes pertaining to the case, (including phone messages)
- Printed CHRIS Contacts, (printed for IV-E Review only)

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

Center Right: -Correspondence

- CFS-590: Invitation to Family Centered Meeting
- Email verification of distribution of 590, CANS/FAST, Case Plans and Court Reports
- Emails and Faxes
- Incident Reports, (use IRIS the Incident Reporting Information System link on DHS Share)
- Letters or /Memos
- CFS-4000 and/or DHS-81: Release of Information

Order: Releases of Information should be grouped on the bottom. Other documents should be filed in chronological order with most current on top.

Back Left: ——Medical and Educational

- CFS-352: Medical, Dental, Vision, Hearing, and Psychological Episodic Form

CFS-353: Past Medical History Records Requested (Release of Information)

- CFS-366: Health Screening or /Initial Physical

CFS-368: Child Health Services Plan

- CFS-456: Birth Family Background
- Comprehensive Assessment Report from the University of Arkansas of Medical Sciences (UAMS), or Programs of All-Inclusive Care for the Elderly (PACE)
- Drug Screens
- CFS-364: Medication Logs
- Placement Reports, (TFCTherapeutic Foster Care (TFC), Group Home, Residential Care)
- Provider Reports, including (Parenting, and Anger Management)

Mark-Up

- Psychological Evaluations
- School Records, such as (Report Cards, Individualized Education ProgramIEP, Educational Testing Reports, or Early Intervention Assessments, etc.)

Order: Child's medical record on top; others intermixed with most current on top.

Note: Educational records and reports for each age--appropriate child, not just those children with special educational needs, shall be filed in the foster child's case record. Reports and records include report cards, Individual Education Plan (IEP), etc.

Back Right: —Forms and Financial

- CFS Numbered Forms, (without specification for other filing instructions)
- CFS-334: Authorization for Billing, (only for payments from child's trust account)
- Encumbrance and Service Referral Paperwork
- Medicaid Application
- Medical Bills
- Medical Passport
- Social Security Card Application
- Supervisory Review Forms

Order: Intermixed with most current on top.

Mark-Up

APPENDIX 7: ALTERNATIVE COMPLIANCE AND POLICY WAIVER PROTOCOL

12/2020~~08/2013~~

"Policy Waiver" is defined as a request to deviate from the Division of Children and Family Services (DCFS) policy and procedures. The Division of Children and Family Services Director or designee approves all policy waiver requests. The following require a policy waiver:

A. Any misdemeanor convictions, except for minor traffic violations;
B. Driving Under the Influence or Driving While Intoxicated;
~~—~~Any issues that are not in compliance with
C. DCFS Policy; and,
D. Record of maltreatment.
   1) However, any person found to have record of child maltreatment will not only be reviewed by the DCFS Director or designee, but the
   2) DCFS Director or designee will also notify and consult with the Child Welfare Agency Review Board, via the Division of Child Care and Early Childhood Education Placement and Residential Licensing Unit Manager as its designee, regarding the policy waiver and any corrective action associated with the policy waiver.

"~~Alternative Compliance~~Alternative Compliance" is defined as a request for approval from the Child Welfare Agency Review Board to allow a licensee to deviate from the letter of a regulation. The licensee must demonstrate substantial compliance with the intent of the regulation. ~~-~~This includes, but is not limited to, regulations governing criminal background checks and convictions for prohibited offenses.

~~"Policy Waiver" is defined as a request to deviate from the letter of the DCFS Policy, and procedures or standards. The DCFS Director approves all policy waiver requests.~~

Traffic violations, other than Driving Under the Influence~~dui~~ or ~~DWI~~Driving While Intoxicated, do not require a policy waiver or ~~Alternative Compliance~~Alternative Compliance as they are dealt with through the vehicle safety program. Driving Under the Influence~~DUI~~ and Driving While Intoxicated~~DWI~~ violations require a Policy Waiver.

The ~~procedures~~ standard protocol for requesting a ~~P~~policy w~~W~~aiver or an ~~Alternative Compliance~~Alternative Compliance is~~are~~ the same, up until the point when the request is given to the ~~Assistant~~ DCFS Director ~~of Community Services~~or designee.

The protocol~~cedures~~ for standard policy waiver and Alternative Compliance requests are as follows:

The Family Service Worker will:

A. D~~The FSW will d~~etermine if a p~~P~~olicy w~~W~~aiver or Alternative Compliance ~~Alternative Compliance should~~ will be requested based on his or her~~their~~ professional judgment.

Issues to take into consideration on criminal convictions ~~—~~and record of maltreatment~~would~~ include:

1) The nature and severity of the crime or maltreatment;
2) Consequences of the crime or maltreatment;
3) Frequency and duration of the crime or maltreatment and when the maltreatment occurred;
4) Relationship between the crime or maltreatment and the health, safety and welfare of any individual; and,
5) For maltreatment offenses listed on the Child Maltreatment Central Registry, whether the offender is eligible to request removal from the Child Maltreatment Central Registry Review Team.

~~A. the time frame and circumstances of the offense. When an Alternative Compliance is requested for an excluded criminal offense, the police report and any other reports regarding any criminal charges or convictions must be attached as documentation.~~

B. If approval is recommended by the Family Service Worker Supervisor or designee, the Family Service Worker~~FSW~~ will request a ~~P~~policy w~~W~~aiver or an Alternative Compliance ~~Alternative Compliance~~ using the CFS-509-B: Request f~~F~~or ~~Alternative Compliance~~Alternative Compliance or ~~Policy~~ policy ~~Waiver~~ waiver, and will attach all appropriate supporting documentation, as applicable:

1) Three (3) personal references;
2) CFS-446: In-Home Consultation Visit Report;
3) Current home study, if one has been completed;
4) Copy of the Child Maltreatment Central Registry Check, State Police Criminal Record Check ~~and/~~or ~~FBI~~ Federal Bureau of Investigation Background Check resulting in a hit; and,
5) The police report and any other reports regarding any criminal charges or convictions must also be attached as documentation when an Alternative Compliance requested for an excluded criminal offense.

The Family Service Worker Supervisor or designee will:

A. ~~Within (10) business days of receipt of the request, the Supervisor will d~~Determine if the requested p~~P~~olicy w~~W~~aiver or Alternative Compliance ~~Alternative Compliance~~ is appropriate for approval within:

1) Five (5) business days of receipt of the request for traditional applicants; or,
2) Three (3) business days for relatives and fictive kin.

~~.~~ *Issues to take into consideration ~~would~~ include, as applicable ~~the time frame and circumstances of the offense~~:~~.~~*

a) The nature and severity of the crime or maltreatment;
b) Consequences of the crime or maltreatment;
c) Frequency and duration of the crime or maltreatment and when the maltreatment occurred;
d) Relationship between the crime or maltreatment and the health, safety, and welfare of any individual such as the:
   i. Age and vulnerability of the crime victim;

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ii. Harm suffered by the victim; and,

iii. Similarity between the victim and the person served by a child welfare agency;

e) Time elapsed without a repeat of the same or similar event;

f) Documentation of successful completion of training or rehabilitation related to the incident; and,

a)g) Any other information that relates to the applicant's ability to care for children or is deemed relevant.

A. If approved, the Family Service Worker Supervisor or designee will send it to the Area Director or designee.

B.

C. If denied, the Family Service Worker Supervisor or designee will notify the Family Service WorkerFSW and the family.

The Area Director or designee will:

A. Within five (510) business days of receipt of the request for traditional applicants or three (3) business days for relatives and fictive kin, the Area Director will determine if the requested Ppolicy wWaiver or Alternative Compliance Alternative Compliance is appropriate for approval based on the considerations previously outlined in this protocol. Issues to take into consideration would include the time frame and circumstances of the offense .

1) If approved, the Area Director or designee will send it to the DCFS Director or designee.Assistant Director of Community Services

2) If denied, the Area Director will return it to the Family Service Worker Supervisor or designee.

a) TIf denied, the Family Service Worker Supervisor will notify the Family Service WorkerFSW and the family.

At this point, the procedures for requesting a policy waiver differ from the procedures for requesting an Family Service Worker alternative complianceAlternative Compliance. The Assistant Director for Community Services or designee will determine if the requested Policy Waiver or Alternative Compliance should be approved or denied.

Policy Waivers

When a pPolicy Wwaiver has been requested, the DCFS Director or designee Assistant Director of Community Services or designee will, within three (310) business days of receipt of the request:

A. Deny any inappropriate request for a Ppolicy wWaiver and return it to the Area Director or designee; or,

B. Approve an appropriate request for a pPolicy Wwaiver. and send to the DCFS Director for final approval or denial.

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The DCFS Director's or designee's final decision will be conveyed to the Area Director or designee for appropriate action. ~~The following require a Policy Waiver:~~

~~Any misdemeanor convictions, except for minor traffic violations~~
~~Driving under the influence (DUI) or Driving while intoxicated (DWI);~~

~~Any issues that are not in compliance with DCFS Policy.~~

~~Alternative Compliance~~Alternative Compliance

When an Alternative Compliance ~~aAlternative cCompliance~~ has been requested, the DCFS Director or designee ~~Assistant Director of Community Services or designee~~ will:

A. Deny any inappropriate request for an Alternative Compliance ~~Alternative Compliance~~ and return it to the Area Director or designee within three (3) business days; or,
B. Approve an appropriate request for an Alternative Compliance ~~Alternative Compliance~~ and ~~send~~ notify~~it to~~ the ~~DCFS~~ Area Director or designee and send it to the Placement and Residential Licensing Unit Manager or designee, all within in three (3) business days.

~~The DCFS Director will:~~

~~A.~~
~~B. Deny any inappropriate request for an Alternative Compliance and return the request to the Assistant Director of Community Services, or~~
~~C. Approve the request and send it to the PRLU (Placement and Residential Licensing Unit) Manager and staff.~~

The Placement and Residential Licensing Unit ~~(PRLU)~~ Manager will:

A. Review the ~~AC~~ Alternative Compliance request to ensure all required documents are in the packet.
B. Request any missing documentation be submitted.
C. If all required documentation is included in the Alternative Compliance~~AC~~ packet, place the Alternative Compliance~~AC~~ request on the agenda of the next scheduled meeting of the Child Welfare Agency Review Board ~~(CWARB)~~.

The Family Service Worker who made the original request for an Alternative Compliance on behalf of the resource parent applicant or resource parent will:

A. Notify the resource parent applicant or resource parent of the Child Welfare Agency Review Board meeting at which their presence is required via CFS-510 sent by certified, restricted mail.
B. Prepare the resource parent applicant or resource parent for what to expect at the Child Welfare Agency Review Board meeting.
C. Appear with the resource parent at the Child Welfare Agency Review Board meeting to answer questions.
~~The Foster or Adoptive Parent and FSW who made the original request for an Alternative Compliance will appear before the CWARB to answer questions.~~

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The Child Welfare Agency Review Board~~CWARB~~ will give final approval or denial of the request for the ~~Alternative Compliance~~Alternative Compliance.

Temporary Alternative Compliance

In an effort to expedite the placement of a child with a safe and appropriate relative or fictive kin, and reduce the amount of trauma a child experiences when entering foster care, a temporary Alternative Compliance may be granted when attempting to place a child with a relative or fictive kin on a provisional basis. A temporary Alternative Compliance may be initiated by the Family Service Worker via phone or email but must go through the chain of command receiving approval from the Family Service Worker Supervisor or designee, the Area Director or designee, and the DCFS Director or designee. If a temporary Alternative Compliance is approved by the Division of Children and Family Services Director or designee, the DCFS Director or designee will then notify the Placement and Residential Licensing Unit Manager or designee of the temporary Alternative Compliance approval. The Placement and Residential Licensing Unit Manager will place the temporary Alternative Compliance request on the next scheduled Child Welfare Agency and Review Board meeting agenda for review. The Family Service Worker will invite the resource parent applicant to that Child Welfare Agency and Review Board meeting via CFS-510.

The following crimes require an ~~Alternative Compliance~~Alternative Compliance from the Child Welfare Agency and Review Board~~CWARB~~:

(A) Criminal attempt
(B) Criminal complicity
(C) Criminal conspiracy
(D) Criminal solicitation
(E) Assault in the first, second, or third degree
(F) Aggravated assault
(G) Aggravated assault on a family or household member
(H) Battery in the first, second, or third degree
(I) Breaking or entering
(J) Burglary
(K) Coercion
(L) Computer crimes against minors
(M) Contributing to the delinquency of a juvenile
(N) Contributing to the delinquency of a minor
(O) Criminal impersonation
(P) Criminal use of a prohibited weapon
(Q) Communicating a death threat concerning a school employee or student
(R) Domestic battery in the first, second, or third degree
(S) Employing or consenting to the use of a child in a sexual performance
(T) Endangering the welfare of a minor in the first or second degree

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(U) Endangering the welfare of an incompetent person in the second degree
(V) Engaging children in sexually explicit conduct for use in visual or print media
(W) False imprisonment in the first or second degree
(X) Felony abuse of an endangered or impaired person
(Y) Felony interference with a law enforcement officer
(Z) Felony violation of the Uniform Controlled Substance Act
(A)(A) Financial identity fraud
(B)(B) Forgery
(C)(C) Incest
(D)(D) Interference with court ordered custody
(E)(E) Interference with visitation
(F)(F) Introduction of controlled substance into the body of another person
(G)(G) Manslaughter
(H)(H) Negligent homicide
(I)(I) Obscene performance at a live public show
(J)(J) Offense of cruelty to animals
(K)(K) Offense of aggravated cruelty to dog, cat, or horse~~;~~
(L)(L) Pandering or possessing visual or print medium depicting sexually explicit conduct involving a child
(M)(M) Sexual solicitation
(N)(N) Permanent detention or restraint
(O)(O) Permitting abuse of a minor
(P)(P) Producing, directing, or promoting a sexual performance by a child
(Q)(Q) Promoting obscene materials
(R)(R) Promoting obscene performance
(S)(S) Promoting prostitution in the first, second, or third degree
(T)(T) Prostitution
(U)(U) Public display of obscenity
(V)(V) Resisting arrest
(W)(W) Robbery
(X)(X) Aggravated robbery
(Y)(Y) Sexual offenses
(Z)(Z) Simultaneous possession of drugs and firearms
(A)(A)(A) Soliciting money or property from incompetents
(B)(B)(B) Stalking
(C)(C)(C) Terroristic act
(D)(D)(D) Terroristic threatening
(E)(E)(E) Theft of public benefits
(F)(F)(F) Theft by receiving
(G)(G)(G) Theft of property
(H)(H)(H) Theft of services
(I)(I)(I) Transportation of minors for prohibited sexual conduct
(J)(J)(J) Unlawful discharge of a firearm from a vehicle
(K)(K)(K) Voyeurism

Mark-Up

An Alternative Compliance ~~alternative compliance~~ may not be requested by any individual who has pleaded guilty or nolo contendere to, or has been found guilty of any of the following offenses as he or she is permanently disqualified from being a ~~foster or adoptive~~resource parent per A.C.A. § 9-28-409(e)(1):

~~A.~~
A. Abuse of an endangered or impaired person, if a felony;
~~B.~~
B. Arson;
~~C.~~
C. Capital murder;
~~D.~~
D. Endangering the welfare of an incompetent person in the first degree;
~~E.~~
E. Kidnapping;
~~F.~~
F. Murder in the first or second degree;
~~G.~~
G. Rape; or,
~~H.~~
~~I.~~H. Sexual assault in the first or second degree.

An Alternative Compliance ~~alternative compliance~~ may not be requested by any prospective ~~foster or adoptive~~resource parent with a felony conviction for the following offenses, as no foster child in ~~DHS~~ Department of Human Services custody may be placed in such an individual's home:

~~A.~~
A. Child abuse or neglect;
~~B.~~
B. Spousal abuse or domestic battery;
~~C.~~
C. A crime against children, including child pornography; or,
~~D.~~
~~E.~~D. A crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery.

A prospective ~~foster or adoptive~~resource parent may request an ~~alternative compliance~~Alternative Compliance for a felony conviction for physical assault, battery, or a drug-related offense if the offense was not committed within the past five (5) years.

~~If an applicant produces evidence that a conviction has been expunged or sealed, this information must be forwarded to OCC for review.~~Any conviction requiring an Alternative Compliance that has been expunged or sealed must be reviewed by the Child Welfare Agency and Review Board.

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A Placement and Residential Licensing Unit~~PRLU~~ Licensing Specialist will monitor DCFS for continued compliance with ~~CWAL~~ standards and issue a corrective action notice if any deficiencies are found. The notice will state the agreement regarding the corrective action and a reasonable time frame for the violation to be corrected.

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Rescind

~~APPENDIX 6: FOSTER/ADOPTIVE PARENT APPLICATION & ASSESSMENT PROCESS~~

APPENDIX 6~~7~~: SAFEGUARDS FOR CHILD VICTIMS TESTIFYING IN JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

12~~02~~/2020~~08~~

~~*No content changes. Technical change only to renumber appendix based on deletion of what was previously Appendix 6.*~~

In order to facilitate testimony that is fair and accurate, the following safeguards should be implemented or used:

A. The prosecuting attorney, victim-witness coordinator, attorney ad litem, or Office of Chief Counsel ~~A~~attorney shall inform the child about the nature of the judicial or administrative proceeding in age appropriate language;
B. The prosecuting attorney, victim-witness coordinator, attorney ad litem, or Office of Chief Counsel attorney shall explain:
   1) The meaning of the oath that the child will take; and
   2) The judge's decision about whether the child understands the issues well enough and has the capacity to provide meaningful testimony;
C. The prosecuting attorney, victim-witness coordinator, attorney ad litem, or Office of Chief Counsel attorney shall explain to the child that if the child does not understand a question while testifying in the judicial proceeding or administrative proceeding, the child has a right to say that he or she does not understand the question;
D. The prosecuting attorney, attorney ad litem, or Office of Chief Counsel attorney may file a motion to have the child testify at a time of day when the child is most alert and best able to understand questions posed in court;
E. If it is in the child's best interest, the prosecuting attorney, attorney ad litem, or Office of Chief Counsel attorney may file a motion for the child to have a comfort item (favorite toy, transitional blanket) when testifying in a judicial or administrative proceeding;
F. If it is in the child's best interest, the prosecuting attorney, victim-witness coordinator, attorney ad litem, or Office of Chief Counsel attorney may file a motion for the child to have a support person present when the child testifies in a judicial proceeding or administrative proceeding; and
G. The prosecuting attorney, attorney ad litem, or Office of Chief Counsel attorney shall consider the effect upon the child when the child is subjected to argumentative or harassing questions and shall make the proper objections when appropriate to ensure the child is not subjected to argumentative or harassing questioning.

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APPENDIX 8~~9~~: ARKANSAS HEALTH AND SAFETY FACTORS

12~~8~~/2020~~13~~

~~*Technical change only to reflect renumbering. No content changes.*~~

1) Caretaker's behavior toward child (ren) is violent or out of control.
2) Caretaker describes or acts towards the child in predominantly negative terms or has extremely unrealistic expectations.
3) Caretaker caused serious physic~~-~~al injury to the child or made a plausible threat to cause severe physical injury.
4) Caretaker's explanation for the injury is unconvincing.
5) The family refuses access to the child and there is reason to believe that the family is about to flee, or the child's whereabouts cannot be ascertained.
6) Caretaker has not, cannot, or will not provide supervision necessary to protect the child from potentially dangerous harm.
7) Caretaker is unwilling or unable to meet the child's needs for food, clothing, shelter, and/or medical, or mental, health care.
8) Child is fearful of the caretaker, other family members, or other people living in or having access to the home.
9) Child's physical living conditions are hazardous and immediately threatening, based on the child's age and developmental status.
10) Child sexual abuse is ~~suspected~~suspected, and circumstances suggest that child safety may be an immediate concern.
11) Caretaker's current substance use seriously affects his/her ability to supervise, protect, or care for the child.
12) Caretaker fails to protect child (ren) from serious physical or threatened harm.
13) Caretaker's emotional stability seriously affects current ability to supervise, protect, or care for the child.
14) Caretaker has previously maltreated a child and the severity of the maltreatment or the caretaker's response to the previous incidents suggest that child safety may be an immediate concern.

Mark-Up

Rescind

~~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~~
~~Revised August 2013~~

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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 out will determine the success with which the team is able to serve the needs of the child.

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

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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.

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 or fictive kin if one has been identified and is appropriate. Relative means a person within the fifth degree of kinship to the child by virtue of blood or adoption. Fictive kin means a person not related to the child by blood or marriage but who has a strong, positive, emotional tie to the child and plays a positive role in the child's life, such as a godparent, neighbor, or family friend. 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 or fictive kin 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/non-fictive kin 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/non-fictive kin 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 or fictive kin'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

Resource

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.

Reponsibilities 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.

Rescind

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 internal review of adverse action procedure when differences arise with DCFS which have not been resolved to their satisfaction (see section on Internal Review of Adverse Action Involving Foster Parents).
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.

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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.;

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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 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. Provide 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: Minimun 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 and 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 CFS-462: Initial Foster Home Agreement & CFS-462A: Foster Home Agreement Addendum.
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.

Rescind

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 and Adoptive 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.

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.

Relationship Stability: In a two-parent home, both people shall be joint applicants and actively participate in the approval process. The couple shall demonstrate a stable relationship. In assessing relationship stability, considerations may include major life changes such as:

- Death or serious illness among family members
- Marriage, separation, divorce, or other significant changes in the couple's relationship
- Addition of household members (e.g., birth, adoption, aging relative moving in)
- Loss of or change in employment

Marriages and divorces shall be verified. Prospective foster parents must provide a copy of their marriage license to verify marriage and a copy of their most recent divorce decree to verify divorce.

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. In a single parent home, the major life changes listed above shall also be considered when assessing the person's ability to be an effective foster parent.

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 children with special needs. 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.

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Maximum Capacity - Foster homes shall not have more than five unrelated children in care. The foster home may care for up to eight children if they are all related to each other. A foster home shall not have more than eight children in their home, including their own children. This includes placement or respite 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:

0 children of the foster parent and 8 children that are related (to each other)
1 child of the foster parent and 7 children that are related (to each other)
2 children of the foster parent and 6 children that are related (to each other)
3 children of the foster parent and 5 children that are related (to each other) 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.

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 is 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 and a valid vehicle safety record 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.

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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 14 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 five years. An Adult Maltreatment Central Registry Check must be conducted prior to approval on foster parent applicants and each member of the household age 18 and one-half years and older. The Division will repeat the Child Maltreatment and the Adult 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 and one-half 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 one-half years 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.

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 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 worker must clearly identify why it is in the child's best interest to be exposed to second-hand smoke if a request to place a child in a smoking home is made. 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 14. 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 14. Per DCFS policy, foster parents are also prohibitied from smoking in a vehicle when a child 14 and older who is in foster care is present.

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 or receiving other services from the Division is present.

Alternative Compliance & Policy Waiver Requests

Rescind

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 American Red Cross, the National Safety Council, the Health and Safety Institute, or EMS Safety Services.

Online CPR and First Aid training is acceptable provided the online course is offered through American Heart Association, American Red Cross, the National Safety Council, the Health and Safety Institute, or EMS Safety Services. In addition, the online curriculum must also require hands-on, skill-based instruction as well as written and practical testing. As such, participants shall demonstrate the skills learned through the online portion of the curriculum in the presence of a certified trainer in order to complete certification (i.e., training and certification that is provided solely online will not be accepted).

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

Rescind

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. Online CPR and First Aid training is acceptable provided the online course is offered through American Heart Association, the National Safety Council, American Red Cross, the Health and Safety Institute, or EMS Safety Services. In addition, the online curriculum must also require hands-on, skill-based instruction as well as written and practical testing. As such, participants shall demonstrate the skills learned through the online portion of the curriculum in the presence of a certified trainer in order to complete certification (i.e., training and certification that is provided solely online will not be accepted).

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, 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-451: 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.

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 two different DCFS staff positions. These are the Family Service Worker and the Foster Parent Resource Worker. The Volunteer Foster Parent Liaison may also be another source of support to other foster parents. To better understand how these individuals 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

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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 eligilbity 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;

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- 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.

Volunteer Foster Parent Liaison

The Volunteer Foster Parent Liaison is an experienced foster parent who serves on a voluntary basis as a statewide advocate for other foster parents when they have specific needs or questions about resources. Some of the Volunteer Foster Parent Liaison duties include:

- serving as a statewide contact to identify resources needed by foster parents and children in care;
- developing a list of resources for foster parents;
- assisting foster parents in navigating the child welfare system;
- advocating for children's educational needs;
- tracking trends /issues/concerns and sharing those with the DCFS Foster Care Manager;
- maintaining the foster parent website;
- assisting with recruitment and retention activities.

The Volunteer Foster Parent Liaison may be contacted if the foster parent has a complaint; however, the Volunteer Foster Parent Liaison is not part of the official Internal Review of Adverse Action procedure (see the section on Foster Parents Internal Review of Adverse Action for further clarification). In addition, this is not a position that will respond to or mediate specific case issues or personnel issues. Those issues will continue to be handled through the Division chain of command.

To obtain the current Volunteer Foster Parent Liaison name and contact information, please ask your Resource Worker.

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. 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. Visits may be scheduled or unannounced.

The Resource Worker will visit the home at least quarterly to monitor continued compliance with licensing standards and to check in with you to make sure you are receiving the support you need as a foster parent.
You may also have a visit from a Licensing Specialist from the Placement and Residential Licensing Unit (PRLU) of the DHS Division of Child Care and Early Childhood Education. The role of the Licensing Specialist is to ensure that DCFS is meeting its requirements as a child welfare placement agency rather than evaluating you as an individual foster home.

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.

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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

Child care may be authorized and routinely provided for a child in foster care if both parents work outside of the home or if it is determined to be appropriate as part of the case plan or if court-ordered. Appropriate reasons include: 1) socialization, kindergarten readiness, and/or therapeutic benefits for the child; or, 2) to ensure the child may be placed in a foster home in his/her county or in close proximity to his home. The service may be authorized for up to three months at a time and only be provided by DCFS when resources are available.

Child care providers must be on the voucher system and licensed by The Division of Child Care and Early Childhood Education (DCCECE) or on the Voluntary Child Care Registry. If the child was enrolled in child care prior to coming into care, the child should remain in that particular child care facility (provided it is licensed by DCCECE or on the Voluntary Child Care Registry) if at all possible. This in an effort to provide the child with consistency in his/her daily caregivers and reduce the amount of trauma a child experiences when coming into foster care.

If a child was not enrolled in child care prior to coming into care or if a new child care facility must be used, the Division and foster parents shall make every effort to place the child in a high quality child care center. For more information on high quality child care centers, visit the Better Beginnings website at http://www.arbetterbeginnings.com/.

Enrollment in overnight daycares is not allowed. Likewise, late night pick ups (i.e., after 8:00 p.m.) from child care centers that have extended hours are also unacceptable.

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. Child care provided for such purposes may be reimbursed by the Division when funding is available.

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 is as follows:

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.

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. Foster parents may reimburse the baby-sitter if they choose to do so. The Division will not reimburse for baby-sitting services. 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 other households 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 household asked to serve as an FFSS member. FFSS members must be at least 21 years of age. There is not a standard maximum age limit for FFSS members, but FFSS members must be physically, mentally, and emotionally capable of caring for children for up to 72 hours. Foster parents may reimburse an FFSS member if they choose to do so. The Division will not reimburse FFSS members.

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 and/or regardless of which FFSS member is providing care. No extensions may be granted for FFSS care of a child. The FSW shall be notified when an FFSS member will provide care for more than 24 continuous hours. FFSS members taking children out-of-state for overnight trips are prohibited.

The Foster Family Support System shall not be used in place of respite care or as an out-of-home placement. The number of children placed in an FFSS member household must meet all Minimum Licensing and DCFS Policy requirements.

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 five 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 visual inspection of the home 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.

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:

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. An Informal Respite Home may provide care for no more than 7 continuous days at one time. Periods of respite care in an Informal Respite Home lasting longer than seven consecutive days require approval from the Area Director or designee.

If an Area Director approved extension exceeds 14 continuous days, the regular foster parents' board payment will be affected. If the child has stayed in any combination of FFSS or informal respite homes (i.e., outside of the regular foster home placement, the total amount of days within those alternate care types cannot exceed 14 consecutive days as board payment may be affected.)

Rescind

Foster parents may reimburse an informal respite provider if they choose to do so. The Division will not reimburse an informal respite provider. The number of children placed in an Informal Respite Home must meet all Minimum Licensing and DCFS Policy requirements.

Formal Respite Care – A DCFS contract provider who supplies short-term respite care particularly when a child's current placement is at risk of disruption and/or respite is needed to prevent a residential, 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 7 days per 3 month period. Longer periods of Formal Respite Care require approval from the Prevention and Supports Manager. If an approved extension exceeds 14 consecutive days, the regular foster parents' board payment will be affected. If the child has stayed in any combination of FFSS or informal respite homes before a formal respite stay, the total amount of days within those alternate care types (i.e., outside the regular foster home placement) cannot exceed 14 consecutive days as board payment may be affected.

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-1) 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-1 forms.

Medical Transportation

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

Community Resources

Rescind

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.

Internal Review of Adverse Action Involving Foster Parents

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 important for foster parents and Family Service Workers to discuss and work out issues and problems as they occur.

All complaints may not be appropriate for an internal review, and while the county office will make every effort to reconcile disagreements or other issues, some situations may not be reconcilable such as those decisions made by the county office based on current policy and procedure.

Examples of issues to take through an Internal Review are:

- Closure of a foster home due to any circumstance;
- Removal of a child from the foster home without appropriate cause and/or without appropriate 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 requesting an internal review at the Central Office level, foster parents should request an informal discussion of the problem with the FSW and the FSW's immediate supervisor. If, after the foster parents have discussed their issue(s) related to the adverse action with the FSW and the FSW's supervisor, and believe that DCFS failed to uphold its policies and/or philosophies, then, the foster parents must submit in writing their request for the Area Director of the area where the fosters live to review their case as it relates to the adverse action. This request must be submitted to the Area Director 30 calendar days from the date the adverse action occurred. The Area Director will schedule a meeting with the foster parents within 10 business days of the receipt of the written request and attempt to resolve the problem.

If the foster parents are not satisfied with the results of the meeting with the Area Director, the foster parents may request an internal review from the Foster Care Manager or designee in Central Office to present their case. A copy of the request and written reports of the previous two meetings will be forwarded to the Foster Care Manager or designee. The Foster Care Manager or designee will review the request and forward it with a recommendation to the Assistant Director of Community Services or designee within 10 business days of receipt of the request and written reports.

Rescind

The Assistant Director of Community Services or designee will notify the foster parents in writing of the decision of the review within 10 business days of receiving the recommendation and other materials from the Foster Care Manager or designee.

If the decision is unfavorable to the foster parents, the Assistant Director of Community Services or designee will inform the foster parents that they have 15 business days in which to submit a written appeal to the DCFS Director. The DCFS Director will review the request as well as the previous reports and dispositions. The DCFS Director will then notify the individual within 10 business days of the appeal decision. This is a final action and is not appealable to any other person or entity.

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 OPLS 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 rectify the problem. The final assessment and determination of closure will be made by the Resource Worker in collaboration with designated county staff, the Area Director and Central Office staff, as 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

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explained. The county office will provide written notification of the closure including the reasons for the closure and the foster parents' right to request an internal review of the adverse action (for additional information, see section on Internal Review of Adverse Action Involving Foster Parents).

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 ensure that all areas of compliance are still met and all background checks must be repeated. Additional requirements vary depending on how the foster home has been closed.

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.

A.C.A. § 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;

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- 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

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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.

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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.

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Foster Care Payment and Eligibility for Assistance
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 the Supplemental Nutrition Assistance Program (SNAP; formerly 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).

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- 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.

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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, tuberculosis, and other communicable diseases, shall be considered for children in high risk groups.
- Immunizations, 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 2004 Standards for Health Care Services for Children in Out-of-Home Care.

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 includes assessments of cognition/achievement, speech/language development, hearing, vision, medical, emotional and behavioral development. The University of Arkansas for Medical Sciences Project for Adolescent and Child Evaluation (UAMS PACE) Program is responsible for conducting the comprehensive health assessments. 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

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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 Child's Health Services Plan should be completed 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.

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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

	AGE OF PATIENT																												
TYPE OF EXAMINATION	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	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	S
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT		✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
PHYSICAL EXAMINATION		✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
PROCEDURES—GENERAL																													
Hereditary/Metabolic Screening		←●→																											
Immunization		✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Hematocrit or Hemoglobin								●→		R	R	R	R	R	R				←●→										
Urinalysis															✔				←●→						✔				
PROCEDURES—PATIENT AT RISK																													
Lead Screening								●→				✔			✔*														
Tuberculin Test									R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Cholesterol Screening												R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
STD Screening																			R	R	R	R	R	R	R	R	R	R	R
Pelvic Exam																			R	R	R	R	R	R	R	R	R	R	R
ANTICIPATORY GUIDANCE																													
Injury Prevention	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Violence Prevention	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Sleep Positioning Counseling	✔	✔	✔	✔	✔	✔	✔																						
Nutritional Counseling	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
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-PGPHS.PSTII, 1-2/06

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Arkansas Foundation for Medical Care
www.afmc.org/mmcs

Rescind

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		see footnote 1	HepB						
Rotavirus[2]			RV	RV	*RV*[2]						
Diphtheria, Tetanus, Pertussis[3]			DTaP	DTaP	DTaP	see footnote 3	DTaP				DTaP
Haemophilus influenzae 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 [LAIV])***

- 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

Rescind

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]	*see footnote 1*	Tdap	Tdap
Human Papillomavirus[2]	*see footnote 2*	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.

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.

6. 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).

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.

8. 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.

9. 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.

10. 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).

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

Rescind

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.

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
CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS THROUGH 6 YEARS					
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]
Haemophilus influenzae 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 reactions after immunization is available online at http://www.vaers.hhs.gov or by telephone, 800-822-7967. 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).

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.

Rescind

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

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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

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

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 as determined appropriate by the youth and his/her Transitional Team and if:

- The child is completing secondary education or a program leading to an equivalent credential; or,
- The child is enrolled in an institution which provides post-secondary or vocational education; or,
- The child is participating in a program or activity designed to promote, or remove barriers to, employment; or,
- The child is employed for at least 80 hours per month; or,
- The child is incapable of doing any of the above described activities due to a medical condition.

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.

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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.

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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_____

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CHILD MEDICATION FLOW SHEET

Patient Name	Age	Allergies

Date Start / Stop	Medication Dosage/Direction/Amount	Refills Date/Amount/Initials			

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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.

Rescind

RESOURCE PARENT HANDBOOK

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES

PUB-30 • Revised December 2020

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WELCOME

The State of Arkansas, Department of Human Services (DHS), Division of Children and Family Services (DCFS) welcomes you as either a prospective or current resource family for Arkansas's children. Thank you for joining DCFS to ensure that every child has a safe and stable family every day.

DHS, acting through DCFS, serves as the court-appointed legal custodian for children in foster care. DCFS has the ultimate responsibility for ensuring that each child has the best possible foster care experience and that appropriate long-term plans are made.

Foster care is founded on the premise that all children have a right to a safe and supportive environment in which to grow. Foster care is a program designed to provide a safe, stable, family-like placement in a DCFS-approved resource home, provisional resource home, or licensed facility for a child who needs care temporarily, because the birth or legal family is unable to ensure the health and safety of the child.

The purpose of foster care is two-fold:

1. To provide a healthy temporary home and community experience for the child, while the conditions that caused the placement away from the birth or legal family are being resolved.
2. To serve as a model and a resource to the birth or legal family of the child, while the family remedies the issues that resulted in the removal of their child.

Children in foster care must be placed in approved traditional resource homes or licensed shelters or facilities unless a relative or fictive kin home is opened as a provisional home, relative or fictive kin resource home, or the court grants custody to the relative, fictive, kin, or other person after a written and approved home study is presented to the court. These terms will be explained later in this handbook.

The intent of this handbook is to outline the resource home approval process and, if your home is approved, provide you with basic information about caring for a child placed in your

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home. It is only an introduction as to what it means to be a resource family. You will find general information about what is expected of resource families, the care of children in out-of-home (i.e., foster care) placements, financial matters, the roles of DCFS staff, and more. We encourage you to use this handbook as an ongoing reference to obtain answers to your questions about being a resource family.

However, never hesitate to reach out to DCFS staff for questions or concerns that are not addressed in this handbook. We want to support you as much as possible in your role as resource parents. We value the time and care you give to the children in our state every day.

Thank you for your interest and service to the children and families of Arkansas!

DHS Mission Statement

Together we improve the quality of life of all Arkansans by protecting the vulnerable, fostering independence, and promoting better health.

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.

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WHAT IS A RESOURCE HOME?

Overview

The Department of Human Services (DHS), Division of Children and Family Services (DCFS, or the "Division") is licensed by the Child Welfare Agency Review Board as a child placement agency to approve foster and adoptive homes for DCFS. The Division utilizes the term "resource home" to refer to both types of these homes and "resource parent" or "resource family" to refer to an individual or family, respectively, in those homes that provide a family-like setting on a twenty-four (24) hour basis for children in the custody of and placed there by the DHS.

The term resource home is used because these homes are designed to serve as resources to children in the custody of DHS and all must meet the same approval and maintenance requirements. In cases for which reunification between the child and the biological family is the goal, the DCFS-approved homes serve as resources to the child's biological family for reunification.

The primary, initial goal of almost every foster care case is reunification with the biological parent(s). Resource parents must be able to support reunification efforts. 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 resource home placement should be the least restrictive and most family-like setting consistent with the child's needs. It should also be as close in geographic proximity to the child's parent or legal guardian as possible.

DCFS, the resource parents, and all other involved parties will work toward achieving permanency for the child, preferably by reunifying the child with the birth or legal parents. Arkansas law requires DCFS to diligently search for relatives throughout the life of an open foster care case, and to make efforts to place children with relatives during all stages of a case, including for adoptive purposes and after termination of parental rights has occurred.

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DCFS follows a hierarchy of preferred placements for children in foster care with reunification with the biological or legal parent generally being the most preferred, followed by other permanency options with relatives, then fictive kin (e.g., adoption, guardianship) and ending in adoption (of the entire sibling group as applicable) with someone who is not a relative or fictive kin. For these reasons, serving as a resource home does not guarantee that the resource parent will be able to adopt a specific child placed in their home.

Resource parents with questions about DCFS policy can research it by visiting the Arkansas Department of Human Services website.

Types of Resource Homes

There are two types of resource homes: traditional resource homes, and relative or fictive kin resource homes. Relative or fictive kin homes may be opened on a provisional basis (see "Relative or Fictive Kin Homes" subsection below for more information about provisional status).

Traditional Resource Homes

Traditional resource homes are recruited for a child in foster care to whom they are neither related nor have other prior connections. DCFS signs an agreement with resource parents that the family will care for the child as a family member until a permanent plan can be developed and implemented for that child. The resource parents are given pertinent information about the child in foster care. This includes, but is not limited to, reasons for placement, circumstances for removal from the parent's home, where siblings are placed, a copy of the case plan, and a copy of the family visit plan. They will be kept informed of plans for the child's future. In many instances, it will be appropriate for resource parents to reach out to, or otherwise support, the birth or legal parents.

DCFS will evaluate applicants based on their personal qualifications as well as the physical characteristics of their home. Points considered and evaluated include any special training, expertise, or experience that the traditional resource applicant may have. Other considerations include preference that the resource parent applicants may have regarding characteristics of children who may be placed in the home (e.g., age, gender, special needs, etc.).

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Traditional resource homes may also elect to serve as informal respite homes. An informal respite home is an approved DCFS resource home that can provide temporary care (no more than seven continuous days at one time) for children in out-of-home placements when the children's full-time resource family is unable to do so and a member of the resource family's designated Resource Family Support System cannot assist (see the "Babysitting or Other Alternate Care Arrangements" information under "Daily Living" subsection for details regarding the Resource Family Support System).

Relative or Fictive Kin Homes

In an effort to preserve family connections and reduce the trauma a child experiences when entering foster care, DCFS may place a child in foster care with a safe and appropriate relative or fictive kin. Relative means a person within the fifth degree of kinship to the child by virtue of blood or adoption. Fictive kin is a person not related to the child by blood or marriage, but who has a strong, positive, emotional tie to the child and has a positive role in the child's life, such as a godparent, neighbor, or family friend. Infants may have fictive kin as identified by the infant's parent or parents as persons that would have a positive, emotional tie to the child. Placement with a relative or fictive kin may happen on a provisional basis or as a fully approved relative or fictive kin resource home.

Provisional relative or fictive kin resource homes are referred to as provisional because not all requirements for a traditional resource home are required to be met by the relative or fictive kin at the initial placement of the child. For the initial, provisional placement with a relative or fictive kin, only background checks and a visual inspection of the home must be conducted in an effort to make an expedited placement for a child with a relative or fictive kin with whom a bond already exists.

The specific background checks required for provisional placement include an expedited Arkansas Child Maltreatment Central Registry check, an expedited State Police Criminal Record check, and a Vehicle Safety Program (i.e., driving record) check. A fingerprint-based criminal background check performed by the Federal Bureau of Investigations (FBI) must also be submitted prior to a child being placed in a provisional home (though results of the FBI criminal background check do not necessarily have to be received before placing a child in the provisional home). The visual inspection of the home is conducted to verify that the

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relative or fictive kin and the home of the relative or fictive kin meet basic safety standards. Photos may be taken during the visual inspection of the home.

All provisional homes will be evaluated to determine the nature of the relationship between the provisional resource applicant, the parents of the children in foster care, and the children in foster care. The DCFS resource worker (the DCFS staff person who opens and maintains DCFS resource homes) will make efforts to determine if the applicant has the ability to provide for the physical safety and emotional well-being of the foster child while considering the nature of the relationship with and geographic proximity to the child's biological or legal parents.

Once opened as a provisional resource home, DCFS works with the provisional resource parents to bring them into full compliance with all requirements of a traditional resource home within six (6) months from the date the child is placed in the provisional home. Relative and fictive kin resources do not always have to meet each and every traditional resource home requirement by the six-month timeframe. There is no guarantee, but waivers or alternative compliances may be given for certain non-safety requirements (see Appendix 1: Alternative Compliance and Policy Waiver Requests for more information). Once a provisional resource home comes into compliance with traditional resource home requirements or has waivers or alternative compliances in place for non-safety requirements, it is then considered approved as a relative or fictive kin resource home and is reclassified as such at that point in time.

Provisional resource homes that are not in full compliance at the end of six (6) months must be closed and the children removed, or the relative or fictive kin must have been granted custody by the court. DCFS staff is responsible for helping the provisional resource parents come into compliance with all requirements within six months. However, if at any point the health and safety of the children placed in the provisional resource home is at risk, the Division will take appropriate action to ensure the health and safety of the children to include, if necessary, removal of the children from the provisional resource home. DCFS will develop transition plans to the best of its ability in an effort to lessen trauma to the children in the event a child must be removed from a provisional resource home.

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Provisional resource homes do not receive a board payment until the relative meets all requirements of a traditional resource home (or until all requirements are met or appropriate waivers put in place for non-safety requirements). However, the child will have medical insurance. DCFS may also provide daycare assistance if appropriate. The family may also qualify for other benefits such as the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps).

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HOW DO I BECOME A RESOURCE HOME?

There are many steps to becoming an approved resource home, but DCFS is committed to helping you through the process and making it as seamless as possible. This section is designed to provide an overview of the DCFS resource assessment and approval process.

Overview

DCFS is responsible for selecting an appropriate resource home placement for each child who enters foster care. The home must meet resource home approval requirements and the individual child's needs for the duration of the placement. Resource families are selected on the basis of careful assessment in order to have an appropriate resource home for each child in foster care, to minimize the risks involved in placement of a child in foster care, and to ensure that a child's first placement in foster care is the best placement for that child and hopefully the only placement for that child during his or her time in foster care. The purpose of the assessment process is to:

- Evaluate the applicants' personal qualifications as well as resource home approval requirements such as physical requirements of the home, sleeping arrangements, transportation arrangements, etc.;
- Educate prospective resource parents on the characteristics and needs of children in foster care; and,
- Evaluate the resource parent's ability to meet those needs.

Before beginning the assessment process, prospective resource parents, with the exception of provisional resource parents, are highly encouraged to attend an information meeting in their local area.

The assessment process is a mutual selection process. Components include, but are not limited to:

- Background checks;
- In-home consultation visit;

- Physical exam for each household member of the resource family within twelve (12) months of initial approval;
- 30 hours of pre-service training;
- CPR (infant, child, and adult) and First Aid training;
- DCFS approved home study to include at least three (3) positive personal references including at least one from a relative and one from a non-relative who are familiar with the applicant's child caring experiences (references may be contacted by the Division or home study evaluator for further information);
- Ongoing consultation with the prospective resource parents to ensure that all approval requirements and other applicable criteria related to both compliance and quality are met; and,
- Final home walk-through and orientation.

Throughout the mutual selection process, the families evaluate whether they believe they can provide the physical and emotional care that is necessary to support children during their time in foster care. Additional details about each of the components listed above begin on the following page.

A DCFS resource home may not be approved by any other agency to provide foster care services. If a resource home moves from one placement agency to another, all requirements for opening a new resource home will be met.

DCFS does allow for a resource home approved by the Division to adopt children from private adoption agencies and serve as a resource parent for DCFS. However, if an adoption occurs, the DCFS home will be re-evaluated ("How Do I Continue Serving as a Resource Home? section) at that point in time to determine if the number of beds for which a resource home is approved needs to be altered or if any other changes or additional training will be required.

In addition, a resource home may not operate as Child Care Family Homes (i.e., in-home daycares) or provide babysitting or childcare services for other children on a regular basis in their home. However, DCFS may consider adopt-only service applicant homes to also serve as a licensed childcare facility. Such requests will be evaluated and approved on a case-by-case basis.

A resource parent may not provide compensated care for any non-related adults in the resource home, unless providing transitional care for a person placed in care prior to the age of eighteen (18).

Translation services are available to applicants who do not speak English as a primary language. Resource parents whose primary language is not English must be able to attend to the daily needs of children placed in their home if approved as resource parents. At least one parent in the resource home must be able to communicate effectively in the language of the child, DCFS, health care providers, and other service providers.

Assessment and Approval Component Details

Background Check

Any household member who resides in the home for more than three (3) cumulative months in a calendar year must clear the following background checks (as applicable by age): Arkansas Child Maltreatment Central Registry, Arkansas State Police Criminal Record Check, and FBI Criminal Background Check. For household members who have lived or worked outside of Arkansas within the past five years, a Child Maltreatment Central Registry check will also be conducted in the state(s) in which the household member lived or worked. Vehicle Safety Program (i.e., driving record) checks will be completed if a household member is a licensed driver who is expected to transport foster children.

Central Registry Check

Applicants and all household members fourteen (14) years of age or older, excluding children in foster care, must consent to a Child Maltreatment Central Registry Check in every state in which they have lived in the past five (5) years, and in their state of employment, if different. Household members must have no history of substantiated abuse and/or neglect. For example, if a family member lives in Arkansas but works in Missouri, a child maltreatment registry check will be completed in both states. Payment for registry checks in another state must be made by traditional resource home applicants. Applicants are encouraged to keep receipts for payment and, if approved and opened as a resource home, reimbursement may be requested if all documentation is provided (including the receipt). The Division may pay directly for the cost of child maltreatment registry checks from other states for relative and fictive kin on an as needed basis. The Division will repeat the Arkansas Child Maltreatment Central Registry Check every two (2) years on any person required to have the check.

State Police Criminal Record Check

Applicants and all household members age eighteen and one-half (18.5) years or older, excluding children in foster care, must consent to an Arkansas State Police Criminal Record Check. Checks will be initiated within thirty (30) days of the household member's eighteenth birthday. The Division will repeat Arkansas State Police Criminal Record Check every two years on any person required to have the check.

Household members with criminal convictions may, under some circumstances, request an Alternative Compliance. (See section on Alternative Compliance & Policy Waiver Requests.)

FBI Fingerprint-based Criminal Background Check

Federal Bureau of Investigation (FBI) checks will be conducted on applicants and all household members eighteen (18) and one-half years of age or older, excluding children in foster care. This check need not be repeated unless a home closes and later wishes to reopen. FBI Harvester numbers expire after one (1) year and another number must be issued if a closed home chooses to reopen.

Certification of Absence of Criminal Record

Resource parent applicants will complete a form provided by DCFS to certify in writing that household members age ten (10) through seventeen (17) do not have criminal records. This certification will be completed annually for any household member age ten (10) through seventeen (17).

Vehicle Safety Program Check

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

A family member with no current valid Arkansas driver's license will be given twenty (20) days to apply and receive an Arkansas driver's license. If the resource family member does not wish to obtain an Arkansas' license, a written explanation from the applicant is required and a driving record check must be completed in the State of issuance for the currently held license.

The requirement for a driver's license may be waived for provisional applicants if an acceptable plan to transport the children placed in their home to school, court dates, medical appointments, and similar engagements is approved.

In-Home Consultation Visit

The In-Home Consultation Visit will most likely be the first visit that DCFS staff will make to your home. The primary purpose of this visit is to gather additional information about your family that is not provided in your online application as well as to complete an initial assessment of your home. This initial assessment of the home will determine if it meets resource home approval requirements. Resource home approval requirements include both Minimum Licensing Standards for Child Welfare Agencies and DCFS policy requirements for resource homes. Even if your home does not meet all of the resource home approval requirements during the In-Home Consultation Visit, DCFS staff will let you know the requirements with which you must come into compliance before being approved. Specific

resource home approval requirements are described in the following section: “I Understand the Process, But What Are You Assessing?”.

Pre-Service Training

Resource parent applicants must complete the Division’s pre-service training curriculum which includes twenty-seven (27) hours of pre-service training and three (3) hours of DCFS orientation prior to placement of a child in their home. For two (2) parent households, both parents must complete the pre-service training. Central Registry and State Police Criminal Background checks must be cleared, and the FBI Criminal Background Check must have been submitted before a prospective resource parent can begin pre-service training.

If an applicant moves to Arkansas from another state after completing pre-service training in the former state, and they were certified prior to the move, Arkansas may accept the pre-service certificate showing that the applicant completed training. The DCFS Foster Care Manager is responsible for reviewing the other state’s pre-service training curriculum to ensure it is comparable to Arkansas’s pre-service training curriculum. The applicant must complete a DCFS approved home study conducted by a contract provider or a DCFS staff who is trained in the Division’s approved home study tool.

CPR/First Aid Training

No child will be placed in the resource home until each resource parent has obtained CPR Certification (to include infant, child, and adult CPR) 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 American Red Cross, the National Safety Council, the Health and Safety Institute, or EMS Safety Services.

Resource parents are responsible for obtaining certification in CPR and First Aid. DCFS will assist resource parents in locating classes for the family as appropriate. Traditional resource parents may work with their local resource worker to request reimbursement of CPR and First Aid fees once the home has become opened and approved. Resource parents will need a receipt and copy of their CPR certification card to request reimbursement and will need to sign and submit an original Agency Generated Invoice (AGI). Copies of a signed AGI will not

be accepted as an original signature is required. For provisional resource applicants, DCFS may pay for the cost of the First Aid/CPR Training directly to the First Aid/CPR Training vendor.

Online CPR and First Aid training is acceptable provided the online course is offered through American Heart Association, American Red Cross, the National Safety Council, the Health and Safety Institute, or EMS Safety Services. In addition, the online curriculum must also require hands-on, skill-based instruction as well as written and practical testing. As such, participants will demonstrate the skills learned through the online portion of the curriculum in the presence of a certified trainer in order to complete certification (training and certification that is provided solely online will not be accepted). Prospective resource parents must obtain a certification card from the trainer representing the certifying national organization.

New CPR and First Aid Training is not required for individuals certified as paramedics and Emergency Medical Technicians (EMTs) as long as proof of current certification is provided to DCFS staff. Current certification in Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) also meet the Minimum Licensing Standard for CPR as long as proof of current certification is provided to DCFS staff. All other medical professionals including nurses must have current CPR certification as outlined above and provide a copy of their current certification to DCFS staff.

Additional First Aid training for nurses and other medical professionals (to include those with ACLS certification) is not required. If an applicant with a current BLS certification is a paramedic, EMT, or firefighter, additional First Aid Training is not required. However, a lay person with BLS certification may have to take a First Aid class if current certification in First Aid cannot be provided.

Physical Exam

A physical exam is required for each household member of the resource family within twelve (12) months of initial approval. DCFS staff will ask you to have your physician complete a specific form to document this exam. Findings of the physical examination must verify that all household members are free of any physical or emotional health conditions that would

adversely affect the welfare of a child in foster care. Depending on the results of the physical exam, DCFS staff may request additional information from household members, including a psychological examination.

As part of the assessment regarding physical health, DCFS will also require documentation of immunizations for all children in your home. All children who are household members must be up to date on immunizations consistent with the recommendations of the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (ACIP), and the American Academy of Family Physicians (AAFP), unless the immunization is contrary to the child's health as documented by a licensed health care professional. In addition, all household members who will be caregivers of infants must have an up-to-date Tdap vaccination to protect against pertussis (whooping cough) consistent with the recommendations of the ACIP, unless the immunization is contrary to the individual's health as documented by a licensed health care professional. Finally, all household members who will be caregivers of infants and children with special medical needs must have an up-to-date annual influenza vaccine consistent with the recommendations of the ACIP, unless the immunization is contrary to the individual's health as documented by a licensed health care professional.

Home Study

The home study assists the Division in determining if a family is ready, willing, and able to become a suitable and safe placement resource for a child. The agency approved home study tool includes questionnaires that you will complete. A home study evaluator will review the questionnaire responses and then conduct at least two home study visits to interview resource home applicants. Both visits must take place in the resource applicant home. These interviews will include the evaluator speaking with each age-appropriate member of the household. The interviews with the children in the home are not meant to be invasive or scary. Rather, it provides the chance for these children to participate in the process, share basic information about daily life in their home, and give them an opportunity to provide their understanding of what it means to be part of a resource home for children in foster care. DCFS wants the other children in your home to be supportive of your decision to become resource parents. Their support will be reevaluated annually.

The home study is designed to evaluate a family's dynamics including but not limited to:

- Motivation for wanting to foster and/or adopt
- Household composition
- Family history
- Safety hazards
- Income and expenses
- Health
- Education
- Childcare arrangements or plans
- Child rearing practices
- Daily schedules and family activities
- Support systems

The home study evaluator will also review the letters of reference submitted on your behalf. The home study evaluator may also ask you about connecting with other people who know you to learn more about you. By learning more about these areas, the home study assists the Division in learning how members of a family function individually and as a unit. This information helps inform the conclusions and recommendation as to whether a family may serve as a successful and engaged resource family. All adult and minor household members will be assessed regarding how they may be affected by the presence of a child in foster care and the effect they may have on the child in care.

Final Walk-Through of Home and Orientation

Prior to being approved as an open resource home, DCFS staff will conduct a final walk-through of your home to ensure all resource home requirements have been met, and to go over what to expect in the immediate future regarding a first placement. This will include DCFS and the resource parents signing the Initial Resource Home Agreement, which provides a summary of the following information:

- Expectations and responsibilities of the Division, the staff, and the resource parents
- Services to be provided
- Financial arrangements for the children placed in the home
- Authority that the resource parents can exercise for the children placed in their home
- Actions that require DCFS authorization
- Legal responsibility for damage or risk resulting from children in their home
- DCFS's process and procedures for investigating complaints
- DCFS's procedure for giving advance notice of termination of a placement except for documented emergencies.

I UNDERSTAND THE PROCESS, BUT WHAT IS DCFS ASSESSING?

Specific approval requirements for resource homes include Minimum Licensing Standards developed by the Child Welfare Agency Review Board, which are then monitored by the DHS Division of Child Care and Early Childhood Education's (DCCECE) Placement and Residential Licensing Unit (PRLU). Other approval requirements for resource homes are specific to DCFS policy and procedure. Resource home requirements include personal qualifications of applicants and household members as well as the physical aspects of their homes. Families and their homes must continue to meet the resource home approval requirements for the duration of their service as a resource home that accepts and cares for children in DHS custody.

The lists of requirements on the following pages are organized by noting a primary requirement as a lettered item (A, B, C, etc.). Additional details related to the primary requirement are provided next to the arrow symbol.

Basic Resource Parent and Household Member Applicant Qualifications

A. Be at least twenty-one (21) years of age

- An applicant home will not be approved as a resource home if even one (1) applicant is under the age of twenty-one (21) unless a policy waiver is obtained. A policy waiver may only be approved in rare circumstances for provisional homes.

B. Be a United States citizen or a legal permanent resident.

- Persons who are undocumented may be considered as resource home applicants only for their relatives or fictive kin.

C. May be single or part of a couple.

Proposed

- In a two-parent home, the couple will be joint applicants. Each person will actively participate in the approval process. This joint family commitment will be re-evaluated annually.

D. Be physically, mentally, and emotionally capable of caring for children.

- To help the Division make this assessment, the resource parent applicant must provide the Division with the health history of each household member, in addition to the physical exam required for approval. This history will include physical and mental health services, treatment received, a list of currently prescribed medications, and any other medications or other substances currently taken.
- A physical disability in either applicant that does not interfere with the ability to give adequate care to a child will not be a barrier to resource parent approval. The impact of the disability on the individual will be evaluated, to include whether it may have significance to a specific child in foster care.
- Resource parents will not engage in the use of illegal substances, abuse alcohol by consuming in excessive amounts, or abuse legal prescription drugs or non-prescription drugs by consuming them in excess amounts or using them other than as indicated or prescribed.

E. Demonstrate stability and have adequate support.

- In assessing relationship stability and other support systems, considerations may include major life changes like:
  - Death or serious illness among family members;
  - Marriage, separation, divorce, or other significant changes in the couple's relationship;
  - Addition of household members (e.g., birth, adoption, aging relative moving in); and,
  - Loss of or change in employment.
- All resource parents will need a strong support system in order to assist them in their role as resource parents, to better serve children in foster care. Please see information regarding the Resource Family Support System and other types of

Proposed

alternate care under the “Daily Living” subsection of “What Can I Expect Beyond the Initial Placement?”

F. Have employment or work schedule conducive to caring for children.

- Both parents may be employed outside the home.
- If employment is seasonal, the applicant must have compensatory income or savings in the off seasons.
- Demands made on resource parents’ time by overtime work, revolving shifts, etc. are considered pertinent to the ability to provide adequate care for a child in foster care.
- Placing children will be done based on careful evaluation of what is best for each child, to include consideration of 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.

G. Respect the religious preferences of children in foster care and their birth or legal family.

- A resource parent applicant’s lack of religious affiliation or religious faith will not be a barrier to approval.
- A resource parent 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.
- A resource parent must never attempt to convert or force their own religious beliefs on a child in foster care whose religious background differs from their own.

H. Value education and have a sufficient education that provides the ability to care for children placed in the home.

- A resource parent must have a positive attitude toward both academic and vocational education, and be aware of local education facilities and resources.
- A resource parent must be willing to meet the child's individual educational needs, including participating in the development and implementation of any special education plans or behavioral accommodations (as needed).

Proposed

- At least one resource parent in the home must have functional literacy, such as having the ability to read medication labels, follow doctor's instructions, and administer proper dosages of medication.

I. Demonstrate financial stability, and supply documentation of sufficient financial resources.

- The applicant must have sufficient and reliable income to ensure the family's stability and security, without a board payment.
- An applicant must provide documentation of sufficient financial resources to meet the foster child's needs. This documentation will include a copy of the applicant's tax return and recent paycheck stubs.
- Management of income will be considered more important than amount of income.
- The applicant must have sufficient resources to meet the financial, medical, physical, educational, emotional, and shelter needs of the child without relying solely on state or federal financial assistance (e.g., Supplemental Nutrition Assistance Program (SNAP), Social Security Income (SSI), benefits, etc.) to meet those needs. DCFS will make some exceptions for some provisional applicants depending on the totality of their financial and other circumstances. However, no exceptions will be made for traditional resource homes.

J. Provide documentation of homeowner's or renter's insurance and general liability insurance (which may be included in the homeowner's policy).

K. If a resource parent applicant does not own the home in which he or she lives, the person who owns the home must verify in writing (DCFS will supply this form as needed), that they have no objections to the applicant caring for children in foster care in the home.

Resource Parent Personal Characteristics

Applicants must have the personal characteristics that will enable them to assume the responsibility of caring for children in foster care who have been traumatized. This includes the ability to provide a nurturing family life experience for the child including guidance, intellectual stimulation, affection, and appropriate discipline. Personal characteristics include:

Proposed

A. Capacity to give love, affection, and care to the child and respond to the child's needs without expecting the child to return love and affection

B. A working knowledge of child growth and development, including knowledge of childcare, milestones in development, and nutrition

C. Equal attention to the physical and emotional needs of children

D. Willingness to allow for socialization of the child in foster care with his/her peers

E. Flexibility in expectations, attitudes, and behavior, in relation to meeting the needs of each child and recognition of the trauma caused by maltreatment and removal from the home

F. Ethical standards and values conducive to the well-being of children

G. Ability to accept a child's background, without passing moral judgment on the child or the child's birth family

H. Ability to accept and strengthen a child's relationship with their birth family

I. Maintenance of absolute confidentiality of private information about each foster child and the birth/legal family

J. Ability and willingness to accept, understand, and utilize training, guidance and supervision from the child-placing agency or other professionals, in order to meet the needs of children in care and their families of origin

K. Emotional stability, including a satisfactory method of handling angry feelings

L. Acceptance of your own childhood experiences

M. Absence of any qualities which indicate potential to abuse or neglect children in your care

N. Capacity to absorb the presence of a child in care without undue disruption to your own family life

O. Ability to cope with the departure of the child in foster care

P. Maturity to exercise good judgment and appropriate use of authority, balanced with a degree of playfulness and flexibility necessary to care for children

Proposed

Physical Requirements of the Home

Home Exterior/Community

A. Must be a house, mobile home, housing unit, or apartment occupied by an individual or a family that is the primary residence of the individual or family. The location will be zoned for single family use and will have an individual address for emergency response purposes (i.e., 911).

B. Grounds, and all structures on the property, will be maintained in a clean, safe, and sanitary condition and in a reasonable state of repair (within community standards).

C. Must be clean and free from hazardous materials, dangerous objects, and dangerous conditions.

D. Must be accessible to community resources needed by foster children, to ensure access to available education and religious training, recreation, parental visiting, supervision by the Division, and medical care.

E. Must have at least one (1) exterior door that exits directly to the outside or have an alternate fire escape route.

F. Must be free from physical hazards (e.g., debris, trash, uncovered cisterns) that would endanger the safety of children.

    1. This includes the yard, garage, carport, any storage areas, basement, and attic (if applicable and accessible).

G. Must be large enough to provide ample outdoor play space for children.

H. Must have a fence or barrier to prevent a child's access to a busy street, highway, or other dangerous area.

I. Must ensure any outdoor play equipment is safe, hazard-free, and properly anchored.

J. Must not have signage or advertising related to a supporting recruitment agency, to include signage on vehicles used to transport foster children.

K. If the applicant resides in a manufactured home, the home must be properly installed and stabilized. If the manufactured home is in a mobile home park, there must be sufficient fenced play space outside.

Proposed

L. Manufactured homes, used as resource homes, will have an agency approved safety plan for tornado safety. The safety plan will be signed by all caregivers in the home and an agency representative.

M. Develop a water safety plan for supervision of children during water activities to be signed by all caregivers in the home and an agency representative. This plan will include the agreement that resource parents shall not permit a child to enter a pool area unless accompanied by an adult.

N. Must enclose or must have an approved manually or power-operated child safety cover for all in ground pools that meets the standards of the American Society for Testing and Materials adopted by the Consumer Product Safety Commission.

1. An "approved safety pool cover" means a manually or power-operated safety pool cover that meets the standards of the American Society for Testing and Materials (ASTM) adopted by the Consumer Product Safety Commission, in compliance with standard F1346-91. Please note that solar pool covers, and winter pool covers, are not safety covers. The ASTM (1996) requires that a pool cover be able to hold a minimum of 485 pounds per five (5) square feet in order to qualify as a safety cover.

O. In ground pools without an approved child safety cover will be protected by an enclosure (e.g., wall, fence, or barrier) that surrounds the pool area.

P. Unless local code provides otherwise a pool enclosure will meet the following:

1. Entirely enclose the pool area;
2. Be at least five (5) feet high;
3. Have no openings other than doors or gates through which an object of four (4) inches in diameter can pass;
4. Have no openings, handholds, or footholds accessible from the exterior side, that can be used to climb the barrier; and
5. Be at least twenty (20) inches from the water's edge.

Q. Gates or other methods of access to the pool area, will meet the following;

1. Open outward from the pool;

Proposed

2. Be self-closing;
3. Have a latch:
    a. Located at least fifty-four (54) inches above the underlying ground;
    b. Located on the pool side of the gate with the latch's release mechanism located at least five inches below the top of the gate, and no opening greater than one-half (1/2) inch within twenty-four (24) inches of the release mechanism; or
    c. Located at any height, if secured by a padlock or similar device that requires a key, electric opening, or integral combination.

R. The wall of a house or other building will not be used in lieu of a barrier to the pool, except for a solid wall that does not contain any windows, doors, or other openings. When a wall is used as a barrier, the remaining three (3) sides will be protected by an enclosure (wall, fence, or barrier) that surrounds the pool area (see item P above) or have an approved child safety cover. Provides a gate or method of access to the pool area that will meet the following:
    1. Entirely encloses the pool area;
    2. Be at least 5 feet high;
    3. Have no openings other than doors or gates through which an object of 4 inches in diameter can pass;
    4. Have no openings, handholds, or footholds accessible from exterior side that can be used to climb the barrier;
    5. Be at least 20 inches from the water's edge.
    6. Provides a gate or method of access to the pool area that shall meet the following;
        a. Opens outward from the pool;
        b. Be self-closing and self-latching;
        c. Have a latch:
            i. Located at lease fifty-four inches above the underlying ground;
            ii. Located on the pool side of the gate with the latch's release mechanism located at least five inches below the top of the gate and no opening greater than one-half inch within twenty-four inches of the release mechanism; or

Proposed

iii. Located at any height if secured by a padlock or similar device which requires a key, electric opening, or integral combination.

S. All above ground pools will have the following:

1. Non-climbable exterior side walls with a minimum height of four (4) feet; and,
2. Access ladders or steps that are removable and able to be secured when the pool is not in use.

T. All portable pools (inflatable and wading pools) will be fenced or emptied and stored after every use.

U. Swimming pools will be equipped with a life saving device such as a ring buoy.

V. Swimming pools that cannot be emptied after each use will have a working pump and filtering system.

W. Hot tubs and spas will have locking safety covers that are locked when not in use.

Home Interior

A. Must allow resource parents to reside in the same single-family unit with foster children (i.e., no separate living quarters for resource parents).

B. Must be clean and free from hazardous materials, dangerous objects, and dangerous conditions.

1. This applies to interior halls and doors which must not be blocked or cluttered to prevent easy passage or exit.

C. Must be free of rodent and insect infestation.

D. Must be a smoke-free environment. Resource parents must sign a certification indicating that the home is smoke free and that there is no use of vaping or e-cigarettes in the home.

E. Shall have a continuous supply of sanitary drinking water.

1. If the source is not a municipal water system, the water will be tested and approved by the Arkansas Department of Health annually.

Proposed

a. The Arkansas Department of Health will only conduct the initial inspection for the approval of the resource home. The annual check must be conducted by the homeowner. The sample cups can be obtained from the local Department of Health along with procedures for collection and submission. The Department of Health provides training for homeowners on using the cups for completion of the annual check. DCFS will not reimburse the cost of water testing.

2. If a water supply does not pass inspection, a CFS-455: Consent for Health Department Services, Alternate Compliance of Water Supply Agreement, must be established with the family.

3. If the family will use bottled water and purified water for bathing (if infants or children under the age of 5 are placed in the home), this must be noted on the CFS-455, signed by the resource parents, and updated annually.

F. Must be equipped with a properly operating kitchen that includes a sink with hot and cold running water, refrigerator, stove, and oven.

G. Must have at least one (1) flush toilet, one (1) sink with running water, and one (1) bathtub or shower with hot and cold running water.

H. Must have adequate lighting, ventilation, and plumbing for safe and comfortable living.

1. This applies to bedrooms which must have windows that provide natural light and ventilation.

I. Must have a heating, ventilating, and air conditioning source, maintained in safe operating condition, that keeps the temperature a minimum of sixty-five (65) degrees and a maximum of eighty-five (85) degrees.

J. Must have adequate space for privacy, play, and study for all household members.

K. Must have sufficient seating for the family to eat together.

L. Must provide adequate space for storing clothing and personal belongings for each child, in or near their bedroom.

M. Must have adequate toys that are safe and developmentally appropriate for children who will be placed in the home.

Proposed

N. Must be free of obvious fire hazards (e.g., defective electrical appliances or electrical cords, excessive use of extension cords, defective heating equipment) or improperly stored flammable materials.

    1. This includes the requirement that all heating units (e.g., radiators, fireplaces, wood stoves, gas or electric heaters, steam and hot water pipes), with hot external areas within reach of children, are screened or otherwise shielded.

    2. Must have an operational smoke detector on each level of occupancy of the resource home.

O. Must have an operational smoke detector in each bedroom.

P. Must have an operational chemical fire extinguisher, readily accessible, near the cooking area of the home.

Q. Must have a carbon monoxide detector on each level of occupancy of the foster home and near all sleeping areas.

R. Must have a safe operating water heater that has a recommended temperature at or below 120-degree Fahrenheit, as tested at the plumbing fixture nearest the water heater.

S. Must maintain adequate first aid supplies for emergencies.

T. Must have proper trash and recycling disposal (if recycling is available where the home is located) in such a way as not to constitute a health or safety hazard and keep all garbage and other waste in a suitable covered receptacle.

U. Must store all poisonous materials, cleaning supplies, other hazardous materials (e.g., insecticides, gasoline, hazardous tools, knives), and alcoholic beverages, in an area not readily accessible to children, as appropriate for the age and development of each child.

V. Must have an operational telephone.

    1. Working cell phones kept on the premises are acceptable, but the phone will be accessible for children.

W. Must post emergency phone numbers (911, fire, ambulance, poison control, and responsible adult to contact in case of emergency) in a prominent place.

Proposed

X. Must maintain all firearms in a secure, locked location or secured by a trigger lock. Securing of firearms extends to any weapon which could reasonably be a threat to a child.

Y. Must secure and lock all ammunition separately from firearms unless they are stored in a safe, handgun safe, or a long gun safe.

Z. Ensure there is an agency approved safety plan for any noted hazards.

1. The safety plan will be signed by all caregivers in the resource home and an agency representative.

AA. Must provide proof of current rabies vaccinations as required by Arkansas law for all household pets.

BB. Must provide to DCFS and each child in foster care, as age and developmentally appropriate, information about the use and location of any methods of surveillance in the resource home.

1. This includes the use of baby monitors or other forms of surveillance.
2. Formal written notification detailing use of the surveillance and location of all devices will be provided to DCFS via CFS-448.

CC. Must provide satisfactory living space for all persons in the home.

1. The number of children in foster care placed in a resource home will be limited by the number of persons who can satisfactorily live within the physical limits of the home.
2. Space requirements may be waived on a case by case basis for provisional resource homes.

DD. The agency will ensure a current floor plan of the home with room dimensions for all rooms used for sleeping are kept in the resource home record.

Sleeping Arrangement Requirements

A. Each household occupant will have a bedroom that provides privacy.

B. Children in foster care must sleep in a bedroom, not in a living room, dining room, or any other room where others may pass through.

Proposed

C. Each bedroom, including the master bedroom, must have at least fifty (50) square feet of floor space per occupant.

D. Each bedroom that is used for children in foster care will have a window to the outside, which can serve as an emergency escape.

E. 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.

F. No more than four (4) children will share a bedroom.

G. Each child in foster care will be provided a safe bedroom as appropriate for the child's needs and age, that includes a bed with a mattress, sheets, pillow, pillowcase, and adequate cover, all in good condition, and similar to other household members.

H. Bedding will be changed at least weekly (more often if needed).

I. Children of the opposite sex will not share the same bedroom if either child is four (4) years old or older, except for a parent in foster care with her child.

J. No children will share a bed if either child is four (4) years old or older.

K. No child under age six (6) will occupy a top bunk.

L. Children in foster care, except infants under two (2) years, will not share a sleeping room with adults.

    1. For a grandparent to the child, or a teen parent in foster care with her child, this age would increase through age four (4).

M. All cribs used for children will have current certification of compliance with Consumer Product Safety guidelines.

N. Children twelve (12) months of age and below will be placed flat on their backs to sleep, in accordance with American Academy of Pediatrics guidelines, to lessen the risk of suffocation and Sudden Infant Death Syndrome.

    1. If a child rolls over on their own, there is no requirement to reposition the child.

    2. If there is a medical reason a child cannot sleep on their back, a signed statement from the child's physician will be in the file stating the reason, the sleep position indicated, and the timeframe required.

Proposed

O. Resource parents will not co-sleep or bed share with a foster child of any age, including infants.

P. “Rock and plays,” and similar devices are prohibited.

Transportation

A. A resource parent applicant must have their own mode of transportation available for children in their care to participate in necessary school, recreation, and medical activities.

B. A resource parent applicant must provide documentation demonstrating that all vehicles owned by the applicant have liability insurance.

C. Any vehicle used to transport children in foster care must be maintained in compliance with Arkansas motor vehicle laws and must be insured.

D. A resource parent applicant, and anyone else who would transport children in foster care, must have a valid driver’s license.

   1. The requirement for a driver’s license may be waived for provisional applicants on a case by case basis if an acceptable plan to transport the children placed in their home to school, court dates, medical appointments, etc. is approved.

E. Children must be transported according to Arkansas law, including, but not limited to, use of safety belts, child safety seats, and smoking restrictions.

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WHAT LIABILITY WILL I HAVE AS A RESOURCE PARENT?

According to Act 941 of 1989: Resource parents approved by a child welfare agency licensed by the Department of Human Services will not be liable for damages caused by their children in foster care, nor will 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 resource parents unless the acts or omissions constitute malicious, willful, wanton or grossly negligent conduct.

WHAT IS EXPECTED OF ME AS A RESOURCE PARENT?

Being a resource parent is not an easy task, but a rewarding one! While every responsibility of a resource parent cannot be captured on paper, below are lists of basic expectations to consider when determining if you want to become a resource parent. For several of the sub-sections below, more detail is provided in the “Daily Living” subsection under “What Happens Beyond the Initial Placement?” section. You may also want to review Appendix 2: National Foster Parent Association Code of Ethics for more information.

Daily Activities

A. Provide structure and daily activities designed to promote the individual physical, social, intellectual, spiritual, and emotional development of the children in your home.

B. 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 their future.

C. Keep a life book, for each child in their care, that includes periodic photographs of the child and a record of the child's memberships, activities, and participation in

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extracurricular, school, or church activities. This may include ribbons, trophies, or other awards.

D. Work with children in your care to assume responsibilities (reasonable for the child's age and ability, and similar to those expected of your own children, if applicable).

E. Train children in your care to perform age appropriate self-care and home maintenance tasks, such as cooking and doing dishes.

F. Instruct each child in good grooming and personal hygiene habits.

G. Ensure each child is provided with opportunities for regular recreational activities and exercise.

H. Ensure each child is provided with age-appropriate activities and equipment.

I. Monitor and limit the use of television, videos, computer games, and other screen time activities.

J. Be responsible for meal planning that ensures adequate and nutritious food.

K. Speak positively of the child's birth or legal family and support reunification when reunification is the goal.

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Clothing and Personal Belongings

A. Provide each child with their own clean, well-fitting, attractive, seasonal clothing appropriate to age, sex, individual needs, and comparable to the community standards (with assistance from DCFS).

B. Include children in the selection of their own clothing, whenever possible and appropriate.

C. Allow children to bring their personal belongings to the resource home and acquire additional belongings.

D. Send all personal clothing and belongings with the children when they leave the resource home.

Discipline

The following constitutes the Division's discipline policy:

A. The primary goal of discipline will be to teach the child acceptable behavior and self-control, rather than punish.

B. Discipline will be administered with kindness and understanding, and appropriately based on the child's age, development, and history, including trauma history.

C. Discipline will focus on teaching the child acceptable behavior and self-control. Appropriate forms of discipline may include time-outs, redirection, denial of privileges, and explanation of expectations depending on the particular child.

D. Resource parents will teach and train each child with techniques that stress praise and encouragement.

E. Resource parents will establish well-defined rules that set the expectations and limits of behavior that are relevant to the child's level of growth, development, and trauma history, and will be applied in a consistent manner.

F. Resource parents are **prohibited** from using corporal punishment on children in foster care. Other methods of discipline that are unacceptable for use by resource parents with children in foster care include but are not limited to:

1. Physical punishment threatened or inflicted in any manner, such as spanking, hitting, pinching, pulling hair, slapping, kicking, twisting arm, forced fixed body positions, etc.;

2. Denial of meals, sleep, shelter, essential clothing, case plan activities, or any denial of basic rights;

3. Denial of parental, sibling, or other family visits, or denial of any type of other contact with family members (unless there are established safety concerns);

4. Use of lewd or obscene language;

5. Use of derogatory comments about the child, the child's family or friends, race, gender, gender identity, or sexual orientation;

6. Restriction to a room for more than a short period of time without periodic observation;

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7. Restriction to a dark room or area;
8. Locked isolation of any kind;
9. Physical injury or threat of bodily harm;
10. 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, or any type of public humiliation;
11. Extremely strenuous work or exercise;
12. Mechanical or chemical restraints; or,
13. Punishment of any kind for poor toilet habits.

G. Neither a resource parent nor DCFS can give permission to the school to spank a child in foster care.

H. Physical restraint will be initiated only by a trained person, and only to prevent injury to the child, other people or property, and will not be initiated solely as a form of discipline.

I. A child will not be allowed to administer discipline, with exception to teen parents disciplining their own children under the supervision and guidance of the resource parent.

J. Searches of a child or a child's personal property will be limited to ensuring the safety and security of children and their foster family, or in cases of suspected theft.

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Health Care

A. Cooperate with the Division in medical and dental care planning for children in their care.

B. Make medical and dental appointments as needed while also encouraging and assisting teenagers placed in the home to make their own medical and dental appointments as developmentally appropriate.

C. Accompany the child to the initial health screening, comprehensive health screening, and any on-going physical or mental health services provided whenever possible. If

this is not possible, the resource parent will be available by telephone to the person conducting the screening.

D. Welcome the child's biological or legal parent to also attend medical and dental appointments as appropriate and per any applicable court orders.

E. Consult with the health care provider about the child's health care needs.

F. Report any corrective or follow-up medical or dental care the child needs to the Division.

G. Have transportation available to transport the child in foster care to medical, dental, and other health care related appointments or, if that is not possible, be responsible for arranging transportation for children in foster care to all necessary medical, dental, and health care appointments. Area Directors may grant a waiver in situations where provisional resource families have been recruited specifically for a child.

H. Ensure that each child has sufficient sleep for their age and physical condition.

Medication

A. Administer medications only in accordance with directions on the label and be aware of possible side effects of all medications.

B. Store all over-the-counter medications in an area not readily accessible to children, according to the age and development of each child in the home.

C. Store medication in accordance with pharmaceutical recommendations.

D. Lock all prescription medications, excluding Epi-pens, inhalers, and Glucagon kits.

1. Acceptable methods of locking prescription medications include safes, cabinets fastened by magnetic cabinet locks or similar devices, or containers secured with a padlock.

2. An age-appropriate and developmentally capable child may be provided or have access to non-narcotic prescriptions with an approved safety plan. Examples include, but are not limited to, birth control, acne cream, and topical creams.

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E. Log all medication at the time the medication is administered (see “What Happens Beyond the Initial Placement?” section in the “Health and Medical Services” subsection for more information).

Education

A. Work with the child’s assigned FSW (or other DCFS) to enroll each school-age child in an accredited school immediately upon placement or the next school day.

B. Cooperate with DCFS and take part in the selection and arrangement for educational programs appropriate for the child's age, abilities, and case plan.

C. Attend school conferences concerning children in their care and plan with school personnel when there are school problems.

D. Welcome the child’s biological or legal parent to also attend any school conferences or other school-related activities as appropriate and per any applicable court orders.

E. Cooperate with DCFS in ensuring that children remain in their school of origin, to the extent reasonable and practical.

F. Report serious situations that may require DCFS involvement to DCFS (e.g., any situation that may affect the case plan or a situation that puts the child in jeopardy of suspension or expulsion).

G. Be aware that any deviation from public education (use of private education or home schooling) must have prior authorization from the DCFS Director.

Religious and Ethnic Heritage

A. Recognize, encourage, and support the religious beliefs, ethnic heritage, and language of children in their care.

B. 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.

C. Not coerce children into participation in religious activities or ethnic events against their will.

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Acceptance of DCFS Regulations

A. Abide by DCFS policy and procedures to include compliance with the roles and responsibilities set forth in this publication and in the Resource Home Agreement and Addendum.

B. Accept supervision by DCFS.

C. Strive to provide continuous care of each child placed in your home, until such time as a permanent plan is implemented for each child.

D. Discuss, with DCFS, any issues related to the placement of children in your home and determine what adjustments are needed to provide more suitable placement.

Emergency Planning

A. Develop a plan for evacuating the house in the event of a fire and develop a plan for seeking shelter during a storm or tornado.

    1. Plans must outline the exits in the home, be approved by DCFS, and must be posted within the home.

B. Share the evacuation plan with each child and make sure each child understands the procedures at the time they are placed in the home.

C. Conduct emergency evacuation drills when each new child enters the home and at least quarterly thereafter.

    1. Document all drills via CFS-369: Tornado and Fire Drill Log. This documentation will reflect:

        a. Date and time of drill;

        b. Persons participating in drill;

        c. Length of time needed to clear the home.

Miscellaneous

Resource parents (and Transitional Youth Services Sponsors – see “Appendix 3: Serving as a Resource Parent for Teens / The Transitional Youth Services Program” for more information)

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are prohibited from taking life insurance policies out for children and youth in the custody of DHS.

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WHAT RESPONSIBILITIES DO OTHER TEAM MEMBERS HAVE?

In order for a child's entire team to function well, it is important that everyone understands each other's role on that team and their responsibilities to one another. We also want to ensure you have a summary of the responsibilities that the other team members play as you are making the decision to become a resource parent. There may be some repetition of these responsibilities throughout this handbook, but that repetition is intentional. The Division wants to clearly communicate critical points to help manage expectations and ensure that everyone works together to support the child and, in most cases, helps the child's birth or legal family work toward reunification (in most cases).

Responsibilities of DCFS to Resource Parents

A. Evaluate the specific strengths, needs, preferences, and experience of each resource home to determine the number, ages, sex, and characteristics of children who may be placed in the home. No child may be placed in a resource home in violation of the limitations established in this publication (see "How Many Children May Be Placed in My Home?" for more information).

B. Delegate the responsibility for the day-to-day care of the child in foster care to the resource parents.

C. Ensure regular visits to the resource home (visits may be announced or unannounced).

D. Provide support services, such as respite care, childcare, crisis and after-hours intervention, and counseling as needed.

E. Make training available to resource parents and prohibit placement of children in foster care with any resource parent who has not satisfied the annual in-service training requirement of fifteen (15) hours that comes due at the end of the second year.

F. Actively work the concurrent permanency goals for a child.

G. Notify resource parents of all staffing and judicial case reviews for children in foster care placed in their home.

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H. Investigate all child maltreatment allegations concerning any person in a resource home in accordance with the Child Maltreatment Act.

I. Continually monitor the appropriateness of a placement.

Responsibilities of DCFS to Children in Foster Care

A. Provide the child the basic rights inherent to all children.

B. Prefer relatives and fictive kin as placement resources for the child at all stages of a case, including after termination of parental rights.

C. Place the child in a family-like setting if at all possible that can best serve the child's needs and is the least restrictive environment.

D. Place the child with siblings whenever possible.

E. Locate the child near birth or legal parents, to allow frequent contact.

F. Ensure the child has regular visits with birth or legal parents, siblings, and others with whom there is a significant relationship, unless restricted by court order.

G. Give the child honest information regarding all decisions (in a manner suitable to the child's chronological and developmental age).

H. Allow the child to participate in case planning, conferences, staffing, and court hearings, and similar proceedings, whenever possible and age appropriate.

I. Keep a record for each child that includes legal documents (e.g., birth certificate, social security card, court orders, etc.).

J. Help the family to address the safety issues that caused the removal of their child in order to safely and swiftly return the child to the birth or legal parents; or, move the child safely and swiftly to another form of permanency if reunification is no longer the goal.

K. Prepare youth for successful transition to adulthood.

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Responsibilities of DCFS to Birth or Legal Parents

A. Offer and provide services and supports that will help keep the family together and work toward reunification, as applicable.

B. Let them know they may seek the assistance of an attorney any time a legal action involves their child.

C. Let the family know why it was necessary to temporarily remove their child and place him or her with a resource family.

D. Do not judge or criticize the family and acknowledge that they share in their children's lives.

E. Let the family know how they can still be involved in their child's life while the child is in foster care.

F. Let them know what they must do to have their children return home.

G. Include the family when creating and revising the case plan.

H. Reunify the child with their family when the safety concerns that caused removal are corrected.

Responsibilities of Birth or Legal Parents

Birth or 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 or legal parents' ability to correct the safety issues that caused the child to come into foster care. Otherwise, the birth or legal parents face the possibility of long-range plans being made that may include termination of parental rights.

Birth or legal parents have the responsibility to:

A. Provide all important information about their child and family to DCFS.

B. Provide a list of relatives and fictive kin for the child.

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C. Tell the FSW about any special needs their child has, including health conditions, school information, and important family customs or cultural practices.

D. Participate in staffings and court hearings.

E. Work with the FSW to create a case plan and revise it as needed.

F. Participate in the services to support the case plan goals offered to the family and work on achieving the goals of the case plan.

G. Be involved in their children's medical appointments and school, social, or religious activities.

H. Keep in contact with the FSW and keep him/her updated on progress in achieving the goals of the case plan.

I. Maintain contact and communication with their child(ren) by keeping appointments to visit with their child.

WILL I HAVE SUPPORT IN MY ROLE AS A RESOURCE PARENT?

Yes! In addition to your own natural support system, as a resource parent you will be a member of a professional team for each child placed in your home and his or her family. Below is a summary of typical members of a child's team that you will meet as you go through the application process and once you are approved as a resource home.

Resource Worker

Your DCFS Resource Worker will most likely be the first DCFS representative that you meet. The Resource Worker will be the person primarily responsible for helping you through the approval and assessment process. Once you are approved and opened as a resource home, the Resource Worker will continue to serve as an advocate for you. The Resource Worker will make at least quarterly visits to your home to see what questions or needs you may have.

During the quarterly visits the Resource Worker will also ensure your home continues to stay in compliance with resource home standards and continues to otherwise be an appropriate resource home. At least one of these visits will be unannounced. The Resource Worker will also be a great source of information to you regarding ongoing training to help you in your role as a resource parent and meeting continuing education requirements (see the "Continuing Education" subsection under "How Do I Continue Serving as a Resource Parent?" for more information). The role of the Resource Worker is designed to help make a child's placement in your home successful and prevent the potential harm that can come to a child through placement changes. The Resource Worker will also work with resource parents to improve the overall working relations between DCFS and the local Resource Parent Association, where applicable.

Other Resource Worker duties include, but are not limited to:

- Conducting interviews for the purpose of gathering social histories or other needed information to assess for eligibility or appropriateness of referral;
- Administering background checks;
- Visiting resource homes to complete quarterly assessments and annual evaluations of each resource home and as needed;
- Following up with corrective actions for homes that are out of compliance;
- Responding to requests from resource parents;
- Providing an explanation of common procedures for hearings in the resource parent's judicial division;
- Maintaining resource family training records for continuing education and conducting make-up training as needed;
- Assisting in the development of resource parent support groups/associations and participating in the annual resource parent conference;
- Providing information on training and other resources; and,
- Performing any other duties identified by the Area Director that will promote the success of the resource home.

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Never hesitate to contact your Resource Worker if you have questions or need support!

Caseworker (a.k.a. Family Service Worker)

Each child placed in your home will have at least one Family Service Worker (FSW), sometimes referred to as the child's caseworker but referenced throughout the remainder of this publication as the FSW. While the Resource Worker will primarily help to make sure your needs as a resource parent are met, the child's FSW is mainly responsible for ensuring that the child's needs are met. The FSW will also work with the child's biological parents to help them accomplish the goals set out in their case plan. The FSW strives to empower biological parents to correct the issues that resulted in the child's removal and work toward a safe reunification.

Meeting the child's needs includes actively working with all team members, to include you and the child's biological parents, in meeting case plan goals and helping the child achieve permanency as quickly and safely as possible. The FSW will visit the child in your home weekly during the child's first month in the placement and at least monthly thereafter. However, you can reach out to the FSW at any point in time by phone, email, or text. The FSW will also maintain regular contact with medical personnel, teachers, childcare personnel, service providers, and agency and private attorneys.

When the FSW visits the home, the main objective is to discuss the case plan, any changes in the plan, or specific problems with the placement. The FSW is neither a "best friend" nor a negative authority figure. For example, telling the child, "if you're not good, then I'll call your FSW," or perceiving the FSW as someone who will solve all the problems by saying "we'll call the FSW. She'll take care of everything," is not productive. Resource parents and the FSW are partners working together. This partnership works best when each person presents the other person to the child as a positive influence in that child's life. Each one contributes to the effort taking place on behalf of the child.

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If a child placed in your home was removed from a county different from the one in which you live, then that child will have a primary FSW from the child's removal county as well as a secondary FSW in the county in which you live. The primary FSW is the team member who is responsible for ensuring everyone collaborates on the development of the family's needs assessment and case plan, organizing and notifying all team members about staffings, and providing notification regarding upcoming court hearings. The secondary FSW will assist the primary worker by making sure more routine needs of the child are met. This includes helping with the delivery of services and visits outlined in the child's case plan and making any needed purchases.

Supervisor

Every Resource Worker and FSW has a supervisor. The direct supervisor provides guidance and support to his or her staff and can also be a support to you if there are questions the FSW cannot answer (or when the FSW is on leave or otherwise unavailable).

Area Director

DCFS has ten (10) geographic service areas throughout the state (see Appendix 4: DCFS Geographic Service Areas for a map). Each of these service areas has an Area Director who supervises all county supervisors for his or her area and helps to ensure all operations and services for DCFS clients are successfully delivered.

Program Assistant

Program Assistants (PAs) are DCFS staff who provide an enormous amount of support to FSWs and biological families. PAs often help provide transportation for children in foster care and their families to various services and visits, as well as supervise parent-child visits when necessary, among many other duties.

Health Service Worker

For children placed in your home, the DCFS Health Service Worker will help coordinate your child's initial health screening, comprehensive health screen (frequently referred to as the

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PACE exam which stands for Project for Adolescent and Child Evaluations) and help you follow up on the recommendations outlined in the Child Comprehensive Health Exam.

Transitional Youth Services Coordinator

If you have a youth who is fourteen (14) or older placed in your home, that youth may have a Transitional Youth Services (TYS) Coordinator assigned. TYS Coordinators provide support to FSWs who have teenagers on their caseloads. TYS Coordinators provide support to the youth's FSW in helping older youth prepare for adulthood. TYS Coordinators provide Life Skills classes (e.g., budgeting, meal preparation, completing a resume, job interview skills, etc.) to teenagers and may also help teens apply for jobs or post-secondary education and training and help connect teens to other resources as they approach adulthood. If you have a teen placed in your home, be sure to ask whether a TYS Coordinator is assigned and inquire about Life Skills classes that may occur in your vicinity.

Attorney Ad Litem

The Attorney Ad Litem (AAL) is an attorney appointed by the court to the child in foster care to represent the child's best interest. Every child in foster care will have an AAL. The AAL may visit your home to visit with the child before court.

Court Appointed Special Advocate

A Court Appointed Special Advocate (CASA) is a volunteer who may be appointed to a child in foster care, if a CASA Program exists in your county or jurisdiction and if a CASA volunteer is available. CASAs serve as an extra set of eyes and ears for these vulnerable children. If your child has a CASA, the CASA will make visits to your home to speak privately with the child in foster care.

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HOW DO I PREPARE FOR A PLACEMENT?

Congratulations! If you have been approved as a resource home and are awaiting your first placement, this section covers some of the things to know about how DCFS places children in foster care as well as how you can be involved in those placement decisions.

Locating a Placement for Children

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. However, DHS does have the authority to take emergency seventy-two (72) hour legal custody of any child who is in immediate danger when there is not enough time to petition for and obtain a court order.

A successful match between the child and the resource family will make all the difference in a child's life during an extremely difficult period. The law requires that a child be placed in the least restrictive, most family-like environment possible. To that end, relatives and fictive kin are always considered as the first placement option for a child. Children do best when in surroundings that are familiar to them. Relative and fictive kin caregivers often provide the best chance for children to stay with their family in familiar surroundings and routines. When relative or fictive kin caregivers are not available to care for a child, a child will then be placed in a traditional resource home.

Based on information gathered during the resource parent approval and assessment process, DCFS will consider the preferences, skills, and experience of traditional resource parents, and a child's individual needs, when seeking a placement for a child in foster care. Factors taken into consideration include the child's age, sex, religion, disabilities, interests, challenges, existence as part of a sibling group, case plan, and proximity to family and current school. DCFS will also consider the number of beds the resource home currently has available. To help with this process, DCFS uses the Resource Home Matching Tool to make a determination.

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Two of the most important considerations for placements are: whether a placement will allow a child to be relatively close to where his or her biological or legal parents live, and whether a placement will allow a sibling group to stay together. When a child is placed close to his or birth or legal parents, this helps facilitate visits with parents and other people with whom the child has established bonds and supportive relationships. Placing siblings together lessens separation trauma, eases the stress on their parents, and reinforces the importance of family relationships. When considering placement for siblings, priority is given to families who will take all children in a sibling group.

DCFS uses a text application for seeking placement for a child in foster care. This application allows resource parents to opt-in to participate in placement location by receiving a text. Resource parents will receive a group text message with basic, approved information about a child in need of placement. If interested, resource parents can then call the phone number provided in the text to ask further questions about a potential placement and to notify DCFS staff of their intent to accept or decline placement. If you are interested in participating in the texting system, please let your DCFS Resource Worker know.

Information about a Possible Placement

It is important that both the child and the resource parent feel that the selected placement is a good fit. When you are contacted about taking a child into your home, the DCFS staff member should provide you with the information listed below about the child. The DCFS staff person who contacts you may not initially have all information but may be able to get it after the placement. For example, the full extent of a child's medical needs may not be known at the time of placement. However, DCFS is responsible to provide you with all the information the agency has at that point in time for you to provide appropriate care for the child such as:

- Age;
- Education and school information;
- Health of child, special health needs;

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- Disabilities, special equipment, facilities, or help needed;
- Behavior, both positive and negative, that can be expected;
- Siblings and where they live if not placed together;
- Reasons the child is in foster care;
- Probable length of placement;
- A general indication of the case plan including the plan for visitation of both parents and any siblings; and,
- Child's interests.

This information is confidential and will not be redisclosed by the resource parents.

You have the option not to take a child if you feel the child would not be compatible with your family. If not all the information listed above is immediately provided, you may want to ask some of the following questions to help you decide if a child will be a good match in your home and if you are able to meet the child's needs. Once again, DCFS may not have all the information at that point in time, but is responsible for answering the questions to the best of its ability:

- What school does the child attend?
- What grade is the child in at school?
- What kind of maltreatment has the child experienced? Physical, sexual, or emotional abuse? Neglect?
- What medical information is known about the child?
- Is the child on medication? If so, what is the medication and where is it?
- Does the child have any allergies? If so, what are his/her reactions?
- If you have pets, how does the child react to animals?
- Are there any known behaviors that pose a risk to other children or pets in the home?

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- Is there anyone with whom the child is not allowed contact?
- Is the child coming with any clothes, toys, or other belongings? Are any of these items of special significance to the child?
- Are there any special dietary restrictions or needs?
- What activities, sports, or hobbies does the child enjoy?
- What should be said to the child when the child asks about their parent?
- Is there any reason to suspect that the child might have had prenatal exposure to alcohol or drugs?

Sometimes children are removed from their homes quickly and may not have many personal items with them. Here are some basic items to have on hand:

- Basic toiletries;
- Bath towels;
- Bedding (if you have multiple options to allow the child to choose one, that's even better!);
- Night light;
- Toys;
- T-shirts (oversized for sleeping); and,
- Simple household rules/routine.

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WHAT CAN I EXPECT AND WHAT IS EXPECTED OF ME AT THE TIME OF PLACEMENT?

Placement Packet

At the time of placement in the resource home, you will receive the following documents in the Placement Packet:

- Resource Home Agreement Addendum (to be signed by DCFS representative and the resource parent);
- Medical Passport;
- Copy of the child's birth certificate (may not be available at the time of initial placement);
- Family Assessment (If the child was just removed from their family, and this is the child's first placement, the first family assessment is not required to be completed until thirty (30) days after the child enters care); and,
- Case Plan (if the child was just removed from their family, and this is the child's first placement, the first case plan is not required to be completed until thirty (30) days after the child enters care).

If you do not get a packet, please ask for it. The purpose of the Placement Packet is to provide information on the child that will accompany the child during their time in foster care. The packet helps workers and resource parents in the placement and record keeping process. With every move (which will hopefully be minimal), the caregiver and the child's FSW have the responsibility to replace needed forms and update information on the child. When the child leaves a resource home, the Placement Packet is to be given to the child's FSW.

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The FSW will discuss the contents of the Placement Packet with you and the child (if applicable) to address:

- The reason for placement;
- Medical and mental health information (the Division will ensure all known and currently prescribed medication for a child, if known, is provided at placement);
- Educational information such as any Individual Education Plan (IEPs) for special education;
- Upcoming appointments and court dates; and,
- Other information that you need in order to provide appropriate care for the child, to protect the safety of the child, and to protect the safety and property of you and your family members.

Please also note that resource parents are entitled to the foster care record for children in foster care currently placed in their home. This includes the family assessment, case plans, court reports, and medical records for the child. However, information about the parents or guardians and any siblings not in the resource home, will not be redisclosed by the resource parent.

Welcoming a Child into Your Home

When a child first comes to your home, fear, anger, and confusion may just be a few of the emotions the child is having. Regardless of the reason a child comes into foster care, it is still hard for a child to leave his or her home and come into new surroundings. The child needs understanding, support, and patience, when settling into your home.

A few ideas when welcoming a new child include:

- Ask the child if he or she wants something to eat.

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- Introduce the child to all household members, including family pets (if children are unfamiliar with or frightened by animals, introduce them gradually, and teach proper pet handling and care).
- Show the child where everything is in the house, including the bathroom.
- Show the child the bedroom where he or she will be sleeping, and where to put his or her belongings.
- Let the child unpack in his or her own time. Offer to help or just let them know where to put their things whenever they are ready to unpack.
- Give permission for the child to put a picture of his or her mom, dad, siblings, or others in his or her bedroom.
- Talk about your family's daily routine and basic house rules, but in the simplest and most age-appropriate terms possible.
- Ask the child if there are any special events (e.g., birthdays, school events, etc.) coming up.
- Take time to help a child feel comfortable in your home. Make yourself available to talk with or reassure the child.
- Respect the child's right to privacy.
- Be respectful of the child's relationship with his or her parents and extended family members.
- Do not expect the child to show thankfulness for the home and support you are providing.

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Helping the Child Understand Your Family Routine

Children do best when they have predictability, a routine, know what to expect in a typical day, and have regular mealtimes, bedtimes, chores, and expectations. Most children will need some time to watch and become comfortable with the family's routine and their space. Remember to have patience and understanding.

Bedtime and morning routines may be difficult times for a child placed in foster care. Having a consistent routine for morning and bedtimes will help children through these transitions. For many children, a night light, stuffed animal, and an open door may make them feel more comfortable. It is also important to give children permission to get up and use the bathroom in the middle of the night.

Sleep problems are common for children in foster care. Some children may have sleep disorders or disruptions as a result of trauma stemming from the abuse or neglect that they have experienced, and the trauma of being separated from family. Notify the child's FSW if you see the child experiencing chronic sleep difficulties.

Helping the Child Understand House Rules

Children who have experienced abuse or neglect and are placed in foster care need limits and boundaries, just as all children do. A child in your care will need to know the rules in your home. House rules that are simple and openly discussed as a family are helpful. There may be a fine line between routines and rules, especially some routines that may have developed into informal rules in your home. You may want to think about ahead of time to avoid potential conflict or confusion. For example, who sits where at the dinner table may be a routine that has developed into an informal rule in your home, especially for biological children or children in foster care who have already been placed with you for a period of time. Another example of a common routine that has turned into an informal rule that some resource parents may not think of right away. Make sure children placed in your home know to tell you when they are out of something, such as toothpaste or toilet paper. Before receiving your first placement, you and your family may want to reflect on some other routines that have become informal rules for your family so that you can share those when a new child is placed in your home.

When making and enforcing rules, please remember to:

- Make the rule clear and repeat it often;
- Base rules upon what can be reasonably expected from the child's age and emotional development;
- Be consistent and stay calm.

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HOW MANY CHILDREN MAY BE PLACED WITH ME?

During your approval process, your Resource Worker will discuss with you the maximum number of children that may be placed with you at any given time. This decision is based on several factors, including physical space available for children, your parenting capacities and skills based on your prior parenting experience or any specialized training or education, and your ability to meet the needs of each individual child present in the home. Given these considerations, DCFS reserves the right to determine the number of children that may be placed in a resource home regardless of the amount of physical space that may be available for children in the home.

Minimum Licensing Standards for resource homes establish the guidelines for maximum capacity of children placed in each individual resource home. A resource home will have no more than five (5) children in care placed in the home at one time. A resource home may care for up to eight (8) children, including biological, adopted, or other legal children who are in the home. This includes placement and respite care. Further, including a resource parents' biological children, a resource home may have no more than two (2) children under the age of two (2) and no more than three (3) children under the age of six (6). The sole exception to the above limits will be in those instances in which the placement of a sibling group in a resource home (with no other children in the home) would exceed the limits.

Resource parents 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.

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WHAT HAPPENS BEYOND THE INITIAL PLACEMENT?

Overview

As you and your family work to integrate the child placed in your home into your family life and routines, in many ways day-to-day life will hopefully look familiar in terms taking the children to school and extracurricular activities, helping the children with homework, attending doctor visits and school conferences, and celebrating holidays. On the other hand, having a child in foster care placed in your home also means many new commitments for you and your family, such as staffing, court hearings, and working to ensure that the child has adequate family time with their birth or legal parents and siblings, as applicable. As a resource parent, you and your family will also need to be prepared to have different people from the child welfare system visit your home. To outline what some of these activities and requirements may look like when a child in foster care is placed in your home, this section is divided into two primary parts – Daily Living, and Foster Care Case Activities and Requirements.

Some of the information provided below has already been referenced in the “What is Expected of Me as a Resource Parent?” section. But, once again, there is so much for which resource parents are responsible. The Division wants to ensure you have a clear understanding of your role and what to expect. So, much of this information bears repeating.

Daily Living

As you and your family work to integrate the child placed in your home into your family life and routines, in many ways day-to-day life will hopefully look familiar in terms taking the children to

Decision Making

As the resource parent, you will provide the direct care and have decision-making authority concerning the child's daily living. That said, you may not independently make major decisions that have far-reaching effects on the child's life, such as consents for surgery, military service, or marriage. Likewise, you may not make decisions that have far reaching

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effects for the child's personal appearance, such as allowing the child to obtain piercings or tattoos or changes to a child's hair style without consulting the FSW, particularly for infants and toddlers who have never had a haircut before, given some cultural traditions around a child's first haircut. Regular, ongoing haircuts that keep a child's basic style are left to the resource family's discretion. The FSW will obtain permission from the child's parent prior to authorizing any changes in appearance for the child. Such changes cannot be made without parental consent.

Communication with the Child's Assigned FSW

As a resource parent, you have a valuable window into how a child is adapting and adjusting. Often a resource family will see problems before the child's FSW will. It is important that you notify the assigned FSW when you see any problems. Concerns or unusual behaviors may be indicative of a larger problem. This is especially important if you are seeing behaviors such as:

- Sexual acting out;
- Depression or other mental health concerns;
- Physical aggressiveness; or,
- Other extreme behaviors.

Keep the child's FSW informed through telephone calls, confidential email, voice mail messages, or written documentation. If you need to talk to the FSW immediately, or have not received communication back within 48 hours, contact the assigned FSW's supervisor for assistance.

Use of Child's Legal Name

For legal purposes and for the child's sense of identity, a child in care will use his or her own name. Resource families will use the child's legal name and not give the child a different name. However, a child may have a nickname they prefer to be called. A child in care will not assume the name of the resource family while the child remains in the custody of DHS.

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Health and Medical Services

As the child's day-to-day caregiver, if possible, you will need to go with the child to doctor visits, or to otherwise receive treatment and consult with the health care provider about the child's health care needs. DCFS may assist with transportation, childcare for other children in the resource home, and other necessary support to enable the resource parent to accompany the child to health care visits. This assistance either may be provided through the use of DCFS staff, including paid or volunteer aides, or through agreements to reimburse the resource parent for such supportive services related to the child's case plan.

If you cannot accompany the child, the FSW or Health Service Unit will accompany the child and convey the health care provider's diagnosis and instructions to you. The Medical Passport (see below) will be revised, and the updated version provided to you.

Medical Passport

In order to equip you to care for a child placed in your home, Division staff will provide you with an abbreviated health record, typically referred to as the "Medical Passport," at the time of placement. The Medical Passport will include (depending on when the child entered foster care), the initial health screening, timely comprehensive health assessments, and a descriptive health plan for each child. The medical passport will also include a copy of any assessment or case plan which has been developed for the child's family, and the names of the child's prior health care providers, if known. If a child's placement with you is their first placement in foster care, please understand that health and medical information available for that child may be limited, particularly if a removal was done after-hours or on the weekend.

The Medical Passport forms are to be completed during initial placement into foster care. The FSW will complete CFS-362: Medi-Alert to Resource Care Provider. You and the FSW are to complete CFS-365: Receipt for Medical Passport together. The child's FSW or Health Service Worker will also request medical records on the child for the time prior to entry into foster care. The medical history information gathered will 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 CFS-353: Requested Medical Records Log. The CFS-352: Episodic is used for Initial Dental Exam,

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Medical, Vision, Hearing, & Psychological Episodic. The CFS-366 (Initial Physical) is used for the Initial Physical.

Initial Health Screening

A child who enters the custody of DHS will 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 initial health screening will include a head-to-toe physical. If possible, the physical should be conducted by the child's Primary Care Physician (PCP). You are encouraged to accompany the child to the initial health screening (and to any appointments for on-going health or mental health services). If this is not possible, you will need to be available by telephone to the person conducting the screening.

As with educational services and activities, if the goal of the case is reunification, then the child's biological parents are also encouraged to attend medical appointments, in most cases, so that they can continue to take part in the care of their children, and provide valuable health history regarding both the child and extended biological family. Once again, talk with your child's FSW on how best to proceed, and discuss issues like participation in medical appointments and other health services at the regular staffings that will occur.

The FSW or Health Service Unit will share the results of the screening with you and any instructions for the child's care and treatment. You will also receive the name of the person who performed the screening. Upon completion of the initial health screening, the FSW or Health Service Unit will complete the CFS-362: Medi-Alert and give a copy to the child's resource parent. If the initial health screening indicates that treatment or further evaluation is needed within 30 days, the FSW or Health Service Unit will ensure that the need is promptly met.

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Comprehensive Health Assessment

A Comprehensive Health Assessment will be completed within 60 days of a child's entry into foster care. The Comprehensive Health Assessment includes: cognition and achievement; speech and language development; and hearing, vision, medical, emotional, and behavioral development. Medications will be provided as necessary.

The University of Arkansas for Medical Sciences (UAMS) Project for Adolescent and Child Evaluation (PACE) Program is responsible for conducting Comprehensive Health Assessments. Once again, the foster parent, as well as the birth or legal parents or relevant members of the extended family, are encouraged to participate in the Comprehensive Health Assessment (when appropriate).

After the Comprehensive Health Assessment, there will be a written summary of the medical, mental health, educational, dental, social status, and needs of the child. The Child's Health Services Plan should be completed at the Comprehensive Assessment. The FSW or Health Service Unit will provide copies of the health plan and updates within seven (7) days to the resource parents, the child's legal parents, and the child (if age ten (10) or older) .

If Medicaid records indicate that a child has not had recent dental examinations within the approved Division of Medical Services' timeframes, then within the first sixty (60) days a dental examination will be completed. All follow-up dental work that is recommended by the provider will be completed within the recommended timeframes set forth by the dental provider.

Continuing Health Services

After the Comprehensive Health Assessment is conducted, all subsequent examinations will be accomplished (as part of the ongoing Early Periodic Screening Diagnosis Treatment (EPSDT) program), based on the respective periodicity schedules. The medical provider will complete CFS-352 at each examination and the Medical Passport will be updated and provided to you. A physical examination control schedule will be maintained so that examinations are conducted according to the Division of Medical Services' EPSDT periodicity schedule.

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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 or designee) will authorize and bill for medication and medical services, as applicable.

Mandatory Immunizations

State law requires that certain immunizations are obtained before a child enters school. As the resource parents you will assist in maintaining current immunizations. See Recommended Immunizations Timetable under "Useful Links" in this manual.

Medication

As stated in the "What is Expected of Me as a Resource Parent?" section, you will need to administer medications only in accordance with directions on the label and be aware of possible side effects of all medications. All over-the-counter medications will be stored in an area not readily accessible to children, according to the age and development of each child in the home. Medication will also be stored in accordance with pharmaceutical recommendations.

All prescription medications (excluding Epi-pens, inhalers, and Glucagon kits) will be locked. An age-appropriate and developmentally capable child may be provided or have access to non-narcotic prescriptions with an approved safety plan (i.e., birth control, acne cream, or topical creams).

You are required to log all medications at the time the medication is administered, using CFS-364: Medication Log. The logs must include the following:

- Child's name;
- Time and date;

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- Medication and dosage; and,
- Initials of the person administering the medication.

You will provide age appropriate (considering both chronological and developmental age) children with a daily supply of medication (over-the-counter or prescription) for use when the child is away from the home during the times the dose is needed. Examples include pain relievers, fever reducers, anti-inflammatory (and other related medications), or prescribed antibiotics or inhalers. However, these medications must be logged at the time they are given to the child.

Hospitalization

When a child in foster care is hospitalized, the FSW 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 FSW signs both the admission forms and the required consent for surgery, if indicated and will include the name and cell phone number of the FSW to be contacted regarding the child on the admission forms. A second opinion by a medical specialist will be obtained before major surgery whenever possible.

As a resource parent, you may not sign a child in foster care into the hospital or sign other medical or surgical consent. However, never delay calling in 911 or otherwise taking a child to the emergency room if needed. 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 most important thing to remember after arranging for any emergency medical care is to notify the FSW immediately when a child in foster care is hospitalized. As soon as possible, the FSW will visit the hospital and sign the required consents.

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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 FSW. A child's Medicaid number should be accessible through the Resource Parent Portal within five (5) business days of the child coming into care, and the actual Medicaid card should be available within two (2) to three (3) days of the child entering care. For a child who has been in foster care for more than three (3) weeks but is moving to a new placement, a copy of the child's Medicaid card will be provided to the resource parents at placement. Although the FSW may provide a copy of the Medicaid Card (for the resource 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 FSW (with the approval of the County Supervisor or designee) will authorize and bill medical services. In the event medical services are denied by Medicaid, the child's medical needs will be met with foster care funds. A child will not be denied medical services because the child is not Medicaid eligible.

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. Federal law requires child welfare and education agencies to collaborate, to guarantee school stability and school attendance for all children in foster care. It specifically mandates that, in making decisions regarding a child's placement, child welfare agencies take into account the location of the child's school and the appropriateness of the child's current educational placement. Children entering foster care or experiencing a placement change must continue to attend their school of origin (school in which the child was enrolled at the time of entry into foster care or time of placement change) unless remaining in the school of origin is not in the child's best interest. Best interest determinations will be made collaboratively between the Local Education Agency (LEA) and local DCFS staff. Factors to be considered in making a best interest determination include:

- Child's preference.
- Age of the child or youth.
- Preference of the child's parents or education decision makers.

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- Child's attachment to the school, including meaningful relationship with staff and peers.
- Placement of the child's siblings.
- Distance of the commute to and from the school of origin and its impact on the child's education and well-being.
- Personal safety issues.
- History of school transfers and how they have impacted the child.
- Availability and quality of services in the current and potential schools to meet the child's educational and social or emotional needs.
- Child's need for special instruction (e.g., special education and related services).
- Anticipated length of stay in the placement.
- Child's permanency plan.
- Time remaining in the school year.
- Other factors that may impact the child's academic success.

To the extent reasonable and practical, local DCFS and LEA will ensure the child remains in the school of origin while the best interest decision is being made.

Children in foster care will 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.

If a child placed in your home is struggling in school, the first step for assessing tutoring needs, any special accommodations (such as a 504 Plan), or special education assessment or services is to speak with the appropriate representatives in a child's school district.

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Tutoring can be purchased for a child in need of additional educational assistance. However, please consult with the child's FSW since purchasing tutoring services requires pre-authorization and there are often alternate services or supports that may better meet a child's educational needs. The DCFS Education Specialist is also available for consultation regarding educational services and needs. Please ask your child's FSW for that person's contact information as needed. In addition, each school district has a Foster Care Liaison who may be able to provide assistance in this area of concern. You are encouraged to learn who your child's Foster Care Liaison is in the school district. Educational testing and counseling should be available to a child in foster care when they begin to make career or curriculum decisions. If a child desires to pursue college or vocational training after high school, the FSW and TYS Coordinator will assist the child in the exploration of resources to pursue this plan.

As a resource parent, you will often know the child placed in your home better than the FSW since you are with the child every day. As such, you have a wealth of knowledge about that child and are encouraged to attend parent-teacher conferences, any special education meetings (such as Individualized Education Plan (IEP)), as applicable, and other school events.

If the goal of the case is reunification, then the child's biological parents are also encouraged to attend these events in most instances. In general, there is nothing that prevents resource parents and biological parents from attending educational meetings and events together. In fact, in many cases this is encouraged as it helps the child view the resource and biological parents as a team, working to ensure the child's well-being, and can be a wonderful way to support biological parents as they work to reunify with their child. However, since every foster care case is different, be sure to speak to your child's FSW on how best to proceed and discuss issues like attendance at educational meetings and events at the regular staffing that will occur.

Daily Child Care for Non-School Age Children

Many resource parents work outside the home and require assistance with childcare for children who are not yet enrolled in grade school. Childcare may be authorized and routinely provided for a child in foster care if both resource parents work outside of the home, if it is determined to be appropriate as part of the case plan, or if court ordered. Appropriate reasons

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include: 1) socialization, kindergarten readiness, or therapeutic benefits for the child; or, 2) to ensure the child may be placed in a resource home in their county or in close proximity to their home. The service may be authorized for up to three (3) months at a time. It will only be provided by DCFS when resources are available.

Resource parents are required to seek enrollment in an Arkansas Better Chance (ABC) program as the childcare provider for all children in foster care. DCFS must document all attempts to place the child in an ABC childcare program prior to authorizing use of a childcare voucher program for any childcare needs.

Childcare providers must be on the voucher system and licensed by The Division of Child Care and Early Childhood Education (DCCECE) or on the Voluntary Child Care Registry. If the child was enrolled in childcare prior to coming into care, the child should remain in that particular childcare facility, if at all possible (provided it is licensed by DCCECE or on the Voluntary Child Care Registry). This is an effort to provide the child with consistency in his/her daily caregivers and reduce the amount of trauma a child experiences when coming into foster care.

If a child was not enrolled in childcare, prior to coming into care, or if a new childcare facility must be used, DCFS and the resource parents will make every effort to place the child in a high-quality childcare center. For more information on high-quality childcare centers, visit the Better Beginnings website at http://www.arbetterbeginnings.com/.

Enrollment in overnight daycares is not allowed. Likewise, late night pick-ups (after 8:00 p.m.) from childcare centers that have extended hours are also unacceptable.

Transportation and Travel

As discussed in the approval requirements, you will need to have your own transportation available to transport the child to school, appointments, and activities. When the resource parent needs assistance with transportation, the resource parent should contact the FSW as

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soon as possible. The FSW, Program Assistant, or a volunteer transporter may be assigned to assist with travel, as those resources are available.

Transportation of children in foster care must be conducted by a driver with a valid driver's license who cleared all motor vehicle background checks. As such, resource parents will not allow children in foster care to ride in a vehicle with a youth who drives with only a learner's permit. A minor who has met all requirements to drive alone, under an intermediate license, may transport children in foster care if you believe that minor is otherwise mature enough to handle that responsibility, both the minor driver and the child in foster care agree to the arrangement, and other reasonable and prudent parent considerations have been made. Minors driving independently with an intermediate license are not allowed to transport more than one (1) unrelated minor in the vehicle, they may not use any interactive wireless device while driving (including a cellular phone) and, they may not operate a motor vehicle between the hours of 11:00 p.m. and 4:00 a.m. unless:

- Accompanied by a person twenty-one (21) years of age or older;
- Driving to or from a school activity, church-related activity, or job; or,
- Driving because of an emergency.

Arkansas state law also requires that:

- Children who are less than six (6) years of age and children who weigh less than sixty (60) pounds require a child safety seat; and,
- All other children must be restrained by safety belts.

In addition, DCFS policy prohibits smoking in any motor vehicle transporting a child in foster care. DCFS also strongly endorses and promotes the American Academy of Pediatrics recommendation that all children younger than thirteen (13) ride in the backseat of the vehicles.

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Resource parents must have prior written authorization to transport children in foster care for an overnight stay outside the State of Arkansas. Such requests will be made to the FSW as soon as travel planning begins, and at a minimum of two (2) weeks prior to scheduled travel dates, if possible. The child's FSW or other designated staff will complete a DHS-1010: Request for Out-of-State Travel and must have an approval from the Area Director or designee prior to travel occurring. Resource parents residing in counties which border on state lines will not have to submit a request for out-of-state travel in order to cross the state border, when travel plans do not require an overnight stay outside the State of Arkansas (e.g., shopping or visiting with a relative in a nearby town).

For information on reimbursement for transportation, please see the "Transportation Reimbursement" subsection under "What Financial Support Will I Receive as a Resource Parent?".

Vacations

When vacationing as a family, resource parents are encouraged to take any children placed in their home with them. However, DCFS will not pay for vacation expenses. As noted above, travel out of state involving an overnight stay or more requires prior written authorization via a DHS-1010. Travel out of the country, with a child placed in your home, requires the approval of the DCFS Director or designee. For any planned vacations, or other travel out-of-state with a child placed in your home, the more advance notice you can provide to the child's FSW, the better (in terms of ensuring sufficient time to plan, provide appropriate notice to other parties as needed, and work out trip details).

Need for Babysitting or other Alternate Care Arrangements

DCFS recognizes the importance of allowing, and even encouraging, resource parents to take a break from the duties of providing a home to children in foster care, to and spend quality time alone with your spouse, other family members, or friends. There are different levels of what the Division refers to as "alternate care," which refers to any time a resource parent requests another appropriate adult to supervise the children that have been placed in the resource parent's home. The Division promotes the use of alternate care to foster a degree of normalcy in the lives of children in foster care. Below is a description of the different kinds of alternate care.

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Extracurricular Activities and Other Normal Age-Appropriate Activities

Children in resource homes are encouraged to participate in normal age-appropriate activities, such as: overnight visits with friends, extra-curricular activities, church activities, and short-term summer camps. As a resource parent who knows about the children placed in your home, you will need to apply the reasonable and prudent parent standard. This means exercising careful and sensible consideration when determining whether an activity for a particular child will not only encourage the emotional and developmental growth of the child, but also maintain the health, safety, and best interests of the child. When applying the reasonable and prudent parent standard, resource parents will make the following considerations:

- The child's chronological age, maturity level, physical and behavioral capacities, and cognitive and emotional developmental levels;
- The potential risk factors and the appropriateness of the activity;
- The best interest of the child, based on information known by the caregiver;
- The importance of encouraging the child's emotional and developmental growth;
- The importance of providing the child with the most family-like living experience possible; and
- The behavioral history of the child and the child's ability to safely participate in the proposed activity.

As the resource parent you are responsible for monitoring extra-curricular activities to ensure a foster child does not become overwhelmed with too many activities. Children need ample time in the resource home for relaxation, participation in daily household activities, completion of homework, and bonding with your family. You will need to notify the child's FSW if the child will spend more than twenty-four (24) hours outside of your resource home.

Babysitting

Babysitters may be used to provide occasional care for children in the resource home for no more than eight (8) continuous hours at one time. As a resource parent, you must exercise

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careful consideration when evaluating the character and competence of any individual asked to babysit. You may reimburse the babysitter if you choose to do so. However, the Division will not reimburse for babysitting services except for when funding is available to defray the cost when resource parents attend approved continuing education trainings or events. Babysitters will not transport children. Background checks are not required for babysitters as described in this section.

Resource Family Support System

The Resource Family Support System (RFSS) may be comprised of up to three (3) other households identified by the resource family. RFSS members may provide care for children when a resource parent is unable to do so.

Once again, resource parents will exercise careful consideration when evaluating the character and competence of any household asked to serve as an RFSS member. RFSS members must be at least twenty-one (21) years of age. There is not a standard maximum age limit for RFSS members, but RFSS members must be physically, mentally, and emotionally capable of caring for children for up to seventy-two (72) hours. You may reimburse an RFSS member if they choose to do so, but DCFS will not reimburse for the use of RFSS members.

Members of a Resource Family Support System may transport children and care for children in the resource home or in the home of the RFSS member. Anytime you plan for a child placed in your home to be cared for by an RFSS member for more than twenty-four (24) hours, you must notify your child's FSW. An RFSS member will not provide care for more than seventy-two (72) continuous hours at one time regardless of the location in which care is provided and regardless of which RFSS member is providing care. It is prohibited for RFSS members to take children in foster care out-of-state for overnight trips.

However, for extenuating circumstances only, the Area Director may approve for a child to stay with an FFSS member for more than seventy-two (72) hours, but no more than seven (7) days. To go beyond the seventy-two (72) hour timeframe requirement, a written request must

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be submitted to the Area Director explaining the reasons for the extension request. The Area Director or designee must approve or deny the request in writing.

The number of children placed in an RFSS member household must meet all Minimum Licensing and DCFS Policy requirements.

All prospective RFSS members must be cleared through the Child Maltreatment Central Registry, Vehicle Safety Program, and State Police Criminal Record Check. DCFS will request any other state where the prospective RFSS member has resided in the preceding five (5) years, to check its child abuse and neglect registry. DCFS will provide documentation in the case record that the Child Maltreatment Central Registry and State Criminal Record Checks were conducted on the prospective RFSS member.

Documentation of at least one visual inspection of the home for evaluation purposes is required of all prospective RFSS members.

Respite Care

When a Resource Family Support System member is not available to provide needed care on a short-term basis, respite care may be utilized to temporarily relieve the resource family of the ongoing responsibilities and stresses of care. Respite care must occur in an agency approved resource home and cannot exceed fourteen (14) consecutive days. There are two (2) types of respite care:

- Informal Respite Home: An approved DCFS resource home that can provide temporary care when the Resource Family Support System is unable to assist, or for situations in which children will be outside of the resource home for more than 72 continuous hours. An Informal Respite Home may provide care for no more than seven (7) continuous days at one time. Periods of respite care in an Informal Respite Home lasting longer than seven (7) consecutive days require approval from the Area Director or designee.

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If an Area Director approved extension exceeds fourteen (14) continuous days, the regular resource parents' board payment will be affected. If the child has stayed in any combination of RFSS or informal respite homes (i.e., outside of the regular resource home placement, the total amount of days within those alternate care types cannot exceed fourteen (14) consecutive days as board payment may be affected.)

Resource parents may reimburse an informal respite provider if they choose to do so. DCFS will not reimburse an informal respite provider. The number of children placed in an Informal Respite Home must meet all Minimum Licensing and DCFS Policy requirements.

- Formal Respite Care: A DCFS contract provider who supplies short-term respite care particularly when a child's current placement is at risk of disruption or respite is needed to prevent a residential, 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 will be provided for no more than seven (7) days per three (3) month period. Longer periods of Formal Respite Care require approval from the Prevention and Supports Manager. If an approved extension exceeds fourteen (14) consecutive days, the regular resource parents' board payment will be affected. If the child has stayed in any combination of RFSS or informal respite homes before a formal respite stay, the total amount of days within those alternate care types (i.e., outside the regular resource home placement) cannot exceed fourteen (14) consecutive days as board payment may be affected.

Social Media and Sharing Information about Children in Foster Care

There are occasions when questions may be asked of a child in foster care or pictures requested of a child in foster care for purposes of newspaper, television, or radio publicity. All publicity of this nature must be approved through the FSW and the County Office Supervisor

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or designee. Typically, these are approved as long as the youth is not identified as being in foster care and as long as the youth's last name is not used. Some situations may require the involvement of the DHS Director of Communication.

However, youth in foster care may appear in school yearbooks, school newspapers, church youth group bulletins, and similar age appropriate publications without consulting the Division if the child is not identified as being in foster care.

As a resource parent, you are prohibited from posting pictures of children placed in your home (even if the face is blocked or blurred when posted) online or on any type of social media platform. In addition, any information about the circumstances of the child in foster care or their family or the progression of the foster care case is prohibited from being posted online. Arkansas law (Arkansas Code § 9-28-407(h)) prohibits resource parents from redisclosing any information they obtain about a foster child, the child's parents, or siblings not placed in the resource home, and such extends to posting information on social media platforms.

For older youth in foster care who have social media accounts and choose to post "selfies" or other information, resource parents must monitor, to some extent, that use of social media. Resource parents will assess how appropriate and safe a post may be for the youth and for the resource family as well.

Many youths in foster care contact siblings or other family members using social media. Please be aware of such communication and conference with the youth's FSW if there are questions regarding whether contact between the youth and their families is safe and appropriate. Actions may need to be taken, if there is a conflict with a court order or if there are other issues.

Screen Time

The monitoring of social media also extends to other forms of screen time. The American Academy of Pediatrics (AAP) recommends "screen-free" zones at home by making sure there

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are no televisions, computers, or video games in children's bedrooms and by turning off the tv during dinner. Children and youth should engage with entertainment media for no more than one (1) or two (2) hours per day. It is important for children to spend time on outdoor play, reading, hobbies, and using their imagination in free play.

Television and other entertainment media should be avoided for infants and children under age two (2). A child's brain develops rapidly during these first years, and young children learn best by interacting with people, not screens.

Cell Phones

DCFS generally does not provide cell phones to youth in foster care except for youth who elect to stay in Extended Foster Care (see Appendix 3 for more information). If a resource parent chooses to purchase or allows a child in care under eighteen (18) to purchase or use a cell phone, DCFS is not responsible for any expenses related to the purchase. Likewise, DCFS is not responsible for any expenses related to the use, abuse, or loss of the phone for a child of any age. This includes youth who participate in Extended Foster Care after the allotted phone maximum has been expended for the youth in Extended Foster Care.

Chores

Children in foster care placed in your home can be expected to help with reasonable and age-appropriate or developmentally appropriate chores. With support and understanding, chores can be a way for children to learn how family members work together as a team and feel included in your family. A child in care can be expected to share equally in the chores expected of other family members of the same age. As examples, younger children may help set the table. For teens, reasonable household chores are a way for them to gain important life skills that will help them transition to adulthood. For example, teens may be able to do their own laundry, help prepare for and assist with cooking a meal each week, and call to schedule their own doctor appointments, with coaching and other support needed from resource parents (for more information on serving as a resource home to teens, please see Appendix 3).

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A child will not be expected to perform chores that are your responsibility, or that are chores that should be shared among several individuals (for example, the entire family's laundry). If you have questions about what may or may not be appropriate chores for a child placed in your home, based on their ability and history, please reach out to the child's FSW. Topics such as these also may be discussed in a staffing so that all team members can weigh in and come to consensus.

Guidelines for chores include:

- Never assume the child knows how to do a certain chore. Rather, start by teaching the child how to do the chore.
- Start with simple chores and tasks and work up to more complex ones, as the child's skills increase and ability to persevere becomes stronger.
- Rotate chores so that the child can develop different skills and have a variety of experiences.
- Do not associate chores with discipline or punishment. Rather, they should be part of the child's participation in family life.
- Do not allow chores that need to be performed to interfere with family activities, school, regular play time, visits to the child's family, or the child's normal contacts.
- Be sensitive to the needs of the child, for help and support in carrying out chores.
- Encourage children to take care of their own personal belongings, make their bed, and keep their closet, drawers, toys, and other items in order.
- Praise the child for a job well done.

Foster Care Case Activities and Requirements

Family Assessments and Case Plans

For every child in foster care, a case plan is required. This case plan must be completed within thirty (30) days from the date the child enters care. The primary FSW develops a case plan in collaboration with the child's family to include the child as age-appropriate and developmentally appropriate.

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The case plan outlines the services, resources, and timeframes of what the parents, child, FSW, and other DCFS staff, and resource parents need to do for the child to safely return to the parents' home permanently. The case plan is developed based on:

- An assessment of the family's strengths and needs (you may request a copy of this assessment);
- Reasons the child came into care and needed changes in the biological or legal family's home or parenting to ensure the child's safety; and,
- The child's needs.

Resource parents will have the opportunity to provide input during the case planning process. Resource parents will be given a copy of the case plan but are prohibited by law from redisclosing any case information and will only use the information in the case plan and other case records to assist them in caring for the child placed in their home.

The case plan will also list the case plan goal for the child. Very generally, permanency goals may include:

- Reunification with the parent;
- Adoption or guardianship (with relatives and fictive kin being considered first);
- Placement with a permanent custodian, to include permanent custody with a relative or fictive kin; or,
- For youth sixteen (16) and older, Another Planned Permanent Living Arrangement (APPLA). APPLA means the youth will most likely age out of foster care at age eighteen (18) or older.

There should be at least two (2) goals listed in the case plan, typically called concurrent goals. These two (2) goals will be actively worked at the same time. Concurrent goals help make sure that if one goal does not work out, then there is a back-up plan. Concurrent plans are designed to increase the child's chance to achieve permanency safely and swiftly.

Staffings

A staffing is a meeting of key persons who are responsible directly or indirectly for problem-solving and decision-making regarding a family's case plan. An initial staffing is held within

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the first thirty (30) days of the child's stay in foster care. Subsequent staffing are held at least every three (3) months thereafter. Additional staffing may be held on an as-needed basis. As a resource parent, you will be invited to all staffing on children currently in your care. However, it may not be necessary for you to attend the entire staffing. The family's case plan will be discussed at almost every staffing.

The FSW will inform you in advance of the purpose of the staffing, and what information, if any, that you may be called upon to present. Information presented may include the following:

- Observations about the child;
- The child's reactions to visits with his or her birth or legal family, as perceived by the resource 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 resource parent's assessment of progress in those areas.

Court Hearings

You will be provided notification of upcoming court hearings for each child currently placed in your resource home. Resource parents are encouraged to attend court hearings and will be offered the opportunity to be heard at hearings. The following is a brief summary of the types of court hearings that typically occur throughout the life of a foster care case:

- Probable Cause: The probable cause hearing must be held within five (5) working days of issuing an emergency order that allowed DHS to take custody of the child. At this hearing, the court determines if DCFS had sufficient reason to place the child in foster care and if the child should be returned home, stay in the temporary custody of DCFS, or live with someone else until the adjudication hearing.
- Adjudication: Following a probable cause hearing, an adjudication hearing is held to decide if the child is dependent/neglected (this means abused or neglected). The dependency-neglect adjudication hearing is generally held within thirty (30) days of the

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probable cause hearing but it is permissible for the adjudication hearing to take place within sixty (60) days after the probable cause hearing.

- Disposition: If it is determined that the child is dependent/neglected, the judge will hold a disposition hearing to decide if it is better for the child to stay in the custody of DCFS, be placed in someone else's custody, or be returned to their parent or guardian. This hearing usually takes place immediately after the adjudication hearing, but if not, then it must take place within fourteen (14) days of the adjudication hearing.

- Review: Review hearings are held to make sure that everyone is following the court orders and the case plan. They are also an opportunity to see how the child is doing, , to determine whether the right kind of services are being provided for the family and the child, and to assess whether the child can be returned home. The first review hearing is held no later than six (6) months from the date the child entered foster care. However, the court may require a review prior to the sixth month review hearing. After that, the court will continue to review a foster care case no less then every six (6) months, including for those children in foster care who are placed out-of-state. Review hearings will continue to be held until the child has a permanent home. At any time during the life of a foster care case, any party to the case may request the court to review the case. The party requesting the hearing must provide reasonable notice to all parties.

- Permanency Planning: At the permanency planning hearing (PPH), the court must decide on a plan for permanent placement for the child. The hearing can be held at any time, following the adjudication, but must be held within twelve months from the date the child was removed from the home, and not less than every twelve (12) months thereafter (during the continuation of the child's time in foster care).

  Below is a summary of the hierarchy of preferred permanency plans:

  a. Placing custody of the child with a fit parent at the permanency planning hearing;

  b. Returning the child to the guardian or custodian from whom the juvenile was initially removed at the permanency planning hearing;

  c. Authorizing additional, but limited, time (not to exceed three (3) months) for parent, guardian, or custodian (under certain circumstances found by the court and as outlined in Arkansas law) to work toward reunification and authorizing a

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corresponding plan to place custody of the child with a parent, guardian, or custodian;

d. Authorizing a plan to obtain a guardianship or adoption with a fit and willing relative;

e. Authorizing a plan for adoption with DHS filing a petition for termination of parental rights (with certain exceptions outlined in Arkansas law);

f. Authorizing a plan to obtain a guardian for the juvenile;

g. Authorizing a plan to obtain a permanent custodian, including permanent custody with a fit and willing relative; or,

h. Authorizing a plan for another planned permanent living arrangement (APPLA). This includes a permanent planned living arrangement, and addresses the quality of services, including independent living services and a plan for the supervision and nurturing that the juvenile will receive. An APPLA permanency plan means the child will most likely age out of foster care at eighteen (18) or older. APPLA can only be selected if the child is sixteen (16) or older and if the court makes a judicial determination explaining why, as of the date of the hearing, APPLA is the best permanency plan for the juvenile and the court finds compelling reasons why it continues to not be in the best interest of the child to have one of the other permanency plans listed above.

- Termination of Parental Rights: The court may consider a petition to terminate parental rights (TPR) if the court finds that returning the child to his or her parents is contrary to the child's health, safety, or welfare, and that returning the child to his or her parents cannot be accomplished in a reasonable period of time. TPR ends a parent's legal rights to his or her child.

Family Visits and Contact for Children in Foster Care

One of the best predictors of successful family reunification is frequent and quality family visits. Different types of family visits and some of the parameters around those visits are described below.

- Parent-Child Visits: In order to achieve reunification of families, DCFS will strive to ensure visitation with the child's biological or legal parents occurs within the first five

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(5) days of placement after the initial removal (sooner if possible). Visits will be based on a family's needs and reasons for the out of home placement. But, if the court orders supervised parent-child visits, then the parent from whom custody was removed will receive a minimum of four (4) hours of supervised visitation per week. However, the court may order less than four (4) hours of supervised visitation each week if it is not in the best interest of the child (or if it will impose an extreme hardship on any party).

As the family prepares for reunification, the frequency or length of parent-child visits will increase, while the level of supervision will decrease accordingly. When parents graduate from supervised to unsupervised visits, the frequency and duration of the unsupervised parent-child visits will generally be comparable to, if not more than, the frequency and duration of the supervised parent-child visits.

Generally, the preferred location for visits is the parent's home, or in the most home-like setting possible. Office visits are a last resort. Visits are encouraged to include any variety of quality family time activities such as visiting a library, attending story time at a library, playing at a park, making and enjoying a meal together, helping with a child's bedtime routine, etc., as appropriate for an individual family.

Since resource parents can model positive parenting skills that may help the biological or legal parents to achieve reunification, you may consider hosting parent-child visits, if appropriate and acceptable to all individuals involved. If this is something in which you may be interested, please talk to your child's FSW or your Resource Worker. It is DCFS' responsibility to ensure that, if you are willing to host parent-child visits, you thoroughly understand all court orders related to parent-child contact and any other relevant information regarding the case and family dynamics to allow you to appropriately and safely supervise the visit. DCFS policy states that resource parents will not be expected to host parent-child visits during the first placement they have as a resource parent or during the first month of any open foster care case. Division policy also requires that the child's FSW continually assesses, on a case-by-case basis, the appropriateness of resource parent involvement for each foster care placement.

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Even if you are not comfortable hosting parent-child visits, you will still play an important role in the visitation of the child with parents and siblings. This includes acceptance of the visits, emotional preparation of the child, and supportive follow-up with both the child and the child's FSW. The resource parent can help the children by preparing them for changes in the family circumstances or anything that might be unexpected or difficult for the child to accept. The same supportive attitude is needed after each visit. You will need to share with the child's FSW the reaction of the child to the visit and any other relevant observations.

Your help is vital to the success of the child's family time with his or her parents or other family members. However, you may find visits difficult in some situations. For example, a child may return with uncombed hair or become upset following the visit. In fact, it is not uncommon that children show increased behavior problems before and after a visit. This may include

- Difficulty sleeping;
- Behavior that is defiant;
- Tantrums;
- Crying; and,
- General fussiness or moodiness.

These kinds of behaviors, following time spent with the biological or legal family, do not mean that the visits should stop. When children visit parents, they may be reminded of their separation or grief. They may not want a visit to end or may become angry with their parent for missing a visit. These behaviors are to be expected. If children get violent or display any other extreme behaviors, it is important that you notify the child's assigned worker immediately.

Resource parents will not make the determination to withhold parental visits from a child for any reason. In addition, visits will not be cancelled due to the results of a parent's drug screen unless there is current evidence that the parent's ability to provide

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for the health and safety of the child is compromised or unless otherwise ordered by the court. If you are struggling with managing a child's behavior following family visits or with your own feelings regarding family visits, discuss these concerns with the FSW. Frequently, concerns or other issues can be worked out satisfactorily when an open-minded, family-centered approach is taken.

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.

Visits with biological or legal parents must occur on a weekly basis, barring unforeseen emergencies, unless otherwise court ordered. You will need to contact the FSW if any situations arise that might affect a parent-child visitation.

In addition to parent-child face-to-face visits, children in foster care will have reasonable opportunities to communicate with their parents in writing, by phone, or by other forms of electronic communication (unless prohibited by court order).

Continuation of visits with parents who have had their parental rights terminated does not continue.

- Siblings Visits: If a child has a sibling and those siblings are not placed together, the FSW will arrange sibling visits. Sibling visits will take place at least once every two weeks unless the children's best interests require less frequent visitation. During the weeks in which face-to-face sibling visits do not occur, other types of communication such as phone conversations, FaceTime or similar platform, texts, and emails will need to happen, as age and developmentally appropriate for the involved siblings. Siblings should also have the opportunity to share celebrations like birthdays, holidays, and graduations as well as attend extracurricular events of siblings such as athletic

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competitions or musical performances (when possible). The distance between the siblings' placements, transportation options, and each sibling's own academic, extracurricular, and health needs and commitments will be taken into consideration, when planning for attendance at one-another's events.

Resource parents are encouraged to assist with transportation to or hosting of sibling visits, when appropriate, and if the resource parents are comfortable with those duties. As a resource parent you can also be a great support in helping siblings maintain connections during weeks they do not have face-to-face visits, by assisting with the coordination of phone calls or other forms of communication. However, always remember that every placement is different. Before you assist with visits or other coordination of sibling contact, please talk to your child's FSW to make sure you understand all applicable court orders, therapist recommendations, and any other considerations specific to a sibling group.

If it is in the child's best interest, visits between siblings 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.

Sibling visits will, 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 will have an opportunity to visit with grandparents, great grandparents, or others as determined by the child's team. These visits can help explore alternate placement options. Relative visits after TPR must have court approval and cannot continue without the court's approval.

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Visits to the Resource Home

Once again, serving as a resource parent means being a member of a large team whose overarching goal is to support the child and help the family work toward reunification. Using this team approach does mean that you may have several people visiting your home, in order to assess how a child is coping.

- FSW Visits: The FSW overseeing the care of individual children in the resource home will make at least weekly visits to your home during the first month of placement. After the first month, the FSW will make regular contact with the child at school, or during sibling or parental visits, but must continue to visit the child privately in the resource home at least monthly. 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 you to share your point of view about the placement, the child's adjustment, and to ascertain if the needs of that child are being met. Each visit will include a private conversation with the child outside the presence of the resource parent. Visits may be scheduled or unannounced.
- Resource Worker Visits: The Resource Worker will visit the home at least quarterly to monitor continued compliance with licensing standards and to check in with you to make sure you are receiving the support you need as a resource parent. The Resource Worker will conduct at least one unannounced quarterly visit per year. Quarterly visit means at least one visit in the resource home during each of the following: January-March, April-June, July-September, and October-December.
- Licensing Specialist: You may also have a visit from a Licensing Specialist from the Placement and Residential Licensing Unit (PRLU) of the DHS Division of Child Care and Early Childhood Education. The role of the Licensing Specialist is to ensure that DCFS is meeting its requirements as a child welfare placement agency rather than evaluating you as an individual resource home.
- CASA: As mentioned in the "Will I Have Support in My Role as a Resource Parent?" section, a volunteer Court Appointed Special Advocate (CASA) may be appointed to a child placed in your custody, if a CASA Program exists in your county or jurisdiction and if a CASA volunteer is available. CASAs serve as an extra set of eyes and ears for these vulnerable children. If your child has a CASA, the CASA will make visits to your home to speak privately with the child in foster care.

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WHAT FINANCIAL SUPPORT WILL I RECEIVE?

Resource parents are considered volunteers. However, the Division recognizes the costs you incur when taking a child in foster care into your home, so the Division does provide some financial support to assist you. However, serving as a resource parent must never be viewed as excess additional income. The board payments made to a resource parent on behalf of a children placed in their home to help defray the costs of caring for that child. Other forms of financial support available to you for caring for a child placed in your home or made directly to the child are described below.

Standard Board Payment

DCFS makes a monthly board payment to resource 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. The foster care board payment that resource parents receive is strictly to meet the needs of the child placed in their home. Resource parenting is not a way to make money or earn extra income for the resource parents.

If a child in foster care is eligible for Medicaid, resource parents are required to use a Medicaid provider for meeting the medical needs of the child. Medicaid will 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. Other services or supplies needed by the child must be authorized and approved per DCFS policy (see section on additional expenses).

Resource parents may choose to have their board payment direct deposited into their checking account or issued as a paper warrant and mailed to the resource home. DCFS strongly encourages that use of direct deposit to prevent payment delays when a warrant is lost in the mail or misplaced. Reissuance of a paper warrant takes thirty (30) to ninety (90) days and is not controlled by DCFS. Direct deposit can be set up on the Resource Family Portal (see “What Other Supports Are Available to Me?” section for more information). If no

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bank account is set up, a check will be mailed to the provider. The Resource Family Portal can be found at: https://dhs.arkansas.gov/dcfs/CHRISPWP/Default.aspx.

The monthly board payment is for the period starting on the first of the month and ending the last day of the month and is paid by the fifteenth of the subsequent month. For example, October's board payment is for the thirty-one (31) days that begin October 1 and end on October 31. Resource parents would expect to receive the payment by no later than November 15.

DCFS will pay resource parents a monthly board rate according to the following chart:

Birth through 5 Years	**$410 Monthly**
Board and Care	$350
Clothing	$45
Personal Needs	$15
6 through 11 Years	**$440 Monthly**
Board and Care	$365
Clothing	$50
School and Personal Needs	$25
12 through 14 Years	**$470 Monthly**
Board and Care	$380
Clothing	$60
School and Personal Needs	$30
15 through 17 Years	**$500 Monthly**
Board and Care	$395
Clothing	$70
School and Personal Needs	$35
18 through 21 Years	**Established by monthly budget but may be up to $750 Monthly**

Board rates are established as part of policy, and any exception must receive prior approval. See information regarding Special Board Rates below.

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

The agency pays according to the number of nights a child is in the resource home. Payment for stays of less than twenty-four (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.

Special Board Rates

Special Board Rates refer to any deviation from a standard board rate. Such deviations could be in the form of increased board or decreased board based on the individual circumstances and resources of the child. Requests for Special Board rates must be made in writing and must be pre-approved by the Area Director. Special Board Rates become effective on the date the Area Director or designee signs the written Request for Special Board Rate.

There are occasions when the regular board rate is inadequate in caring for a child with special needs. Resource parents may identify and document those needs. The FSW can use that information to request authorization from the Area Director for an increased special board rate to cover additional expenses to meet the child's needs. This would apply to situations such as an infant with a prescription formula that is not covered by WIC or a medically fragile child who requires frequent hospitalization and tube feedings numerous times per day.

There are times when youth in foster care choose to remain in extended foster care after their eighteenth birthday. Resource parents for youth in extended foster care are eligible to apply for a special board rate for the youth based on documentation of need. Need for a special board rate in such circumstances will be documented through completion and submission of a budget for the youth. It may be appropriate for some of the increased board to go toward the youth's individual expenses such as gasoline or a cell phone bill.

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Special Board Rates can also be a decrease in the standard board. This applies to those children who are residents of a state institution; e.g., School for the Deaf or Blind or Human Development Center and may only reside in a resource home over weekends and holidays.

Decreasing the board payment will also occur when a resource parent becomes the payee for other sources of income for the child such as Social Security benefits. A child's income must be monitored as a resource in the home and the payee for the income must report how the income is used based on the requirements for the issuing source of the income. Resource parents are responsible for completing all reporting requirements to the payment source when becoming payee for a child's benefits.

Resource parents are responsible for reporting any change in payee status to DCFS. However, Resource Workers and caseworkers should still inquire about payee status during visits to the resource home. DCFS staff will conference with their direct supervisor regarding any board payment adjustments needed due to a change in a payee for a child's Social Security benefits. For example, if a resource parent has become payee for $130.00 in child support monthly, then DCFS staff should request a decrease in the child's board payment by $130.00 per month. In some instances, the board payment may be adjusted to a "0" amount based on the child's payee status. This would occur when a child is drawing a benefit amount in excess of the established board rate. A resource parent who is payee for a 15-year-old child's benefit in the amount of $720.00 would have a "0" board payment because the resource parent is receiving $220.00 more than the standard board from Social Security. If the same child is special needs and has an established special board rate in the amount of $940.00 then the resource parent would receive a board payment in the amount of $220.00 per month.

Social Security Administration (SSA) is the sole entity in decision-making, regarding SSI applications for need and SSI payee status. SSA may contact resource parents with a request to become representative payee (for SSI payment) to a youth in foster care. If a resource parent becomes representative payee for a youth's funds, the resource parent will experience a decrease in board payment from DCFS. The resource parent will be expected to use the funds received for the child to make purchases to the support the child's care.

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Transportation Reimbursement

Transportation costs associated with the child's case plan, such as attending staffing, court, visits with parents or siblings, and all medical appointments, may be reimbursed. Other extraordinary costs may be approved on a case-by-case basis.

However, room and board payments include routine travel expenses. As such, transportation will not be reimbursed for shopping for: clothes or groceries, childcare (unless it is a Medicaid allowable expense), taking a child to school, school activities, or church, unless prior approval has been obtained (based on special circumstances). Special circumstances might include situations in which a child may wish to attend a church other than that of a resource parent and travelling to his church would require a significant deviation from the route taken to the church attended by a resource parent. The Assistant Director of Community Services or designee will review all written requests. Approval will be made based on individual situations and will be given only for specified time periods.

Allowable transportation costs are reimbursed to resource parents at a rate determined by the DCFS. The resource parent completes a travel reimbursement form (TR-1) and submits it to the County Travel Supervisor or designee for approval and processing. When determining miles driven from city to city for mileage reimbursement, resource parents must use the DHS mileage calculator located at https://dhs.arkansas.gov/milecalc/mileagecalculator.aspx. Travel for provisional resource parents will be submitted to the DCFS office in their county of residence and should NOT be sent to the primary county for processing.

Requests for travel reimbursement must be submitted monthly. Requests for reimbursement for medical transportation must be submitted on a separate TR-1 form and must be accompanied by a CFS-352: Episodic Form for each medical, dental, or mental health appointment that is listed on the request for reimbursement. A copy of the CFS-352 should be maintained in the child's medical passport. Resource parents are required to attach an approved DHS-1010 to their Medicaid travel, for all medical appointments requiring travel outside the State of Arkansas.

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Incidental Expenses

An Incidental Expense Fund for children ages birth to thirteen (13), exists to provide items and activities intended to help normalize a child's life experience while in care. For example: camp fees, music lessons, field trips, school uniforms, summer expenses for daycare, 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 twenty-five dollars ($25.00) or more and must be accompanied by documentation of need for the expense. Items covered by the board payment are not eligible for reimbursement from this fund. In addition, these funds will not be used for holiday gifts. The FSW will assist the resource parent in accessing these funds when the money is needed for a situation that meets the policy guidelines. These funding requests must also be approved by the DCFS Financial Support Unit. Request for use of incidental funds must be limited to one request per quarter. Resource parents must have prior approval for such purchases.

Transitional Youth Services Funded through Chafee

Youth ages fourteen (14) and older in foster care are eligible for John H. Chafee Foster Care Program for Successful Transition to Adulthood funding for a variety of purposes, such as: extracurricular activities, other normal age-appropriate activities, and activities designed to help the youth transition to adulthood. These include assistance with homecoming, prom, cultural events, specialized school supplies required by the youth's school (e.g., graphing calculator, laptop), and graduation expenses. Use of Chafee funding must be pre-approved.

Chafee includes Educational and Training Vouchers (ETV) in the amount of up to five-thousand dollars ($5,000) per state fiscal year to go toward the cost of attendance at a post-secondary educational or vocational institution for youth who:

- Age out of foster care at eighteen (18) or older and have not yet attained twenty-six (26) years of age or who enter into an adoption or guardianship from foster care at sixteen (16) and have not yet attained twenty-six (26) years of age (but ETV may not be accessed for more than five years total);
- Are enrolled in an accredited higher education institution; and,

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- Are a student in good standing.

For more details about transitional youth services and supports funded through Chafee, to include the maximum amount allowable for some of the activities outlined in this subsection, please ask the FSW or TYS Coordinator who is assigned to the youth in your home.

Trust Funds

When a child in foster care has income from child support or Social Security benefits, DCFS may apply to become payee. The child's funds will be deposited into a trust account for the child if payee status is awarded to DCFS. 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. DCFS staff must assess the availability of trust account funds and utilize those funds prior to seeking funding from other sources for purchases.

After basic needs are met, purchases may be made for items or services that will enrich the child's life. Examples of this include 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, 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 two-thousand dollars ($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 one-thousand dollars ($1,000) or more.

Proposed

Resource 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.

Clothing

Initial Clothing Voucher

When a child first enters foster care, DCFS 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.

An initial clothing voucher purchase for children in foster care will be made using the p-card process, which requires submission to and approval by the Financial Support Unit. Upon approval, a typical scenario might involve the resource parent selecting clothing and leaving it with appropriate customer service staff of the store, where the FSW may present and pay for the merchandise. It is also possible for the resource parent and designated DCFS staff to go shopping together for the clothing.

Replacement or Supplemental Clothing Voucher

A monthly allowance for clothing replacement is included in the board payment. Money for clothing and personal needs paid monthly to resource parents is based on the age of the child. The resource parents are to spend that amount of money for the child. However, money may be spent monthly or may be saved and used for a larger purchase later. All receipts from the purchase of clothes must be retained by the resource parent and turned in to the resource worker during the quarterly visit.

With the approval of the County Office Supervisor and Area Director, it is permissible to obtain another supplemental clothing order when there is an exceptional circumstance.

Proposed

Examples include, but are not limited to, when a child has a significant growth spurt and needs several items of new clothing for the upcoming season or the child has an event at school or church that requires special attire. The resource parent must contact the FSW, in the event this need should arise. The resource parent will be required to provide information about the clothing that the resource parent has purchased for the child (from the monthly board payment), to include receipts for clothing purchased, and will be required to explain the reason for the supplemental clothing voucher.

The following guidelines related to clothing apply to resource parents:

- Provide (with the assistance of DCFS) each child with their own clean, well fitting, attractive, seasonal clothing that is appropriate to age, sex, individual needs, and is comparable to the community standards;
- Include the child in the selection of their own clothing (whenever possible and age appropriate);
- Keep receipts for monthly (or quarterly as appropriate) clothing purchases, and provide the receipts to the resource worker during quarterly visits to the resource home; and,
- Send all personal clothing and belongings with the child when the child leaves the resource home.

Personal Allowance for a Child in Foster Care

The resource parent will give an allowance to the child from the board payment. The amount of the child's allowance is determined by the resource parent based on the child's chronological and developmental age.

School Lunches

Children in foster care are eligible for free meals in all schools which participate in the National School Lunch or Breakfast Programs and in the Commodity-only schools.

Proposed

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 (5) 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.

Additional Assistance with Expenses

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

- Emergency medical services and drugs not covered by Medicaid.
- Childcare or baby-sitting fees may be defrayed with financial support from the Division, when required to attend training or for one's own children when transporting a child in foster care to services, when funding is available. This does not include childcare for a resource parent's employment, as any regular childcare arrangements for a child in foster care will be arranged through a voucher from the Division of Child Care and Early Childhood Education.

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

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WHAT OTHER FINANCIAL CONSIDERATIONS ARE THERE FOR RESOURCE PARENTS?

Income Tax Information

Board payments paid to resource parents are not considered taxable income by the Internal Revenue Services. Current tax laws may allow special treatment for resource parents.

Because IRS laws are complex and subject to change from year to year, for specific tax advice resource parents should consult with an accountant or tax specialist. Information about all placements in a resource home can be located on the Resource Family Portal: https://dhs.arkansas.gov/dcfs/CHRISPWP/Default.aspx.

Foster Care Payment and Eligibility for Assistance

Board payments, made by DCFS for the care of children in homes of public assistance recipients, are not considered to be 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 resource parents. For any resource parent applying for the Supplemental Nutrition Assistance Program (SNAP), a re-evaluation of stable income will take place. This may impact the approval status of the resource home.

Overpayment to Resource Parents

From time to time, resource 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 account receivable, due from the resource 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.

DCFS may also seek correction of board, in situations where a resource parent has become the payee for a child's funds within the cycle and, has received both a full board payment and payment for the child's additional benefits, within the same payment cycle, resulting in an overpayment to the resource parent for that payment cycle.

Proposed

A resource parent may contact the Foster Care Technical Assistance Unit (501-396-6477) for help with any overpayment statement. The unit will research the overpayment and provide an explanation.

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WHAT OTHER SUPPORTS ARE AVAILABLE TO ME IN MY ROLE AS A RESOURCE PARENT?

Availability of Family Service Worker and Resource Worker to Resource Families

For resource parenting to be a successful experience, one must have access to the FSW and 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, 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

Resource parents will have access to a FSW in their county twenty-four (24) hours a day, seven (7) days a week. A list of after-hours numbers (on-call 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 contact the assigned worker and have that worker make contact.

Resource Family Portal

Open resource families have access to the Resource Family Portal. The portal allows resource parents to have twenty-four (24) hour a day access to information such as placement dates for children placed in the home, DCFS contact information, resource home

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reevaluation date, approved RFSS information, bank profiles, Medicaid numbers, and a DCFS forms or policy link. Resource parents will need to log in and set up a user account.

Direct Deposit is available for board payment, subsidy payments and travel reimbursement so that monies are automatically drafted into the provider's bank account. If no bank account is set up, a check will be mailed to the provider. Providers may choose to have their board payment direct deposited into their checking account or issued as a paper warrant and mailed to the provider address. DCFS strongly encourages use of direct deposit, to prevent payment delays when a warrant is lost in the mail or misplaced. Reissuance of a paper warrant takes 30-90 days and is not controlled by DCFS.

The portal can be found at: https://dhs.arkansas.gov/dcfs/CHRISPWP/Default.aspx.

Resource families will also be able to use the Resource Family Portal to view current and previous placements, assigned FSW, supervisor and their contact information, links to update paperwork, and other helpful DCFS information.

Counseling

Where there is a need for counseling services for the resource home to prevent disruption and to promote stabilization, counseling will be provided. Requests for counseling are made to the FSW, who is responsible for making a referral to the appropriate Community Mental Health Center.

Community Resources

The DHS County Office will inform all resource parents about available resources in the community as well as resources in other areas, which may be relevant to a child. This information will be updated as new services become available.

Proposed

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

Resource Parent Associations

The formation of active and independent resource 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 resource parents to voice any concerns they may have with DCFS policies.

Please also refer to Appendix 5: Useful Links for Resource Parents for other information and access to other supports.

WHAT EXTRAORDINARY CIRCUMSTANCES DO I NEED TO BE PREPARED FOR?

As much as the Division hopes your time as a resource parent will not bring anything out of the ordinary to you or your home, DCFS also has the responsibility of ensuring you know about extraordinary circumstances that may arise and how to respond to them. A brief description of some extraordinary circumstances resource parents may experience are described below.

Emergency Situations

Notify DCFS immediately of serious illness, accidents, or any unusual circumstances affecting the health, safety, physical, or emotional well-being of the child in foster care. However, if you cannot reach the child's FSW or FSW Supervisor, never delay arranging for emergency medical care for the child, if needed.

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Damages to Your Home or Other Property

If damages to your home or other property occur, the first step is to file a claim with your insurance (e.g., homeowner's, automobile, etc. as applicable). Any claims that are not covered by home owner's or rental insurance (or other insurance coverage type as applicable) for damages or destruction to a resource parent's personal property or to the property of others due to the actions of a child placed in a resource home must be filed with the Resource Supervisor within sixty (60) calendar days of the incident that resulted in the damage. Documentation must include a detailed description of the situation that occurred as well as a description of damages caused by the child in foster care. Often photographs will also be requested along with any receipts for services rendered or goods purchased to repair any damages.

The Resource Supervisor will submit the request and associated documentation to the local Financial Coordinator or designee who will then route it to the Resource Parent Reimbursement Committee via the Foster Care Manager. The Resource Parent Reimbursement Committee will review the claim and determine if reimbursement is warranted. If the claim is approved, the Foster Care Manager or designee will submit the claim to the Central Office Finance Unit for payment. The Central Office Finance Unit will then collaborate with the local Financial Coordinator or designee, as needed to ensure the reimbursement is made to the resource parent. Payment will be made on a reimbursement basis only. Typically, reimbursement for damages that occur as a result of normal age appropriate activities (e.g., throwing a baseball during a game of catch that results in a broken window) are not reimbursed but resource parents may still submit for reimbursement consideration if desired.

Runaways

If a child runs away from the resource home and cannot be located within one (1) hour, please notify the child's FSW and on-call worker (if after hours) within the one (1) hour of the child's disappearance. If you have reason to believe the child was taken (rather than ran away on his or her own accord) please notify the child's FSW and on-call worker (if after hours) immediately. You will need to provide information regarding clothes the child was wearing, etc., to aid the FSW in making a report to the police. DCFS will work with the National Center

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for Missing and Exploited Children (NCMEC) and local law enforcement to help locate the child.

Arrests

If a youth in foster care is arrested, please 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 the presence of an attorney during any questioning.

The FSW will attempt to have the youth released back to your resource home if you are supportive of that arrangement and 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 or 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.

Allegations of Maltreatment

If any child in foster care is the subject (alleged offender or alleged victim) of an allegation of child maltreatment, the Child Abuse Hotline will notify the appropriate DCFS and CACD Executive Staff, as well as the Area Director for the DCFS service area in which the resource home or other placement provider named in the report is located. The DCFS Area Director will then ensure that the appropriate Division staff notify the child's family, the primary and secondary FSW for the child (as applicable), the Office of Chief Council (OCC) attorney, the child's CASA (if applicable), and the child's attorney ad litem. The attorney ad litem for any other children placed in the home will be notified as well.

The Arkansas State Police Crimes Against Children Division (CACD) will conduct all child maltreatment investigations (Priority I and II) involving a resource parent or household member of a resource home. A child maltreatment investigation must be completed with forty-

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five (45) business days from receipt of the report to the Child Abuse Hotlines. Under certain circumstances, a fifteen (15) day extension may be requested to complete the investigation and make a determination of good cause.

Once an investigative determination has been made the alleged offender will receive a written notice in the mail stating the investigative determination. For true determinations, the alleged offender may request an administrative hearing within thirty (30) days of receipt of this notice, otherwise the offender's name will be placed in the Child Maltreatment Central Registry. The notice will provide instructions regarding how to request an administrative hearing.

During a child maltreatment investigation (involving any household member of a resource home, , DCFS staff will conduct an individualized evaluation to assess the safety of the child within twenty-four (24) hours of the receipt of the report to determine if the child can safely remain in the home during the course of the investigation. DCFS staff will try to coordinate this visit to the home to assess safety with CACD staff.

If any health or safety factors are identified in the resource home, the child will be moved into another approved placement. However, if no health and safety factors are identified, and if it can be shown that it is in the best interest of the child currently placed in that resource home, a corrective action plan may be considered to allow the child in foster care to remain safely in a home involved in a child maltreatment report. A corrective action plan is designed to ensure the safety and well-being of the child in the home, as long as the concern was not directly related to an act or omission rising to the level of maltreatment on the part of the resource parent(s).

If, after the initial safety evaluation conducted (by DCFS staff), it is determined that there are no risk or safety factors present, and, a corrective action plan is not required while the investigation is being completed, the Area Director may approve leaving the child in the home, if it is in the best interest of the child. The Area Director will notify the Assistant Director of Community Services or designee when a child is left in a resource home with a pending investigation but for which a corrective action plan was not necessary.

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While any resource home is being investigated because of a child maltreatment allegation, no additional children in foster care may be placed there (regardless of whether a corrective action plan was required or not).

Actions for Unsubstantiated Reports

All unsubstantiated reports involving resource homes must be reviewed by the Resource Family Review Committee (for more information see Appendix Six (6): Resource Family Review Committee), to discuss lifting the corrective action plan (if applicable), the placement of the child involved, and the availability of the resource home. Even if a child maltreatment report involving a resource home is unsubstantiated, the Division retains the right to continue to leave the home on unavailable status or to close the resource home, as appropriate. Decisions will be made on a case-by-case basis and will be based on the best interest of the child. A face-to-face meeting will occur (with resource parents) to discuss the closure of the home and a written notice will also be provided.

Actions for True Maltreatment Reports Involving a Child in Foster Care, Pending Due Process

There may be some situations in which a true determination is made that involves a child who remained in the home during the course of the investigation and will continue to remain in the home until due process has been met. If these circumstances apply, the corrective action plan for the resource home, if applicable, as well as the overall health and safety of the child, will be reevaluated immediately, but no later than twenty-four (24) hours from the time the investigative determination is made.

Regardless of whether the child remains in the home with or without a corrective action plan in place, or is removed from the home, the resource home will remain on unavailable status until due process has been satisfied, and the home's availability status is reassessed at that point by local staff. Local staff will submit a recommendation regarding the resource home's availability status to the Resource Family Review Committee.

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A staffing will be held within three (3) business days of the true determination so that all parties to the case and any other appropriate stakeholders may have input regarding the corrective action plan, if applicable, or the placement of the child.

If the child will be left in a home, with a true determination while due process is pending, the DCFS Assistant Director of Community Services or designee will be notified. The DCFS Assistant Director of Community Services or designee will notify the DCFS Director of the decision. The DCFS Assistant Director of Community Services or designee will inform local staff if any changes to the corrective action plan, or changes to the placement of the child are needed.

Actions for True Maltreatment Reports Involving a Child in Foster Care Upon Satisfaction of Due Process

If the resource home is still open and the child remains in the home, then upon satisfaction of due process, regardless of the result of the administrative hearing (if applicable), the safety and well-being of each child who is in the home will be reassessed at a staffing. This staffing will be held within three (3) business days of the administrative hearing.

This staffing will allow all parties to the case, and any other appropriate stakeholders, to have input regarding the reassessment and the placement of the child, as applicable. Decisions will be made on a case-by-case basis and will ensure the best interest of the child. The recommendation(s) from this staffing will be submitted to the Assistant Director of Community Services for final approval.

If it can be shown that it is in the best interest of any child to remain in the home, an alternative compliance or policy waiver may be requested (if needed due to a true finding that is upheld) to allow the resource home to remain open to care for the child. The DCFS Director or designee must approve any alternative compliance or policy waiver needed to allow a resource home to remain open when a true finding is upheld.

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If the child involved in the report is allowed to remain in the home because it is in the child's best interest to do so and the true finding is upheld at the administrative hearing, that home will remain on unavailable status. The resource home will then be closed, once the child (who was allowed to stay in the home due to it being in the child's best interest), exits foster care or otherwise achieves permanency.

For resource homes that remain open, following a true determination that the resource family either chose not to appeal or had a true determination overturned, that resource home will be reevaluated by the Resource Worker, with input from the FSW, FSW Supervisor, Resource Worker Supervisor, and County Supervisor. The reevaluation will also determine what may be necessary (for example additional training, revisions to the characteristics of children allowed to be placed in the home, or other changes) to ensure the health and safety of any and all children placed in the home.

Based on the results of the reevaluation, if the recommendation is to place the resource home back on available status, that request will be submitted to the Resource Family Review Committee. The recommendation will also include what may be necessary (for example additional training, revisions to the characteristics of children allowed to be placed in the home, or other changes) to ensure the health and safety of any and all children placed in the home.

The Division retains the right to continue to leave the resource home on unavailable status, or to close the resource home (as appropriate). A face-to-face meeting will occur with resource parents to discuss the closure of the home and a written notice will also be provided.

If the resource home had been closed at some point during the investigative process and requests to re-open due to a determination being overturned on appeal, the Resource Worker will collaborate with other applicable local staff to determine if local staff members think it is an appropriate request for the home to be re-opened. If local staff decide to pursue re-opening a resource home, a request will be submitted to the Resource Family Review Committee.

Proposed

Complaints Against the Resource Family Other than Child Maltreatment

Any complaint against the resource parent will immediately be brought to the attention of the DCFS Resource Supervisor or Area Director.

After the review by the DCFS Resource Supervisor or Area Director has determined the validity of the complaint, the resource parent will be advised, in writing, of the complaint, the outcome of the review, any corrective action to be made, and any other action that will be taken. An agreement will be made between the resource parents and their Resource Worker for corrective action. The resource parents must submit in writing, the steps necessary to correct the deficiency, within ten (10) days after notification from the appropriate decision-making personnel, or submit application applying for an alternative compliance or policy waiver (see Appendix One (1) for more information). This corrective action plan must receive the approval of the Resource Supervisor or designee. Resource parents will notify their local DCFS Resource Worker within thirty (30) days of the original findings being received that all corrective steps have been completed. In the absence of said notification from the resource 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 the problem still exists after working with the resource parents, another meeting will be held to discuss closing the home.

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

- Date and nature of complaint;
- Source of complaint;
- Reaction of the resource family;
- Updated home assessment or summary;
- Services offered to the family as a result of the complaint;
- Conclusion of review;

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- Corrective action needed;
- Action taken as the result of compliance or non-compliance of any corrective actions put in place.

Proposed

WHAT HAPPENS WHEN REUNIFICATION IS NOT ACHIEVED?

DCFS and all other members, including the resource parents, will make every effort to help a family reunify. Unfortunately, there are sometimes circumstances when, despite the best efforts of all team members, reunification is not possible. At that point in time, the team will most likely work to put the concurrent goal in place.

If reunification is no longer the goal in a case, there may be a recommendation to terminate parental rights (TPR). Once parental rights have been terminated, a child may be adopted, But, remember there is a hierarchy of permanency options the Division must explore that gives preferential consideration to relatives and fictive kin. However, a resource parent may apply to DCFS to adopt a child in DHS custody whose parents' rights have been terminated. Homes that wish to adopt children from DHS custody first offer pre-adoptive services to these children. Resource homes that provide pre-adoptive service are those approved homes in which a child in DHS custody is placed for at least six (6) months after a petition for adoption is filed. The child is still considered to be in foster care during the six- (6) month pre-adoptive period.

When resource parents are interested in adopting a child in foster care who has been residing in their home, DCFS will consider the benefits provided by them for that child. The child's wishes will also be considered. The FSW, or other team members such as the child's therapist, 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 resource parent wishes to adopt a child in DHS custody who has been residing in their home, the resource parent should make this wish known by requesting and completing CFS-489: Resource Parent Request for Consideration to Adopt. The resource parent and the child's FSW will review this form together to determine if the resource parent meets the basic qualifications outlined on the form.

Resource parents who are selected to adopt a child in DHS custody, who has been residing in their home, will have the opportunity to apply for subsidy to support the child, according to DCFS Adoption Subsidy Policy. Approved adoptive applicants should be aware that approved adoptive subsidies do not follow the child and are approved on basis of the initial applicant. If an adoptive parent became unable to care for the adoptee, requiring a change in placement for the adoptee, the adoptive subsidy would NOT follow the child to the new placement.

HOW DO I CONTINUE SERVING AS A RESOURCE PARENT?

To continue serving as a resource parent, you will have to continue to comply with all Minimum Licensing Standards and DCFS policies which will be monitored through the mechanisms described below.

Quarterly Visits

We hope that resource parenting is a positive experience for you and that you choose to continue serving as a resource home! In order to make sure your home continues to meet Minimum Licensing Standards and DCFS policy requirements, and to make sure you have the support you need as a resource parent, your Resource Worker will conduct at least quarterly visits to your home. At least one quarterly visit to the resource home must be unannounced.

Annual Reevaluations

Your Resource Worker will also complete an annual reevaluation no later than the anniversary month of the resource home's approval, to ensure that the home continue to meet all standards and policy requirements. Any resource home that does not continue to meet standards will be closed for placement of children in foster care, if it cannot be remedied through a corrective action plan.

This reevaluation is necessary to ensure that physical changes in the home or family structure, or perspective changes of resource family members do not adversely affect children placed in that home. After having experienced children in foster care in the home, a resource parent may have different views about resource parenting and the ability to work with different types of children. Quarterly visits are an opportunity to discuss such changes with your Resource Worker. But, never hesitate to reach out to your Resource Worker between quarterly visits, to discuss changes in your family, concerns, or questions. This is important information to support you, as a resource parent, and for DCFS to consider when placing or supervising a child in your home.

The resource parent reevaluation packet will be distributed to the resource parent and is to be completed by the Resource Worker prior to the annual reevaluation visit. The Resource Worker will make an appointment to conduct the reevaluation, review the completed packet, and speak with the resource family. The resource parent reevaluation form will be filed in the resource 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 certification;
- 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 or legal parents;
- Objective evaluation of present and future capacity as a resource home, to include strengths and weaknesses;
- Health and financial status;
- Status update regarding other applicable requirements, such as physician's exam, criminal record checks, motor vehicle check, finances, and telephone;

- Age, sex, and special characteristics of children who should be placed in the home; and,
- Any problems or challenges that need to be addressed.

The Resource Worker will notify the family of the result of the reevaluation in writing within ten (10) business days by sending a reevaluation letter.

In addition to the annual reevaluation, a resource home will also be reevaluated in the event of any of the following major life changes:

- Death or serious illness among the members of the resource family;
- Marriage, separation, or divorce of resource parents;
- Loss of or change in employment status by either resource parent;
- Change in residence;
- Suspected maltreatment of any child in the home;
- The addition of family members (e.g. birth, adoption, aging relatives moving in);
- Any other major life changes for the resource family; and,
- The Resource Worker will monitor the resource home at least quarterly for continued compliance with the minimum licensing standards and policy requirements.

In situations where an existing single resource parent plans to marry or otherwise cohabitate, a reevaluation will be conducted. DCFS staff must ensure that the future spouse or partner is interviewed to discuss their compliance with the “Personal Characteristics” outlined in this publication. The intended spouse or partner must complete and pass all background checks and attend pre-service training. All unmarried or unpartnered resource parents must inform their Resource Worker as soon as they are aware of any plans to marry or cohabitate, so that the application process can be initiated on the intended spouse or partner.

When existing resource parents plan to divorce, a reevaluation will be conducted to determine if one or both of the resource parents (depending on whether either elects to continue to serve as a resource parent) still meet all other standards of approval to ensure the health and safety of the children placed in the home.

Continuing Education

It is necessary to improve the skills of existing resource parents through on-going training, following pre-service training. To that end, resource parents are required to earn fifteen (15) hours of continuing education each year, beginning with their one-year anniversary of approval as a resource home. The fifteen (15) hours of continuing education are not required during the first year of being opened as a resource home. Training classes may cover a wide range of topics related to parenting, child development, behavior problems, medical needs, and similar, and may be offered by educational systems (college, university, local school system, or others), the Arkansas Health Department, Community Mental Health Centers, Resource Parent Associations, Resource Parent Continuing Education providers contracted through DCFS, and others. Area resource parent conferences are held annually, if funds are available, to give resource 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. If interested, please contact your Resource Worker.

At least six (6) hours of continuing education per year must be completed in a face-to-face setting. Up to nine (9) hours of continuing education per year may be obtained online or through video, television programs, or books related to child abuse, child development, parenting, and other approved sources. Continuing education hours obtained through videos, books, online courses, or television programs for each resource parent must have prior approval by the assigned Resource Worker. The Resource Worker will inform resource parents of any training and educational opportunities known to them.

The same training classes cannot be repeated annually, whether classroom based or through other venues described above.

Resource parents are responsible for reporting participation in non-DCFS sponsored training to their resource worker. Evidence of attendance (training certificate, etc.) will be needed to document participation.

Travel expenses incurred when attending local and DCFS sponsored training may be reimbursable contingent upon funding availability. This may include a set rate to help defray the cost of babysitting expenses incurred for continuing education hours. A Resource Worker must be contacted prior to the training for approval of such expenses.

First Aid/CPR recertification is required every two (2) years, but the First Aid and CPR recertification training may not be counted toward the required fifteen (15) hours continuing education.

Resource Parent Request to Close

If for whatever reason you do not want to continue serving as a resource parent, you may request your home to be closed. Please contact your Resource Worker if you are considering closing your home. The Resource Worker will discuss the reasons for closure with you. The request for closure by resource parents will be confirmed in writing by the Resource Worker and sent to you.

WHAT HAPPENS WHEN A CHILD LEAVES MY HOME?

If you serve a resource parent for a child in foster care for any length of time, saying good-bye will be hard for many reasons. There are some common circumstances for which a child may leave your home:

- The child is returning to the child's parental home.

- The child is moving to a permanent placement other than your home.
- The child needs a higher level of care.
- The child is reuniting with siblings in the same home.
- The youth is transitioning to independent living such as a college dorm or his or her own apartment.
- A child maltreatment investigation.
- Agency decision based on other factors (e.g., a conflict between the child and resource family, inability of the resource parent to support reunification).
- When an emergency makes it impossible to provide continued care or other reasons per your request (see “Request to Move a Child from Your Home” below for more information).
- Closure of the resource home (see “Division’s Decision to Close a Resource Home” below for more information).

Regardless of the reason, when there is a plan for a child to move to another placement, you should receive a two (2) week written notice from the child’s FSW. Although, sometimes, there is no advance notice because of an emergency situation involving the foster child’s health, well-being, or upon written court order. The two (2) week notice will give you and the child time to say goodbye to one another, and for the child to say goodbye to others who have become a part of their life while in your home (such as teachers and classmates, if the child will be enrolled in a different school). Resource families often become very attached to the children in their care, and the children, in turn, become attached to you. You may feel angry, sad, or in denial when a child must leave your home. Allow time to grieve the loss of the child. You may want to talk with your spouse, a friend, assigned worker, or another resource parent.

Some resource families may want to take a break between placements, while others prefer to work with another child right away. Take care of your own feelings in the same way you try to take care of the children in your care.

When a child leaves a resource home, you will play a role in helping the child with the transition. For example, you can:

- Explain and talk about the reasons and circumstances for the move.
- If the child is being reunified with his or her biological or legal parents or moving to another permanent home, take time to celebrate while also pointing out and working through feelings of grief and loss, for you and the child.
- Include the child's parent or new resource family, if possible, not only in planning for the child's physical departure, but also in preparation for the emotional separation that will occur.
- Look at the child's life book (e.g., a compilation of any cards, mementos, photos, etc.) that you put together while the child was in your home and talk about how the life book will go with the child.

A child's clothing and personal belongings will always be sent with them when leaving a placement. In addition, the following records will need to follow the child:

- Mental health, medical and dental treatment records;
- Immunization records;
- School records;
- Report cards; and,
- Life books.

Request to Move a Child from Your Home

Multiple placements for a child in foster care can have short and long-term negative effects on that child. As such, the Division will work to support you in maintaining a child in your home, until the case plan goals for that child and family are accomplished.

However, if it becomes necessary to request removal of a child placed in your home, please make every effort to give DCFS advanced notice. In addition, when a resource parent

requests a child in foster care to be moved to another placement (excluding an emergency that places the child or a family member at risk of imminent harm), the resource parent must attend a staffing to discuss what services or assistance may be needed to stabilize the placement. The staffing will be held within forty-eight (48) hours of notification by the resource parent, to have the child removed from their home. The child in foster care, the child's attorney ad litem, and assigned CASA, if appointed to the case, will 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 resource parent will continue to provide for the child in care, until an appropriate alternative placement is located. This will not be longer than five (5) business days after the staffing. These efforts will serve to reduce the number of placements of children in foster care, for the reasons described above.

Division's Decision to Close a Resource Home

If the Division chooses to close a resource home, a face-to-face meeting will occur with resource parents to discuss the closure of the home and a written notice will also be provided. This notice will include information regarding the process for an internal review of adverse action (for additional information, see Appendix 7: Internal Review of Adverse Action Involving Resource Parents). The notice will also include a summary documenting the reasons for closure, as well as all efforts by the county office to rectify the problem. The final assessment and determination of closure will be made by the Resource Worker, in collaboration with designated county staff, the Area Director and Central Office staff, as appropriate.

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WHAT ELSE DO I NEED TO KNOW?

As stated in the welcome section of this handbook, this publication only outlines some of the basic information about opening as a resource home for the Division of Children and Family Services and caring for a child placed in your home. This document cannot capture everything that may arise during your time as a resource parent, but we hope it serves as a helpful reference. You are providing an incredible service to the children of Arkansas by making sure that children placed in your care have a safe and stable home, as their families and the rest of their team, including you, work toward reunification. We cannot say enough

about how much we want to support you in this role, so please reach out to DCFS staff for questions or concerns not addressed in this handbook.

Thank you for your service!

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APPENDIX 1: ALTERNATIVE COMPLIANCE & POLICY WAIVER REQUESTS

"Policy Waiver" is defined as a request to deviate from the letter of the DCFS Policy and procedures. The DCFS Director or designee approves all policy waiver requests. The following require a policy waiver:

A. Any misdemeanor convictions, except for minor traffic violations;

B. Driving under the influence (DUI) or Driving while intoxicated (DWI);

C. Any issues that are not in compliance with DCFS Policy; and,

D. Record of maltreatment.

    a. However, any person found to have record of child maltreatment will not only be reviewed by the DCFS Director or designee, but the DCFS Director or designee will also notify and consult with the Child Welfare Agency Review Board via the Division of Child Care and Early Childhood Education (DCCECE) Placement and Residential Licensing Unit (PRLU) Manager (as its designee regarding the policy waiver and any corrective action associated with the policy waiver).

"Alternative Compliance" (AC) is defined as a request for approval from the Child Welfare Agency Review Board (CWARB) to allow a licensee to deviate from the letter of a regulation. The licensee must demonstrate substantial compliance with the intent of the regulation. This includes regulations governing criminal background checks, and convictions for prohibited offenses.

Traffic violations, other than DUI or DWI, do not require a policy waiver or alternative compliance as they are dealt with through the vehicle safety program. DUI and DWI violations require a Policy Waiver.

The standard protocol for requesting a policy waiver or an alternative compliance is the same, up until the point when the request is given to the DCFS Director or designee.

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The protocol for standard policy waiver and alternative compliance requests are as follows:

The Family Service Worker (FSW) will:

A. Determine if a policy waiver or alternative compliance will be requested, based on the FSW's professional judgment. Issues to take into consideration on criminal convictions and record of maltreatment include:

    a. The nature and severity of the crime or maltreatment;

    b. Consequences of the crime or maltreatment;

    c. Frequency and duration of the crime, or maltreatment and when the maltreatment occurred;

    d. Relationship between the crime or maltreatment and the health, safety and welfare of any individual; and,

    e. For maltreatment offenses listed on the Child Maltreatment Central Registry, whether the offender is eligible to request removal from the Child Maltreatment Central Registry Review Team.

B. If approval is recommended by the FSW Supervisor or designee, the FSW will request a policy waiver or an alternative compliance using the CFS-509-B: Request for Alternative Compliance or Policy Waiver and will attach all appropriate supporting documentation, as applicable:

    a. Three personal references;

    b. CFS-446: In-Home Consultation Visit Report;

    c. Current home study, if one has been completed;

    d. Copy of the Child Maltreatment Central Registry Check, State Police Criminal Record Check or FBI Background Check resulting in a hit; and,

    e. The police report and any other reports regarding any criminal charges or convictions must also be attached as documentation when an alternative compliance is requested for an excluded criminal offense.

The FSW Supervisor or designee will:

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A. Determine if the requested policy waiver or alternative compliance is appropriate for approval within:

   a. Five (5) business days of receipt of the request for traditional applicants;

   b. Three (3) business days for relatives and fictive kin;

   Issues to take into consideration include, as applicable:

      i. The nature and severity of the crime or maltreatment;

      ii. Consequences of the crime or maltreatment;

      iii. Frequency and duration of the crime, or maltreatment and when the maltreatment occurred; and,

      iv. Relationship between the crime or maltreatment and the health, safety and welfare of any individual such as the:

         1. Age and vulnerability of the crime victim;

         2. Harm suffered by the victim; and,

         3. Similarity between the victim and the person served by a child welfare agency.

      v. Time elapsed without a repeat of the same or similar event;

      vi. Documentation of successful completion of training or rehabilitation related to the incident; and,

      vii. Any other information that relates to the applicant's ability to care for children or is deemed relevant.

B. If approved, the FSW Supervisor or designee will send it to the Area Director or designee.

C. If denied, the FSW Supervisor or designee will notify the FSW and the family.

The Area Director or designee will:

Proposed

A. Within five (5) business days of receipt of the request for traditional applicants, or three (3) business days for relatives and fictive kin, determine if the requested policy waiver or alternative compliance is appropriate for approval, based on the considerations previously outlined in this protocol.

    a. If approved, the Area Director or designee will send it to the DCFS Director or designee.

    b. If denied, the Area Director will return it to the FSW Supervisor or designee.

        i. The FSW Supervisor will notify the FSW and the family.

At this point, the procedures for requesting a policy waiver differ from the procedures for requesting an alternative compliance.

Policy Waivers

When a policy waiver has been requested, the DCFS Director or designee will, within three (3) business days of receipt of the request:

A. Deny any inappropriate request for a policy waiver and return it to the Area Director or designee; or,

B. Approve an appropriate request for a policy waiver.

The DCFS Director's or designee's final decision will be conveyed to the Area Director or designee for appropriate action.

Alternative Compliance

When an alternative compliance has been requested, the DCFS Director or designee will:

A. Deny any inappropriate request for an alternative compliance and return it to the Area Director or designee within three (3) business days; or,

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B. Approve an appropriate request for an alternative compliance and notify the Area Director or designee and send it to the Placement and Residential Licensing Unit (PRLU) Manager or designee (within in three (3) business days).

The PRLU Manager will:

A. Review the AC request to ensure all required documents are in the packet.

B. Request any missing documentation be submitted.

C. If all required documentation is included in the AC packet, place the AC request on the agenda of the next scheduled meeting of the Child Welfare Agency Review Board (CWARB).

The FSW who made the original request for an alternative compliance on behalf of the resource parent applicant or resource parent will:

A. Notify the resource parent applicant or resource parent of the CWARB meeting at which their presence is required via CFS-510 sent by certified, restricted mail.

B. Prepare the resource parent applicant or resource parent for what to expect at the CWARB meeting.

C. Appear with the resource parent at the CWARB meeting to answer questions.

The CWARB will give final approval or denial of the request for the alternative compliance.

Any applicant who does not meet all standards of approval for a resource home, or for whom a policy waiver or alternative compliance is not approved, will be denied. reasons for which an applicant is denied will be made in the applicant file and record. The applicant will be informed in writing of the reasons for denial.

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APPENDIX 2: NATIONAL FOSTER PARENT ASSOCIATION CODE OF ETHICS FOR RESOURCE PARENTS

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Preamble

Resource 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 resource 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 resource 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, resource parents subscribe to the following principles:

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

- I will 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 will keep confidential from unauthorized persons information pertaining to any child placed in my home.
- I will treat with respect the findings, views, and actions of fellow resource parents, and use appropriate channels, such as a resource parent organization, to express my opinions.
- I will take advantage of available opportunities for education and training designed to upgrade my performance as a resource parent.
- I respect the worth of all individuals regardless of race, religion, sex, or national ancestry in my capacity as a resource 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 will distinguish clearly in public between my statements and actions as an individual, and as a representative of a resource parent organization.
- I accept responsibility for working toward the creation and maintenance of conditions within the field of resource family care which enable resource parents to uphold the principles of this code.

Proposed

APPENDIX 3: SERVING AS A RESOURCE PARENT FOR TEENS / THE TRANSITIONAL YOUTH SERVICES PROGRAM

Serving as resource parents for teens can bring its own set of rewards and challenges. Resource parents that are not only willing to take teenagers, but who are also willing to nurture them, and take time to work with them on gaining important life skills is a great need. For instance, you can teach a teen placed in your home how to check the oil in the car and change a tire.

Employment can be another way to help a teen learn necessary independent living skills. If a teen placed in your home is interested in working, you and the rest of the youth's team can discuss if employment would be appropriate for that particular youth based on the teen's level of maturity, current performance in school, etc. You will need to help the teen file the appropriate income tax returns, if necessary.

Teens also need resource parents who will allow them to have normal age-appropriate experiences. For example, dating is a normal part of adolescence that is important for individual development and social adjustment. As a resource parent, you can help guide teens in your care on safe dating practices.

To help support resource parents who have teens placed with them, the Division offers a variety of Transitional Youth Services (TYS) to assist youth ages fourteen (14) through twenty-one (21) in foster care, in furthering their educational or vocational goals and in preparing them for adulthood. Training is provided in various formats, such as Life Skills Classes offered by the TYS Coordinator, and in accordance with an individual youth's case plan. All training is coordinated through FSWs and TYS Coordinators. The resource family may be reimbursed for transporting youth to Life Skills classes and other TYS activities.

Teenagers in foster care, including those whose goal is reunification, will have a Transitional Plan which encompasses all the life skills, resources, and future-planning for the youth's successful transition into adult life. A Transitional Team should also be in place for teenagers

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in foster care, to help them achieve their Transition Plan and otherwise provide support to the team. Resource parents for teens in foster care are also expected to serve on the teenager's transitional team. Teens may also choose up to two (2) other members of their Transitional Team, who are not their FSW or resource parents.

PUB-49: Be Your Own Advocate – The Short List, outlines the basic rights that teens in foster care have. The youth's FSW or TYS Coordinator should provide this to all youth ages fourteen (14) and older, in foster care, within thirty (30) days of entering foster care, or within thirty (30) days of the youth's fourteenth birthday, whichever comes first.

PUB-50: Be Your Own Advocate! is a document that gives more details on being a teen in foster care. This publication is also designed for teens in foster care but can also be a great reference for resource parents with teens placed in their home. For example, PUB-50: Be Your Own Advocate! details the process for youth in foster care to obtain an Arkansas Learner's Permit or Intermediate Driver's License, with approval from the DCFS Director or designee. It also provides information regarding how a resource parent may apply for reimbursement for the additional cost to add the youth to their automobile insurance. Participation in these programs is voluntary. If you have teenagers placed in your home, please request a copy of PUBs 49 and 50 from your teen's FSW or TYS Coordinator. However, please also remember that these publications are only reference guides. You or the youth may contact the teen's FSW or TYS Coordinator for any questions or further explanations.

For teens who are in foster care on their eighteenth birthday, they have the option of staying in what is typically referred to as Extended Foster Care. To be eligible to stay in Extended Foster Care, youth must satisfy at least one of the following requirements:

- Enrollment in secondary education or a program leading to an equivalent credential;
- Enrollment in an institution that provides post-secondary or vocational education;
- Participation in a program or activity designed to promote, or remove barriers to, employment (e.g., Job Corps);
- Employment that provides at least eighty (80) hours of working time per month; or,

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- Inability to do any of the above described activities due to a documented medical condition.

There are additional financial supports provided through Chafee funding for youth who elect to stay in Extended Foster Care. These are somewhat dependent on a specific youth's placement but can include start-up costs, to help a youth establish his or her own apartment, assistance with car repairs, and one-time funding to defray the cost of a cell phone or minutes for an existing cell phone. For details about financial assistance to youth in Extended Foster Care, please ask the FSW or TYS Coordinator for the youth.

Youth in Extended Foster Care can, and are encouraged, to live in a resource home as appropriate. For youth in Extended Foster Care who live in a resource home, an increased board payment may be considered. However, any increase on top of the standard board payment to the resource parent may be designed to help the young adult meet any needs he or she may have (verses being designated for the resource parent to meet those needs on behalf of the young adult) and help the young adult learn how to budget.

For youth who participate in the Extended Foster Care Program but do not wish to remain in a resource home or other approved placement, then these youth will require a Transitional Youth Services sponsor who is willing to:

- Serve as a member of the youth's Transitional Team.
- Provide support and guidance to the youth as they transition to adulthood (e.g., assisting with decision-making regarding education, employment, housing, etc.).
- Assist the youth with budgeting the youth's board payment.
- Help to ensure the youth meets at least one of the following extended foster care requirements or has a viable plan in place to meet one of the Extended Foster Care requirements:
    - Youth is enrolled in school; or,
    - Youth is working at least eighty (80) hours per month; or,

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  - Youth is enrolled in a program designed to remove barriers to employment (e.g., Job Corps); or,
  - Youth has a medical condition that prevents him/her from participating in any of the above activities.

- Complete State Police Criminal Record Checks and Child Maltreatment Central Registry Checks.

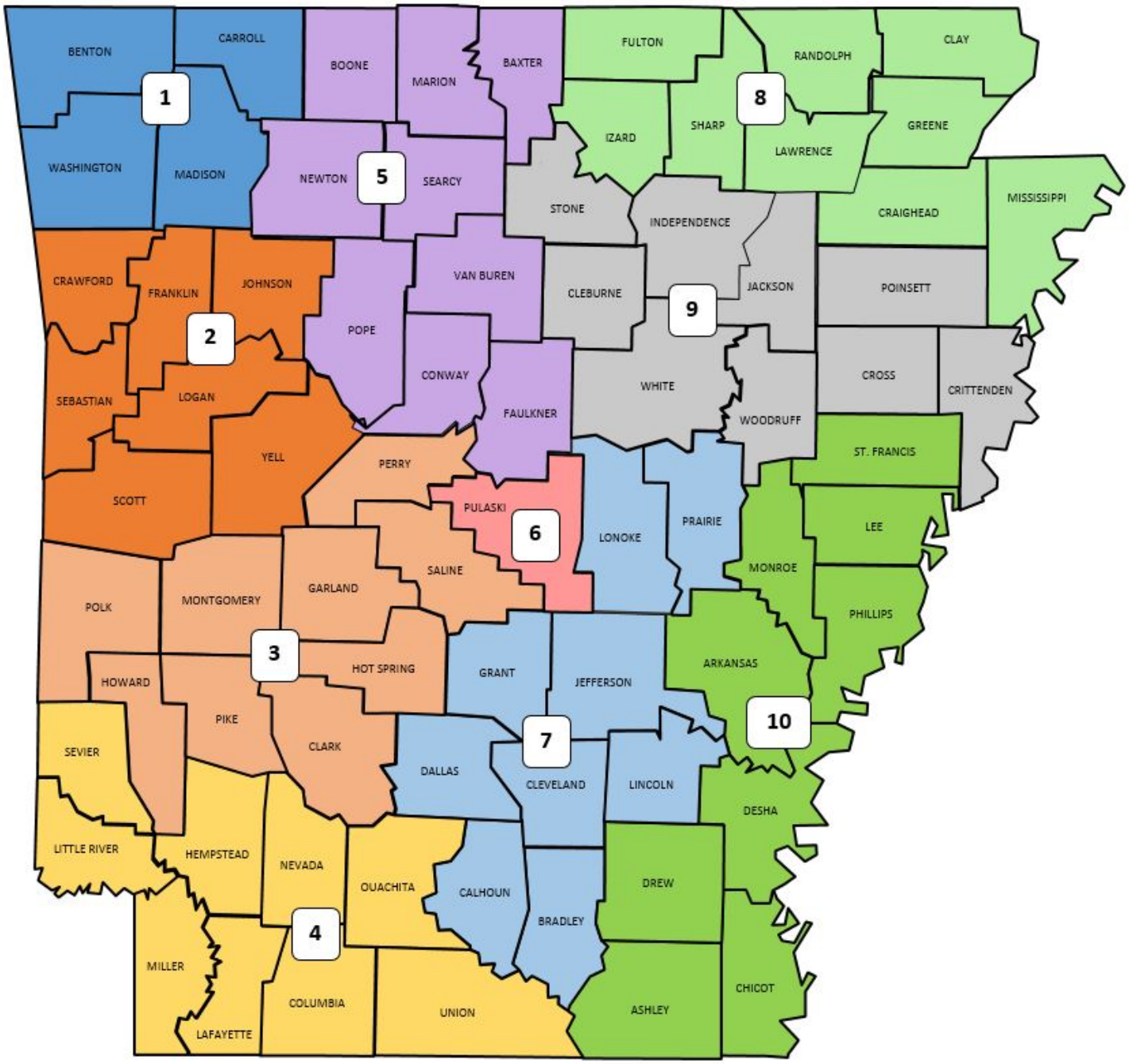
If interested, you may serve as both a resource parent for children placed in your home and a TYS Sponsor for a teenager you know who is participating in Extended Foster Care but not residing in your home.

In addition, youth ages eighteen (18) and older who are participating in Extended Foster Care may live with their TYS Sponsors (even if the TYS Sponsor is not an approved resource home) as appropriate, provided that:

- State Police Criminal Background and Child Maltreatment Registry checks are clear and up to date (i.e., within the past two (2) years);
- Visual inspection of the sponsor's home is conducted;
- Area Director and the child's attorney ad litem approves the living arrangement with the sponsor; and,
- Transitional Team Meeting is held to ensure the sponsor understands his/her role and that individualized guidelines and expectations are established for any youth who will reside with their sponsor (e.g., curfews, and responsibility for assisting with costs of living, if applicable, via the youth's board payment, etc.).

Proposed

APPENDIX 4: DCFS SERVICE AREAS



APPENDIX 5: USEFUL LINKS FOR RESOURCE PARENTS

- Foster Arkansas- http://www.fosterarkansas.org/
- Project Zero- http://www.theprojectzero.org/
- Arkansas Heart Gallery- http://www.theprojectzero.org/heart-gallery
- Division of Children and Family Services Policy- http://humanservices.arkansas.gov/dcfs/dcfsDocs/Master%20DCFS%20Policy.pdf
- Resource Parent Portal- https://dhs.arkansas.gov/dcfs/CHRISPWP/Default.aspx
- Mileage Calculator- https://dhs.arkansas.gov/milecalc/mileagecalculator.aspx
- Better Beginnings- http://www.arbetterbeginnings.com/
- Immunization Schedule:
    - Youth from birth to age six (6)
        - https://www.cdc.gov/vaccines/parents/downloads/milestones-tracker.pdf
    - Youth ages seven (7) to eighteen (18)
        - https://www.cdc.gov/vaccines/schedules/easy-to-read/adolescent-easyread.html

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APPENDIX 6: RESOURCE FAMILY REVIEW COMMITTEE

The purpose of the Resource Family Review Committee is to serve as an assessment, review, and recommendation team for the approval or continuation of the provision of certain resource family services. The Resource Family Review Committee is designed to support the recruitment and retention of quality resource families that can meet the individualized needs and provide quality parenting for children placed in foster care. The committee approach enables DCFS to review issues before the committee on an impartial basis, and prevents decision making based on the bias of a single individual.

The Resource Family Review Committee will make recommendations to the Division Director or designee, for the approval or continuation of the provision of resource family services received from the field. If a packet is sent to the Resource Family Review Committee for review and recommendation, the assumption is that the local staff who submitted the packet are in support of the request enclosed.

The Resource Family Review Committee is responsible for reviewing and making recommendations regarding:

- Request to add or change a service on an open provider if there is any history of child maltreatment investigations involving the provider as an alleged offender (regardless of the outcome of the investigation or regardless of whether there is documentation indicating the reason for closure was related to the investigation).
- Request for continuing service of an Active Resource (Foster or Adoptive) Family Home, when the family has an unsubstantiated child maltreatment investigation or children have been moved.
- Request for continuing service of an Active Resource (Foster or Adoptive) Family Home when the family has a substantiated child maltreatment investigation or children have been moved. Further Information: Any time DCFS chooses to leave a child in a

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home with a true determination (at the time of the determination and upon satisfaction of due process), the Assistant Director of Community Services has to approve leaving the children and youth in the home. However, for homes that either do not appeal the determination or have the determination overturned and want to be made available again for other children, then this request must be reviewed by the Resource Family Review Committee.

- Request related to Therapeutic Resource Family Home and Private License Provider Agencies involved in child maltreatment investigations.
- Resource home closures resulting in Adverse Action Request. The Foster Care Manager will present these to the committee. The Foster Care Manager will make a recommendation to the Assistant Director of Placement Support and Community Outreach and notify the resource parents in writing of the decision of the review within ten (10) business days of receiving the Resource Review Committee decision.

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APPENDIX 7: INTERNAL REVIEW OF ADVERSE ACTION INVOLVING RESOURCE PARENTS

Resource parents have the right to request an internal review of decisions affecting them and the operation of their home. Most problems can be resolved at the local level, if the resource parents and FSW keep each other informed about matters of interest and importance pertaining to the child. It is important for resource parents and FSWs to discuss and work out issues and problems as they occur.

All complaints may not be appropriate for an internal review, and while the county office will make every effort to reconcile disagreements or other issues, some situations may not be reconcilable, such as those decisions made by the county office based on current policy and procedure.

Examples of issues to take through an Internal Review are:

- Closure of a resource home due to any circumstance;
- Removal of a child from the resource home without appropriate cause or without appropriate notice;
- Failure by DCFS to share appropriate information;
- Failure by DCFS to provide necessary support; or
- Failure by DCFS to keep the terms of the initial written agreement with the resource home (CFS-462: Initial Resource Home Agreement and CFS-462A: Resource Home Agreement Addendum).

Prior to requesting an internal review at the Central Office level, resource parents should request an informal discussion of the problem with the FSW or Resource Worker and their immediate supervisor. If, after the resource parents have discussed the issue related to the

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adverse action with the FSW or Resource Worker and their supervisor, and believe that DCFS failed to uphold its policies, then, the resource parents must submit a request in writing to their Area Director to review the adverse action. This request must be submitted to the Area Director thirty (30) calendar days from the date the adverse action occurred. The Area Director will schedule a meeting with the resource parents within ten (10) business days of the receipt of the written request and attempt to resolve the problem.

If the resource parents are not satisfied with the results of the meeting with the Area Director, the resource parents may request an internal review from the Foster Care Manager or designee in Central Office to present their case. A copy of the request and written reports of the previous two meetings will be forwarded to the Foster Care Manager or designee. The Foster Care Manager will present the information to the Resource Review Committee for review of the adverse action.

The Foster Care Manager will notify the resource parents in writing of the decision of the review within ten (10) business days of receiving the Resource Review Committee decision.

Proposed

APPENDIX 8: CONTACT INFORMATION

In the event you need 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 you cannot reach the Family Service Worker or you need to speak to a supervisor, then one should call the second name listed.

Family Service Worker	Resource Worker
Email	Email
Work Phone	Work Phone
Cell Phone	Cell Phone
FSW Supervisor	**Transitional Services Coordinator (if applicable)**
Email	Email
Work Phone	Work Phone
Cell Phone	Cell Phone

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County Supervisor or Area Director	Child's Adoption Specialist (if applicable)
Email	Email
Work Phone	Work Phone
Cell Phone	Cell Phone
Attorney Ad Litem	**Family's Adoption Specialist (if applicable)**
Email	Email
Work Phone	Work Phone
Cell Phone	Cell Phone

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Family First Prevention Services Act, P.L. 115-123

Enacted as Division E, Title VII, of the Bipartisan Budget Act of 2018, P.L. 115-1123 [H.R. 1892]

DIVISION E-- HEALTH AND HUMAN SERVICES EXTENDERS

TITLE VI-- Child and Family Services and Supports Extenders

Subtitle A--Continuing the Maternal, Infant, and Early Childhood Home Visiting Program

Sec. 50601. Continuing evidence-based home visiting program.
Sec. 50602. Continuing to demonstrate results to help families.
Sec. 50603. Reviewing statewide needs to target resources.
Sec. 50604. Improving the likelihood of success in high-risk communities.
Sec. 50605. Option to fund evidence-based home visiting on a pay for outcome basis.
Sec. 50606. Data exchange standards for improved interoperability.
Sec. 50607. Allocation of funds.

TITLE VII-- Family First Prevention Services Act

Subtitle A--Investing in Prevention and Supporting Families

Sec. 50701. Short title.
Sec. 50702. Purpose.

Part I-- Prevention Activities under Title IV-E

Sec. 50711. Foster care prevention services and programs.
Sec. 50712. Foster care maintenance payments for children with parents in a licensed residential family-based treatment facility for substance abuse.
Sec. 50713. Title IV-E payments for evidence-based kinship navigator programs.

Part II-- Enhanced support under Title IV-B

Sec. 50721. Elimination of time limit for family reunification services while in foster care and permitting time-limited family reunification services when a child returns home from foster care.
Sec. 50722. Reducing bureaucracy and unnecessary delays when placing children in homes across State lines.
Sec. 50723. Enhancements to grants to improve well-being of families affected by substance abuse.

Part III-- Miscellaneous

Sec. 50731. Reviewing and improving licensing standards for placement in a relative foster family home.
Sec. 50732. Development of a statewide plan to prevent child abuse and neglect fatalities.
Sec. 50733. Modernizing the title and purpose of title IV-E.
Sec. 50734. Effective dates.

Part IV-- Ensuring the Necessity of a Placement that is not in a Foster Family Home

Sec. 50741. Limitation on Federal financial participation for placements that are not in foster family homes.
Sec. 50742. Assessment and documentation of the need for placement in a qualified residential treatment program.
Sec. 50743. Protocols to prevent inappropriate diagnoses.
Sec. 50744. Additional data and reports regarding children placed in a setting that is not a foster family home.
Sec. 50745. Criminal records checks and checks of child abuse and neglect registries for adults working in child-care institutions and other group care settings.
Sec. 50746. Effective dates; application to waivers.

Part V-- Continuing Support for Child and Family Services

Sec. 50751. Supporting and retaining foster families for children.
Sec. 50752. Extension of child and family services programs.
Sec. 50753. Improvements to the John H. Chafee foster care independence program and related provisions.

Part VI-- Continuing Incentives to States to Promote Adoption and Legal Guardianship

Sec. 50761. Reauthorizing adoption and legal guardianship incentive programs.

Part VII-- Technical Corrections

Sec. 50771. Technical corrections to data exchange standards to improve program coordination.
Sec. 50772. Technical corrections to State requirement to address the developmental needs of young children.

Part VIII-- Ensuring States reinvest savings resulting from increase in adoption assistance

Sec. 50781. Delay of adoption assistance phase-in.
Sec. 50782. GAO study and report on State reinvestment of savings resulting from increase in adoption assistance.

TITLE VI-- CHILD AND FAMILY SERVICES AND SUPPORTS EXTENDERS

Subtitle A-- Continuing the Maternal, Infant, and Early Childhood Home Visiting Program

Sec. 50601. Continuing evidence-based home visiting program

Section 511(j)(1)(H) of the Social Security Act (42 U.S.C. 711(j)(1)(H)) is amended by striking "fiscal year 2017" and inserting "each of fiscal years 2017 through 2022".

Sec. 50602. Continuing to demonstrate results to help families

(a) Require service delivery models to demonstrate improvement in applicable benchmark areas. Section 511 of the Social Security Act (42 U.S.C. 711) is amended in each of subsections (d)(1)(A) and (h)(4)(A) by striking "each of".

(b) Demonstration of improvements in subsequent years. Section 511(d)(1) of such Act (42 U.S.C. 711(d)(1)) is amended by adding at the end the following:

"(D) Demonstration of improvements in subsequent years.

"(i) Continued measurement of improvement in applicable benchmark areas. The eligible entity, after demonstrating improvements for eligible families as specified in subparagraphs (A) and (B), shall continue to track and report, not later than 30 days after the end of fiscal year 2020 and every 3 years thereafter, information demonstrating that the program results in improvements for the eligible families participating in the program in at least 4 of the areas specified in subparagraph (A) that the service delivery model or models selected by the entity are intended to improve.

"(ii) Corrective action plan. If the eligible entity fails to demonstrate improvement in at least 4 of the areas specified in subparagraph (A), as compared to eligible families who do not receive services under an early childhood home visitation program, the entity shall develop and implement a plan to improve outcomes in each of the areas specified in subparagraph (A) that the service delivery model or models selected by the entity are intended to improve, subject to approval by the Secretary. The plan shall include provisions for the Secretary to monitor implementation of the plan and conduct continued oversight of the program, including through submission by the entity of regular reports to the Secretary.

"(iii) Technical assistance. The Secretary shall provide an eligible entity required to develop and implement an improvement plan under clause (ii) with technical assistance to develop and implement the plan. The Secretary may provide the technical assistance directly or through grants, contracts, or cooperative agreements.

"(iv) No improvement or failure to submit report. If the Secretary determines after a period of time specified by the Secretary that an eligible entity implementing an improvement plan under clause (ii) has failed to demonstrate any improvement in at least 4 of the areas specified in subparagraph (A), or if the Secretary determines that an eligible entity has failed to submit the report required by clause (i), the Secretary shall terminate the grant made to the entity under this section and may include any unexpended grant funds in grants made to nonprofit organizations under subsection (h)(2)(B).".

(c) Including information on applicable benchmarks in application. Section 511(e)(5) of such Act (42 U.S.C. 711(e)(5)) is amended by inserting "that the service delivery model or models selected by the entity are intended to improve" before the period at the end.

Sec. 50603. Reviewing statewide needs to target resources

Section 511(b)(1) of the Social Security Act (42 U.S.C. 711(b)(1)) is amended by striking "Not later than" and all that follows through "section 505(a))" and inserting "Each State shall, as a condition of receiving payments from an allotment for the State under section 502, conduct a statewide needs assessment (which may be separate from but in coordination with the statewide needs assessment required under section 505(a) and which shall be reviewed and updated by the State not later than October 1, 2020)".

Sec. 50604. Improving the likelihood of success in high-risk communities

Section 511(d)(4)(A) of the Social Security Act (42 U.S.C. 711(d)(4)(A)) is amended by inserting ", taking into account the staffing, community resource, and other requirements to operate at least one approved model of home visiting and demonstrate improvements for eligible families" before the period.

Sec. 50605. Option to fund evidence-based home visiting on a pay for outcome basis

(a) In general. Section 511(c) of the Social Security Act (42 U.S.C. 711(c)) is amended by redesignating paragraphs (3) and (4) as paragraphs (4) and (5), respectively, and by inserting after paragraph (2) the following:

"(3) Authority to use grant for a pay for outcomes initiative. An eligible entity to which a grant is made under paragraph (1) may use up to 25 percent of the grant for outcomes or success payments related to a pay for outcomes initiative that will not result in a reduction of funding for services delivered by the entity under a childhood home visitation program under this section while the eligible entity develops or operates such an initiative.".

(b) Definition of pay for outcomes initiative. Section 511(k) of such Act (42 U.S.C. 711(k)) is amended by adding at the end the following:

"(4) Pay for outcomes initiative. The term "pay for outcomes initiative" means a performance-based grant, contract, cooperative agreement, or other agreement awarded by a public entity in which a commitment is made to pay for improved outcomes achieved as a result of the intervention that result in social benefit and direct cost savings or cost avoidance to the public sector. Such an initiative shall include--

"(A) a feasibility study that describes how the proposed intervention is based on evidence of effectiveness;

"(B) a rigorous, third-party evaluation that uses experimental or quasi-experimental design or other research methodologies that allow for the strongest possible causal inferences to determine whether the initiative has met its proposed outcomes as a result of the intervention;

"(C) an annual, publicly available report on the progress of the initiative; and

"(D) a requirement that payments are made to the recipient of a grant, contract, or cooperative agreement only when agreed upon outcomes are achieved, except that this requirement shall not apply with respect to payments to a third party conducting the evaluation described in subparagraph (B).".

(c) Extended availability of funds. Section 511(j)(3) of such Act (42 U.S.C. 711(j)(3)) is amended--

(1) by striking "(3) Availability.--Funds" and inserting the following:

"(3) Availability.

"(A) In general. Except as provided in subparagraph (B), funds"; and

(2) by adding at the end the following:

"(B) Funds for pay for outcomes initiatives. Funds made available to an eligible entity under this section for a fiscal year (or portion of a fiscal year) for a pay for outcomes initiative shall remain available for expenditure by the eligible entity for not more than 10 years after the funds are so made available.".

Sec. 50606. Data exchange standards for improved interoperability

(a) In general. Section 511(h) of the Social Security Act (42 U.S.C. 711(h)) is amended by adding at the end the following:

"(5) Data exchange standards for improved interoperability.

"(A) Designation and use of data exchange standards.

"(i) Designation. The head of the department or agency responsible for administering a program funded under this section shall, in consultation with an interagency work group established by the Office of Management and Budget and considering State government perspectives, designate data exchange standards for necessary categories of information that a State agency operating the program is required to electronically exchange with another State agency under applicable Federal law.

"(ii) Data exchange standards must be nonproprietary and interoperable. The data exchange standards designated under clause (i) shall, to the extent practicable, be nonproprietary and interoperable.

"(iii) Other requirements. In designating data exchange standards under this paragraph, the Secretary shall, to the extent practicable, incorporate--

"(I) interoperable standards developed and maintained by an international voluntary consensus standards body, as defined by the Office of Management and Budget;

"(II) interoperable standards developed and maintained by intergovernmental partnerships, such as the National Information Exchange Model; and

"(III) interoperable standards developed and maintained by Federal entities with authority over contracting and financial assistance.

"(B) Data exchange standards for federal reporting.

"(i) Designation. The head of the department or agency responsible for administering a program referred to in this section shall, in consultation with an interagency work group established by the Office of Management and Budget, and considering State government perspectives, designate data exchange standards to govern Federal reporting and exchange requirements under applicable Federal law.

"(ii) Requirements. The data exchange reporting standards required by clause (i) shall, to the extent practicable--

"(I) incorporate a widely accepted, nonproprietary, searchable, computer-readable format;

"(II) be consistent with and implement applicable accounting principles;

"(III) be implemented in a manner that is cost-effective and improves program efficiency and effectiveness; and

"(IV) be capable of being continually upgraded as necessary.

"(iii) Incorporation of nonproprietary standards. In designating data exchange standards under this paragraph, the Secretary shall, to the extent practicable, incorporate existing nonproprietary standards, such as the eXtensible Mark up Language.

"(iv) Rule of construction. Nothing in this paragraph shall be construed to require a change to existing data exchange standards for Federal reporting about a program referred to in this section, if the head of the department or agency responsible for administering the program finds the standards to be effective and efficient.".

(b) Effective date. The amendment made by subsection (a) shall take effect on the date that is 2 years after the date of enactment of this Act.

Sec. 50607. Allocation of funds

Section 511(j) of the Social Security Act (42 U.S.C. 711(j)) is amended by adding at the end the following:

"(4) Allocation of funds. To the extent that the grant amount awarded under this section to an eligible entity is determined on the basis of relative population or poverty considerations, the Secretary shall make the determination using the most accurate Federal data available for the eligible entity.".

TITLE VII--FAMILY FIRST PREVENTION SERVICES ACT

Subtitle A-- Investing in Prevention and Supporting Families

Sec. 50701. Short title

This subtitle may be cited as the "Bipartisan Budget Act of 2018".

Sec. 50702. Purpose

The purpose of this subtitle is to enable States to use Federal funds available under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.

PART I-- PREVENTION ACTIVITIES UNDER TITLE IV-E

Sec. 50711. Foster care prevention services and programs

(a) State option. Section 471 of the Social Security Act (42 U.S.C. 671) is amended--

(1) in subsection (a)(1), by striking "and" and all that follows through the semicolon and inserting ", adoption assistance in accordance with section 473, and, at the option of

the State, services or programs specified in subsection (e)(1) of this section for children who are candidates for foster care or who are pregnant or parenting foster youth and the parents or kin caregivers of the children, in accordance with the requirements of that subsection;"; and

(2) by adding at the end the following:

"(e) Prevention and family services and programs.

"(1) In general. Subject to the succeeding provisions of this subsection, the Secretary may make a payment to a State for providing the following services or programs for a child described in paragraph (2) and the parents or kin caregivers of the child when the need of the child, such a parent, or such a caregiver for the services or programs are directly related to the safety, permanence, or well-being of the child or to preventing the child from entering foster care:

"(A) Mental health and substance abuse prevention and treatment services. Mental health and substance abuse prevention and treatment services provided by a qualified clinician for not more than a 12-month period that begins on any date described in paragraph (3) with respect to the child.

"(B) In-home parent skill-based programs. In-home parent skill-based programs for not more than a 12-month period that begins on any date described in paragraph (3) with respect to the child and that include parenting skills training, parent education, and individual and family counseling.

"(2) Child described. For purposes of paragraph (1), a child described in this paragraph is the following:

"(A) A child who is a candidate for foster care (as defined in section 475(13)) but can remain safely at home or in a kinship placement with receipt of services or programs specified in paragraph (1).

"(B) A child in foster care who is a pregnant or parenting foster youth.

"(3) Date described. For purposes of paragraph (1), the dates described in this paragraph are the following:

"(A) The date on which a child is identified in a prevention plan maintained under paragraph (4) as a child who is a candidate for foster care (as defined in section 475(13)).

"(B) The date on which a child is identified in a prevention plan maintained under paragraph (4) as a pregnant or parenting foster youth in need of services or programs specified in paragraph (1).

"(4) Requirements related to providing services and programs. Services and programs specified in paragraph (1) may be provided under this subsection only if specified in advance in the child's prevention plan described in subparagraph (A) and the requirements in subparagraphs (B) through (E) are met:

"(A) Prevention plan. The State maintains a written prevention plan for the child that meets the following requirements (as applicable):

"(i) Candidates. In the case of a child who is a candidate for foster care described in paragraph (2)(A), the prevention plan shall--

"(I) identify the foster care prevention strategy for the child so that the child may remain safely at home, live temporarily with a kin caregiver until reunification can be safely achieved, or live permanently with a kin caregiver;

"(II) list the services or programs to be provided to or on behalf of the child to ensure the success of that prevention strategy; and

"(III) comply with such other requirements as the Secretary shall establish.

"(ii) Pregnant or parenting foster youth. In the case of a child who is a pregnant or parenting foster youth described in paragraph (2)(B), the prevention plan shall--

"(I) be included in the child's case plan required under section 475(1);

"(II) list the services or programs to be provided to or on behalf of the youth to ensure that the youth is prepared (in the case of a pregnant foster youth) or able (in the case of a parenting foster youth) to be a parent;

"(III) describe the foster care prevention strategy for any child born to the youth; and

"(IV) comply with such other requirements as the Secretary shall establish.

"(B) Trauma-informed. The services or programs to be provided to or on behalf of a child are provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

"(C) Only services and programs provided in accordance with promising, supported, or well-supported practices permitted.

"(i) In general. Only State expenditures for services or programs specified in subparagraph (A) or (B) of paragraph (1) that are provided in accordance with practices that meet the requirements specified in clause (ii) of this subparagraph and that meet the requirements specified in clause (iii), (iv), or (v), respectively, for being a promising, supported, or well-supported practice, shall be eligible for a Federal matching payment under section 474(a)(6)(A).

"(ii) General practice requirements. The general practice requirements specified in this clause are the following:

"(I) The practice has a book, manual, or other available writings that specify the components of the practice protocol and describe how to administer the practice.

"(II) There is no empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.

"(III) If multiple outcome studies have been conducted, the overall weight of evidence supports the benefits of the practice.

"(IV) Outcome measures are reliable and valid, and are administrated consistently and accurately across all those receiving the practice.

"(V) There is no case data suggesting a risk of harm that was probably caused by the treatment and that was severe or frequent.

"(iii) Promising practice. A practice shall be considered to be a "promising practice" if the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least one study that--

"(I) was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed; and

"(II) utilized some form of control (such as an untreated group, a placebo group, or a wait list study).

"(iv) Supported practice. A practice shall be considered to be a "supported practice" if--

"(I) the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least one study that--

"(aa) was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed;

"(bb) was a rigorous random-controlled trial (or, if not available, a study using a rigorous quasi-experimental research design); and

"(cc) was carried out in a usual care or practice setting; and

"(II) the study described in subclause (I) established that the practice has a sustained effect (when compared to a control group) for at least 6 months beyond the end of the treatment.

"(v) Well-supported practice. A practice shall be considered to be a "well-supported practice" if--

"(I) the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least two studies that--

"(aa) were rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed;

"(bb) were rigorous random-controlled trials (or, if not available, studies using a rigorous quasi-experimental research design); and

"(cc) were carried out in a usual care or practice setting; and

"(II) at least one of the studies described in subclause (I) established that the practice has a sustained effect (when compared to a control group) for at least 1 year beyond the end of treatment.

"(D) Guidance on practices criteria and pre-approved services and programs.

"(i) In general. Not later than October 1, 2018, the Secretary shall issue guidance to States regarding the practices criteria required for services or programs to satisfy the requirements of subparagraph (C). The guidance shall include a pre-approved list of services and programs that satisfy the requirements.

"(ii) Updates. The Secretary shall issue updates to the guidance required by clause (i) as often as the Secretary determines necessary.

"(E) Outcome assessment and reporting. The State shall collect and report to the Secretary the following information with respect to each child for whom, or on whose behalf mental health and substance abuse prevention and treatment services or in-home parent skill-based programs are provided during a 12-month period beginning on the date the child is determined by the State to be a child described in paragraph (2):

"(i) The specific services or programs provided and the total expenditures for each of the services or programs.

"(ii) The duration of the services or programs provided.

"(iii) In the case of a child described in paragraph (2)(A), the child's placement status at the beginning, and at the end, of the 1-year period, respectively, and whether the child entered foster care within 2 years after being determined a candidate for foster care.

"(5) State plan component.

"(A) In general. A State electing to provide services or programs specified in paragraph (1) shall submit as part of the State

plan required by subsection (a) a prevention services and programs plan component that meets the requirements of subparagraph (B).

"(B) Prevention services and programs plan component. In order to meet the requirements of this subparagraph, a prevention services and programs plan component, with respect to each 5-year period for which the plan component is in operation in the State, shall include the following:

"(i) How providing services and programs specified in paragraph (1) is expected to improve specific outcomes for children and families.

"(ii) How the State will monitor and oversee the safety of children who receive services and programs specified in paragraph (1), including through periodic risk assessments throughout the period in which the services and programs are provided on behalf of a child and reexamination of the prevention plan maintained for the child under paragraph (4) for the provision of the services or programs if the State determines the risk of the child entering foster care remains high despite the provision of the services or programs.

"(iii) With respect to the services and programs specified in subparagraphs (A) and (B) of paragraph (1), information on the specific promising, supported, or well-supported practices the State plans to use to provide the services or programs, including a description of--

"(I) the services or programs and whether the practices used are promising, supported, or well-supported;

"(II) how the State plans to implement the services or programs, including how implementation of the services or programs will be continuously monitored to ensure fidelity to the practice model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practices;

"(III) how the State selected the services or programs;

"(IV) the target population for the services or programs; and

"(V) how each service or program provided will be evaluated through a well-designed and rigorous process, which may consist of an ongoing, cross-site evaluation approved by the Secretary.

"(iv) A description of the consultation that the State agencies responsible for administering the State plans under this part and part B engage in with other State agencies

responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services, including community-based organizations, in order to foster a continuum of care for children described in paragraph (2) and their parents or kin caregivers.

"(v) A description of how the State shall assess children and their parents or kin caregivers to determine eligibility for services or programs specified in paragraph (1).

"(vi) A description of how the services or programs specified in paragraph (1) that are provided for or on behalf of a child and the parents or kin caregivers of the child will be coordinated with other child and family services provided to the child and the parents or kin caregivers of the child under the State plans in effect under subparts 1 and 2 of part B.

"(vii) Descriptions of steps the State is taking to support and enhance a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services, including--

"(I) ensuring that staff is qualified to provide services or programs that are consistent with the promising, supported, or well-supported practice models selected; and

"(II) developing appropriate prevention plans, and conducting the risk assessments required under clause (iii).

"(viii) A description of how the State will provide training and support for caseworkers in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, and overseeing and evaluating the continuing appropriateness of the services.

"(ix) A description of how caseload size and type for prevention caseworkers will be determined, managed, and overseen.

"(x) An assurance that the State will report to the Secretary such information and data as the Secretary may require with respect to the provision of services and programs specified in paragraph (1), including information and data necessary to determine the performance measures for the State under paragraph (6) and compliance with paragraph (7).

"(C) Reimbursement for services under the prevention plan component.

"(i) Limitation. Except as provided in subclause (ii), a State may not receive a Federal payment under this part for a given promising, supported, or well-supported practice unless (in accordance with subparagraph (B)(iii)(V)) the plan includes a well-designed and rigorous evaluation strategy for that practice.

"(ii) Waiver of limitation. The Secretary may waive the requirement for a well-designed and rigorous evaluation of any well-supported practice if the Secretary deems the evidence of the effectiveness of the practice to be compelling and the State meets the continuous quality improvement requirements included in subparagraph (B)(iii)(II) with regard to the practice.

"(6) Prevention services measures.

"(A) Establishment; annual updates. Beginning with fiscal year 2021, and annually thereafter, the Secretary shall establish the following prevention services measures based on information and data reported by States that elect to provide services and programs specified in paragraph (1):

"(i) Percentage of candidates for foster care who do not enter foster care. The percentage of candidates for foster care for whom, or on whose behalf, the services or programs are provided who do not enter foster care, including those placed with a kin caregiver outside of foster care, during the 12-month period in which the services or programs are provided and through the end of the succeeding 12-month period.

"(ii) Per-child spending. The total amount of expenditures made for mental health and substance abuse prevention and treatment services or in-home parent skill-based programs, respectively, for, or on behalf of, each child described in paragraph (2).

"(B) Data. The Secretary shall establish and annually update the prevention services measures--

"(i) based on the median State values of the information reported under each clause of subparagraph (A) for the 3 then most recent years; and

"(ii) taking into account State differences in the price levels of consumption goods and services using the most recent regional price parities published by the Bureau of Economic Analysis of the Department of Commerce or such other data as the Secretary determines appropriate.

"(C) Publication of State prevention services measures. The Secretary shall annually make available to the public the prevention services measures of each State.

"(7) Maintenance of effort for State foster care prevention expenditures.

"(A) In general. If a State elects to provide services and programs specified in paragraph (1) for a fiscal year, the State foster care prevention expenditures for the fiscal year shall not be less than the amount of the expenditures for fiscal year 2014 (or, at the option of a State described in subparagraph (E), fiscal year 2015 or fiscal year 2016 (whichever the State elects)).

"(B) State foster care prevention expenditures. The term "State foster care prevention expenditures" means the following:

"(i) TANF; IV-B; SSBG. State expenditures for foster care prevention services and activities under the State program funded under part A (including from amounts made available by the Federal Government), under the State plan developed under part B (including any such amounts), or under the Social Services Block Grant Programs under subtitle A of title XX (including any such amounts).

"(ii) Other State programs. State expenditures for foster care prevention services and activities under any State program that is not described in clause (i) (other than any State expenditures for foster care prevention services and activities under the State program under this part (including under a waiver of the program)).

"(C) State expenditures. The term "State expenditures" means all State or local funds that are expended by the State or a local agency including State or local funds that are matched or reimbursed by the Federal Government and State or local funds that are not matched or reimbursed by the Federal Government.

"(D) Determination of prevention services and activities. The Secretary shall require each State that elects to provide services and programs specified in paragraph (1) to report the expenditures specified in subparagraph (B) for fiscal year 2014 and for such fiscal years thereafter as are necessary to determine whether the State is complying with the maintenance of effort requirement in subparagraph (A). The Secretary shall specify the specific services and activities under each program referred to in subparagraph (B) that are "prevention services and activities" for purposes of the reports.

"(E) State described. For purposes of subparagraph (A), a State is described in this subparagraph if the population of children in the State in 2014 was less than 200,000 (as determined by the United States Census Bureau).

"(8) Prohibition against use of state foster care prevention expenditures and federal iv-e prevention funds for matching or expenditure requirement. A State that elects to provide services and programs specified in paragraph (1) shall not use any State foster care prevention expenditures for a fiscal year for the State share of expenditures under section 474(a)(6) for a fiscal year.

"(9) Administrative costs. Expenditures described in section 474(a)(6)(B)--

"(A) shall not be eligible for payment under subparagraph (A), (B), or (E) of section 474(a)(3); and

"(B) shall be eligible for payment under section 474(a)(6)(B) without regard to whether the expenditures are incurred on behalf of a child who is, or is potentially, eligible for foster care maintenance payments under this part.

"(10) Application.

"(A) In general. The provision of services or programs under this subsection to or on behalf of a child described in paragraph (2) shall not be considered to be receipt of aid or assistance under the State plan under this part for purposes of eligibility for any other program established under this Act.

"(B) Candidates in kinship care. A child described in paragraph (2) for whom such services or programs under this subsection are provided for more than 6 months while in the home of a kin caregiver, and who would satisfy the AFDC eligibility requirement of section 472(a)(3)(A)(ii)(II) but for residing in the home of the caregiver for more than 6 months, is deemed to satisfy that requirement for purposes of determining whether the child is eligible for foster care maintenance payments under section 472.".

(b) Definition. Section 475 of such Act (42 U.S.C. 675) is amended by adding at the end the following:

"(13) The term "child who is a candidate for foster care" means, a child who is identified in a prevention plan under section 471(e)(4)(A) as being at imminent risk of entering foster care (without regard to whether the child would be eligible for foster care maintenance payments under section 472 or is or would be eligible for adoption assistance or kinship guardianship assistance payments under section 473) but who can remain safely in the child's home or in a kinship placement as long as services or programs specified in section 471(e)(1) that are necessary to prevent the entry of the child into foster care are provided. The term includes a child whose

adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.".

(c) Payments under title IV-E. Section 474(a) of such Act (42 U.S.C. 674(a)) is amended--

(1) in paragraph (5), by striking the period at the end and inserting "; plus"; and

(2) by adding at the end the following:

"(6) subject to section 471(e)--

"(A) for each quarter--

"(i) subject to clause (ii)--

"(I) beginning after September 30, 2019, and before October 1, 2026, an amount equal to 50 percent of the total amount expended during the quarter for the provision of services or programs specified in subparagraph (A) or (B) of section 471(e)(1) that are provided in accordance with promising, supported, or well-supported practices that meet the applicable criteria specified for the practices in section 471(e)(4)(C); and

"(II) beginning after September 30, 2026, an amount equal to the Federal medical assistance percentage (which shall be as defined in section 1905(b), in the case of a State other than the District of Columbia, or 70 percent, in the case of the District of Columbia) of the total amount expended during the quarter for the provision of services or programs specified in subparagraph (A) or (B) of section 471(e)(1) that are provided in accordance with promising, supported, or well-supported practices that meet the applicable criteria specified for the practices in section 471(e)(4)(C) (or, with respect to the payments made during the quarter under a cooperative agreement or contract entered into by the State and an Indian tribe, tribal organization, or tribal consortium for the administration or payment of funds under this part, an amount equal to the Federal medical assistance percentage that would apply under section 479B(d) (in this paragraph referred to as the "tribal FMAP") if the Indian tribe, tribal organization, or tribal consortium made the payments under a program operated under that section, unless the tribal FMAP is less than the Federal medical assistance percentage that applies to the State); except that

"(ii) not less than 50 percent of the total amount expended by a State under clause (i) for a fiscal year shall be for the provision of services or programs specified in subparagraph (A) or (B) of section 471(e)(1) that are provided in accordance with well-supported practices; plus

"(B) for each quarter specified in subparagraph (A), an amount equal to the sum of the following proportions of the total amount expended during the quarter--

"(i) 50 percent of so much of the expenditures as are found necessary by the Secretary for the proper and efficient administration of the State plan for the provision of services or programs specified in section 471(e)(1), including expenditures for activities approved by the Secretary that

promote the development of necessary processes and procedures to establish and implement the provision of the services and programs for individuals who are eligible for the services and programs and expenditures attributable to data collection and reporting; and

"(ii) 50 percent of so much of the expenditures with respect to the provision of services and programs specified in section 471(e)(1) as are for training of personnel employed or preparing for employment by the State agency or by the local agency administering the plan in the political subdivision and of the members of the staff of State-licensed or State-approved child welfare agencies providing services to children described in section 471(e)(2) and their parents or kin caregivers, including on how to determine who are individuals eligible for the services or programs, how to identify and provide appropriate services and programs, and how to oversee and evaluate the ongoing appropriateness of the services and programs.".

(d) Technical assistance and best practices, clearinghouse, and data collection and evaluations. Section 476 of such Act (42 U.S.C. 676) is amended by adding at the end the following:

"(d) Technical assistance and best practices, clearinghouse, data collection, and evaluations relating to prevention services and programs.

"(1) Technical assistance and best practices. The Secretary shall provide to States and, as applicable, to Indian tribes, tribal organizations, and tribal consortia, technical assistance regarding the provision of services and programs described in section 471(e)(1) and shall disseminate best practices with respect to the provision of the services and programs, including how to plan and implement a well-designed and rigorous evaluation of a promising, supported, or well-supported practice.

"(2) Clearinghouse of promising, supported, and well-supported practices. The Secretary shall, directly or through grants, contracts, or interagency agreements, evaluate research on the practices specified in clauses (iii), (iv), and (v), respectively, of section 471(e)(4)(C), and programs that meet the requirements described in section 427(a)(1), including culturally specific, or location- or population-based adaptations of the practices, to identify and establish a public clearinghouse of the practices that satisfy each category described by such clauses. In addition, the clearinghouse shall include information on the specific outcomes associated with each practice, including whether the practice has been shown to prevent child abuse and neglect and reduce the likelihood of foster care placement by supporting birth families and kinship families and improving targeted supports for pregnant and parenting youth and their children.

"(3) Data collection and evaluations. The Secretary, directly or through grants, contracts, or interagency agreements, may collect data and conduct evaluations with respect to the provision of services and programs described in section 471(e)(1) for purposes of assessing the extent to which the provision of the services and programs--

"(A) reduces the likelihood of foster care placement;

"(B) increases use of kinship care arrangements; or

"(C) improves child well-being.

"(4) Reports to Congress.

"(A) In general. The Secretary shall submit to the Committee on Finance of the Senate and the Committee on Ways and Means of the House of Representatives periodic reports based on the provision of services and programs described in section 471(e)(1) and the activities carried out under this subsection.

"(B) Public availability. The Secretary shall make the reports to Congress submitted under this paragraph publicly available.

"(5) Appropriation. Out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated to the Secretary $ 1,000,000 for fiscal year 2018 and each fiscal year thereafter to carry out this subsection.".

(e) Application to programs operated by Indian tribal organizations.

(1) In general. Section 479B of such Act (42 U.S.C. 679c) is amended--

(A) in subsection (c)(1)--

(i) in subparagraph (C)(i)--

(I) in subclause (II), by striking "and" after the semicolon;

(II) in subclause (III), by striking the period at the end and inserting "; and"; and

(III) by adding at the end the following:

"(IV) at the option of the tribe, organization, or consortium, services and programs specified in section 471(e)(1) to children described in section 471(e)(2) and their parents or kin caregivers, in accordance with section 471(e) and subparagraph (E)."; and

(ii) by adding at the end the following:

"(E) Prevention services and programs for children and their parents and kin caregivers.

"(i) In general. In the case of a tribe, organization, or consortium that elects to provide services and programs specified in section 471(e)(1) to children described in section 471(e)(2) and their parents or kin caregivers under the plan, the Secretary shall specify the requirements applicable to the provision of the services and programs. The requirements shall, to the greatest extent practicable, be consistent with the requirements applicable to States under section 471(e) and shall permit the provision of the services and programs in the form of services and programs that are adapted to the culture and context of the tribal communities served.

"(ii) Performance measures. The Secretary shall establish specific performance measures for each tribe, organization, or consortium that elects to provide services and programs specified in section 471(e)(1). The performance measures shall, to the greatest extent practicable, be consistent with the prevention services measures required for States under section 471(e)(6) but shall allow for consideration of factors unique to the provision of the services by tribes, organizations, or consortia."; and

(B) in subsection (d)(1), by striking "and (5)" and inserting "(5), and (6)(A)".

(2) Conforming amendment. The heading for subsection (d) of section 479B of such Act (42 U.S.C. 679c) is amended by striking "for Foster Care Maintenance and Adoption Assistance Payments".

(f) Application to programs operated by territories. Section 1108(a)(2) of the Social Security Act (42 U.S.C. 1308(a)(2)) is amended by striking "or 413(f)" and inserting "413(f), or 474(a)(6)".

Sec. 50712. Foster care maintenance payments for children with parents in a licensed residential family-based treatment facility for substance abuse

(a) In general. Section 472 of the Social Security Act (42 U.S.C. 672) is amended--

(1) in subsection (a)(2)(C), by striking "or" and inserting ", with a parent residing in a licensed residential family-based treatment facility, but only to the extent permitted under subsection (j), or in a"; and

(2) by adding at the end the following:

"(j) Children placed with a parent residing in a licensed residential family-Based treatment facility for substance abuse.

"(1) In general. Notwithstanding the preceding provisions of this section, a child who is eligible for foster care maintenance payments under this section, or who would be eligible for the payments if the eligibility were determined without regard to paragraphs (1)(B) and (3) of subsection (a), shall be eligible for the payments for a period of not more than 12 months during which the child is placed with a parent who is in a licensed residential family-based treatment facility for substance abuse, but only if--

"(A) the recommendation for the placement is specified in the child's case plan before the placement;

"(B) the treatment facility provides, as part of the treatment for substance abuse, parenting skills training, parent education, and individual and family counseling; and

"(C) the substance abuse treatment, parenting skills training, parent education, and individual and family counseling is provided under an organizational structure and treatment framework that involves

understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address the consequences of trauma and facilitate healing.

"(2) Application. With respect to children for whom foster care maintenance payments are made under paragraph (1), only the children who satisfy the requirements of paragraphs (1)(B) and (3) of subsection (a) shall be considered to be children with respect to whom foster care maintenance payments are made under this section for purposes of subsection (h) or section 473(b)(3)(B).".

(b) Conforming amendment. Section 474(a)(1) of such Act (42 U.S.C. 674(a)(1)) is amended by inserting "subject to section 472(j)," before "an amount equal to the Federal" the first place it appears.

Sec. 50713. Title IV-E payments for evidence-based kinship navigator programs

Section 474(a) of the Social Security Act (42 U.S.C. 674(a)), as amended by section 50711(c), is amended--

(1) in paragraph (6), by striking the period at the end and inserting "; plus"; and

(2) by adding at the end the following:

"(7) an amount equal to 50 percent of the amounts expended by the State during the quarter as the Secretary determines are for kinship navigator programs that meet the requirements described in section 427(a)(1) and that the Secretary determines are operated in accordance with promising, supported, or well-supported practices that meet the applicable criteria specified for the practices in section 471(e)(4)(C), without regard to whether the expenditures are incurred on behalf of children who are, or are potentially, eligible for foster care maintenance payments under this part.".

PART II-- ENHANCED SUPPORT UNDER TITLE IV-B

Sec. 50721. Elimination of time limit for family reunification services while in foster care and permitting time-limited family reunification services when a child returns home from foster care

(a) In general. Section 431(a)(7) of the Social Security Act (42 U.S.C. 629a(a)(7)) is amended--

(1) in the paragraph heading, by striking "Time-limited family" and inserting "Family"; and

(2) in subparagraph (A)--

(A) by striking "time-limited family" and inserting "family";

(B) by inserting "or a child who has been returned home" after "child care institution"; and

(C) by striking ", but only during the 15-month period that begins on the date that the child, pursuant to section 475(5)(F), is considered to have entered foster care"

and inserting "and to ensure the strength and stability of the reunification. In the case of a child who has been returned home, the services and activities shall only be provided during the 15-month period that begins on the date that the child returns home".

(b) Conforming amendments.

(1) Section 430 of such Act (42 U.S.C. 629) is amended in the matter preceding paragraph (1), by striking "time-limited".

(2) Subsections (a)(4), (a)(5)(A), and (b)(1) of section 432 of such Act (42 U.S.C. 629b) are amended by striking "time-limited" each place it appears.

Sec. 50722. Reducing bureaucracy and unnecessary delays when placing children in homes across State lines

(a) State plan requirement. Section 471(a)(25) of the Social Security Act (42 U.S.C. 671(a)(25)) is amended--

(1) by striking "provide" and inserting "provides"; and

(2) by inserting ", which, in the case of a State other than the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, or American Samoa, not later than October 1, 2027, shall include the use of an electronic interstate case-processing system" before the first semicolon.

(b) Exemption of Indian tribes. Section 479B(c) of such Act (42 U.S.C. 679c(c)) is amended by adding at the end the following:

"(4) Inapplicability of State plan requirement to have in effect procedures providing for the use of an electronic interstate case-processing system. The requirement in section 471(a)(25) that a State plan provide that the State shall have in effect procedures providing for the use of an electronic interstate case-processing system shall not apply to an Indian tribe, tribal organization, or tribal consortium that elects to operate a program under this part.".

(c) Funding for the development of an electronic interstate case-processing system to expedite the interstate placement of children in foster care or guardianship, or for adoption. Section 437 of such Act (42 U.S.C. 629g) is amended by adding at the end the following:

"(g) Funding for the development of an electronic interstate case-processing system to expedite the interstate placement of children in foster care or guardianship, or for adoption.

"(1) Purpose. The purpose of this subsection is to facilitate the development of an electronic interstate case-processing system for the exchange of data and documents to expedite the placements of children in foster, guardianship, or adoptive homes across State lines.

"(2) Requirements. A State that seeks funding under this subsection shall submit to the Secretary the following:

"(A) A description of the goals and outcomes to be achieved, which goals and outcomes must result in--

"(i) reducing the time it takes for a child to be provided with a safe and appropriate permanent living arrangement across State lines;

"(ii) improving administrative processes and reducing costs in the foster care system; and

"(iii) the secure exchange of relevant case files and other necessary materials in real time, and timely communications and placement decisions regarding interstate placements of children.

"(B) A description of the activities to be funded in whole or in part with the funds, including the sequencing of the activities.

"(C) A description of the strategies for integrating programs and services for children who are placed across State lines.

"(D) Such other information as the Secretary may require.

"(3) Funding authority. The Secretary may provide funds to a State that complies with paragraph (2). In providing funds under this subsection, the Secretary shall prioritize States that are not yet connected with the electronic interstate case-processing system referred to in paragraph (1).

"(4) Use of funds. A State to which funding is provided under this subsection shall use the funding to support the State in connecting with, or enhancing or expediting services provided under, the electronic interstate case-processing system referred to in paragraph (1).

"(5) Evaluations. Not later than 1 year after the final year in which funds are awarded under this subsection, the Secretary shall submit to the Congress, and make available to the general public by posting on a website, a report that contains the following information:

"(A) How using the electronic interstate case-processing system developed pursuant to paragraph (4) has changed the time it takes for children to be placed across State lines.

"(B) The number of cases subject to the Interstate Compact on the Placement of Children that were processed through the electronic interstate case-processing system, and the number of interstate child placement cases that were processed outside the electronic interstate case-processing system, by each State in each year.

"(C) The progress made by States in implementing the electronic interstate case-processing system.

"(D) How using the electronic interstate case-processing system has affected various metrics related to child safety and well-being, including the time it takes for children to be placed across State lines.

"(E) How using the electronic interstate case-processing system has affected administrative costs and caseworker time spent on placing children across State lines.

"(6) Data integration. The Secretary, in consultation with the Secretariat for the Interstate Compact on the Placement of Children and the States, shall assess

how the electronic interstate case-processing system developed pursuant to paragraph (4) could be used to better serve and protect children that come to the attention of the child welfare system, by--

"(A) connecting the system with other data systems (such as systems operated by State law enforcement and judicial agencies, systems operated by the Federal Bureau of Investigation for the purposes of the Innocence Lost National Initiative, and other systems);

"(B) simplifying and improving reporting related to paragraphs (34) and (35) of section 471(a) regarding children or youth who have been identified as being a sex trafficking victim or children missing from foster care; and

"(C) improving the ability of States to quickly comply with background check requirements of section 471(a)(20), including checks of child abuse and neglect registries as required by section 471(a)(20)(B).".

(d) Reservation of funds to improve the interstate placement of children. Section 437(b) of such Act (42 U.S.C. 629g(b)) is amended by adding at the end the following:

"(4) Improving the interstate placement of children. The Secretary shall reserve $ 5,000,000 of the amount made available for fiscal year 2018 for grants under subsection (g), and the amount so reserved shall remain available through fiscal year 2022.".

Sec. 50723. Enhancements to grants to improve well-being of families affected by substance abuse

Section 437(f) of the Social Security Act (42 U.S.C. 629g(f)) is amended--

(1) in the subsection heading, by striking "increase the well-Being of, and To improve the permanency outcomes for, children affected by" and inserting "implement IV-E prevention services, and improve the well-Being of, and improve permanency outcomes for, children and families affected by heroin, opioids, and other";

(2) by striking paragraph (2) and inserting the following:

"(2) Regional partnership defined. In this subsection, the term "regional partnership" means a collaborative agreement (which may be established on an interstate, State, or intrastate basis) entered into by the following:

"(A) Mandatory partners for all partnership grants.

"(i) The State child welfare agency that is responsible for the administration of the State plan under this part and part E.

"(ii) The State agency responsible for administering the substance abuse prevention and treatment block grant provided under subpart II of part B of title XIX of the Public Health Service Act.

"(B) Mandatory partners for partnership grants proposing to serve children in out-of-home placements. If the partnership proposes to serve children in out-of-home placements, the Juvenile Court or Administrative Office of the Court that is most appropriate to oversee the administration of court programs in the region to

address the population of families who come to the attention of the court due to child abuse or neglect.

"(C) Optional partners. At the option of the partnership, any of the following:

"(i) An Indian tribe or tribal consortium.

"(ii) Nonprofit child welfare service providers.

"(iii) For-profit child welfare service providers.

"(iv) Community health service providers, including substance abuse treatment providers.

"(v) Community mental health providers.

"(vi) Local law enforcement agencies.

"(vii) School personnel.

"(viii) Tribal child welfare agencies (or a consortia of the agencies).

"(ix) Any other providers, agencies, personnel, officials, or entities that are related to the provision of child and family services under a State plan approved under this subpart.

"(D) Exception for regional partnerships where the lead applicant is an indian tribe or tribal consortia. If an Indian tribe or tribal consortium enters into a regional partnership for purposes of this subsection, the Indian tribe or tribal consortium--

"(i) may (but is not required to) include the State child welfare agency as a partner in the collaborative agreement;

"(ii) may not enter into a collaborative agreement only with tribal child welfare agencies (or a consortium of the agencies); and

"(iii) if the condition described in paragraph (2)(B) applies, may include tribal court organizations in lieu of other judicial partners.";

(3) in paragraph (3)--

(A) in subparagraph (A)--

(i) by striking "2012 through 2016" and inserting "2017 through 2021"; and

(ii) by striking "$ 500,000 and not more than $ 1,000,000" and inserting "$ 250,000 and not more than $ 1,000,000";

(B) in subparagraph (B)--

(i) in the subparagraph heading, by inserting "; planning" after "approval";

(ii) in clause (i), by striking "clause (ii)" and inserting "clauses (ii) and (iii)"; and

(iii) by adding at the end the following:

"(iii) Sufficient planning. A grant awarded under this subsection shall be disbursed in two phases: a planning phase (not to exceed 2 years) and an implementation phase. The total disbursement to a grantee for the planning phase may not exceed $ 250,000, and may not exceed the total anticipated funding for the implementation phase."; and

(C) by adding at the end the following:

"(D) Limitation on payment for a fiscal year. No payment shall be made under subparagraph (A) or (C) for a fiscal year until the Secretary determines that the eligible partnership has made sufficient progress in meeting the goals of the grant and that the members of the eligible partnership are coordinating to a reasonable degree with the other members of the eligible partnership.";

(4) in paragraph (4)--

(A) in subparagraph (B)--

(i) in clause (i), by inserting ", parents, and families" after "children";

(ii) in clause (ii), by striking "safety and permanence for such children; and" and inserting "safe, permanent caregiving relationships for the children;";

(iii) in clause (iii), by striking "or" and inserting "increase reunification rates for children who have been placed in out-of-home care, or decrease"; and

(iv) by redesignating clause (iii) as clause (v) and inserting after clause (ii) the following:

"(iii) improve the substance abuse treatment outcomes for parents including retention in treatment and successful completion of treatment;

"(iv) facilitate the implementation, delivery, and effectiveness of prevention services and programs under section 471(e); and";

(B) in subparagraph (D), by striking "where appropriate,"; and

(C) by striking subparagraphs (E) and (F) and inserting the following:

"(E) A description of a plan for sustaining the services provided by or activities funded under the grant after the conclusion of the grant period, including through the use of prevention services and programs under section 471(e) and other funds provided to the State for child welfare and substance abuse prevention and treatment services.

"(F) Additional information needed by the Secretary to determine that the proposed activities and implementation will be consistent with research or evaluations showing which practices and approaches are most effective.";

(5) in paragraph (5)(A), by striking "abuse treatment" and inserting "use disorder treatment including medication assisted treatment and in-home substance abuse disorder treatment and recovery";

(6) in paragraph (7)--

(A) by striking "and" at the end of subparagraph (C); and

(B) by redesignating subparagraph (D) as subparagraph (E) and inserting after subparagraph (C) the following:

"(D) demonstrate a track record of successful collaboration among child welfare, substance abuse disorder treatment and mental health agencies; and";

(7) in paragraph (8)--

(A) in subparagraph (A)--

(i) by striking "establish indicators that will be" and inserting "review indicators that are"; and

(ii) by striking "in using funds made available under such grants to achieve the purpose of this subsection" and inserting "and establish a set of core indicators related to child safety, parental recovery, parenting capacity, and family well-being. In developing the core indicators, to the extent possible, indicators shall be made consistent with the outcome measures described in section 471(e)(6)"; and

(B) in subparagraph (B)--

(i) in the matter preceding clause (i), by inserting "base the performance measures on lessons learned from prior rounds of regional partnership grants under this subsection, and" before "consult"; and

(ii) by striking clauses (iii) and (iv) and inserting the following:

"(iii) Other stakeholders or constituencies as determined by the Secretary.";

(8) in paragraph (9)(A), by striking clause (i) and inserting the following:

"(i) Semiannual reports. Not later than September 30 of each fiscal year in which a recipient of a grant under this subsection is paid funds under the grant, and every 6 months thereafter, the grant recipient shall submit to the Secretary a report on the services provided and activities carried out during the reporting period, progress made in achieving the goals of the program, the number of children, adults, and families receiving services, and such additional information as the Secretary determines is necessary. The report due not later than September 30 of the last such fiscal year shall include, at a minimum, data on each of the performance indicators included in the evaluation of the regional partnership."; and

(9) in paragraph (10), by striking "2012 through 2016" and inserting "2017 through 2021".

PART III-- MISCELLANEOUS

Sec. 50731. Reviewing and improving licensing standards for placement in a relative foster family home

(a) Identification of reputable model licensing standards. Not later than October 1, 2018, the Secretary of Health and Human Services shall identify reputable model licensing standards with respect to the licensing of foster family homes (as defined in section 472(c)(1) of the Social Security Act).

(b) State plan requirement. Section 471(a) of the Social Security Act (42 U.S.C. 671(a)) is amended--

(1) in paragraph (34)(B), by striking "and" after the semicolon;

(2) in paragraph (35)(B), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following:

"(36) provides that, not later than April 1, 2019, the State shall submit to the Secretary information addressing--

"(A) whether the State licensing standards are in accord with model standards identified by the Secretary, and if not, the reason for the specific deviation and a description as to why having a standard that is reasonably in accord with the corresponding national model standards is not appropriate for the State;

"(B) whether the State has elected to waive standards established in 471(a)(10)(A) for relative foster family homes (pursuant to waiver authority provided by 471(a)(10)(D)), a description of which standards the State most commonly waives, and if the State has not elected to waive the standards, the reason for not waiving these standards;

"(C) if the State has elected to waive standards specified in subparagraph (B), how caseworkers are trained to use the waiver authority and whether the State has developed a process or provided tools to assist caseworkers in waiving nonsafety standards per the authority provided in 471(a)(10)(D) to quickly place children with relatives; and

"(D) a description of the steps the State is taking to improve caseworker training or the process, if any; and".

Sec. 50732. Development of a statewide plan to prevent child abuse and neglect fatalities

Section 422(b)(19) of the Social Security Act (42 U.S.C. 622(b)(19)) is amended to read as follows:

"(19) document steps taken to track and prevent child maltreatment deaths by including--

"(A) a description of the steps the State is taking to compile complete and accurate information on the deaths required by Federal law to be reported by the State agency referred to in paragraph (1), including gathering relevant information on the deaths from the relevant organizations in the State including entities such as State vital statistics department, child death review teams, law enforcement agencies, offices of medical examiners, or coroners; and

"(B) a description of the steps the State is taking to develop and implement a comprehensive, statewide plan to prevent the fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement, and the courts.".

Sec. 50733. Modernizing the title and purpose of title IV-E

(a) Part heading. The heading for part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.) is amended to read as follows:

"PART E--

FEDERAL PAYMENTS FOR FOSTER CARE, PREVENTION, AND PERMANENCY".

(b) Purpose. The first sentence of section 470 of such Act (42 U.S.C. 670) is amended--

(1) by striking "1995) and" and inserting "1995),";

(2) by inserting "kinship guardianship assistance, and prevention services or programs specified in section 471(e)(1)," after "needs,"; and

(3) by striking "(commencing with the fiscal year which begins October 1, 1980)".

Sec. 50734. Effective dates

(a) Effective dates.

(1) In general. Except as provided in paragraph (2), subject to subsection (b), the amendments made by parts I through III of this subtitle shall take effect on October 1, 2018.

(2) Exceptions. The amendments made by sections 50711(d), 50731, and 50733 shall take effect on the date of enactment of this Act.

(b) Transition rule.

(1) In general. In the case of a State plan under part B or E of title IV of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by parts I through III of this subtitle, the State plan shall not be regarded as failing to comply with the requirements of such part solely on the basis of the failure of the plan to meet such additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be deemed to be a separate regular session of the State legislature.

(2) Application to programs operated by indian tribal organizations. In the case of an Indian tribe, tribal organization, or tribal consortium which the Secretary of Health and Human Services determines requires time to take action necessary to comply with the additional requirements imposed by the amendments made by parts I through III of this subtitle (whether the tribe, organization, or tribal consortium has a plan under section 479B of the Social Security Act or a cooperative agreement or contract entered into with a State), the Secretary shall provide the tribe, organization, or tribal consortium with such additional time as the Secretary determines is necessary for the tribe, organization, or tribal consortium to take the action to comply with the additional requirements before being regarded as failing to comply with the requirements.

PART IV-- ENSURING the NECESSITY of a PLACEMENT THAT IS NOT in a FOSTER FAMILY HOME

Sec. 50741. Limitation on Federal financial participation for placements that are not in foster family homes

(a) Limitation on federal financial participation.

(1) In general. Section 472 of the Social Security Act (42 U.S.C. 672), as amended by section 50712(a), is amended--

(A) in subsection (a)(2)(C), by inserting ", but only to the extent permitted under subsection (k)" after "institution"; and

(B) by adding at the end the following:

"(k) Limitation on federal financial participation.

"(1) In general. Beginning with the third week for which foster care maintenance payments are made under this section on behalf of a child placed in a child-care institution, no Federal payment shall be made to the State under section 474(a)(1) for amounts expended for foster care maintenance payments on behalf of the child unless--

"(A) the child is placed in a child-care institution that is a setting specified in paragraph (2) (or is placed in a licensed residential family-based treatment facility consistent with subsection (j)); and

"(B) in the case of a child placed in a qualified residential treatment program (as defined in paragraph (4)), the requirements specified in paragraph (3) and section 475A(c) are met.

"(2) Specified settings for placement. The settings for placement specified in this paragraph are the following:

"(A) A qualified residential treatment program (as defined in paragraph (4)).

"(B) A setting specializing in providing prenatal, post-partum, or parenting supports for youth.

"(C) In the case of a child who has attained 18 years of age, a supervised setting in which the child is living independently.

"(D) A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims, in accordance with section 471(a)(9)(C).

"(3) Assessment to determine appropriateness of placement in a qualified residential treatment program.

"(A) Deadline for assessment. In the case of a child who is placed in a qualified residential treatment program, if the assessment required under section 475A(c)(1) is not completed within 30 days after the placement is made, no Federal payment shall be made to the State under section 474(a)(1) for any amounts expended for foster care maintenance payments on behalf of the child during the placement.

"(B) Deadline for transition out of placement. If the assessment required under section 475A(c)(1) determines that the placement of a child in a qualified residential treatment program is not appropriate, a court disapproves such a placement under section 475A(c)(2), or a child who has been in an approved placement in a qualified residential

treatment program is going to return home or be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster family home, Federal payments shall be made to the State under section 474(a)(1) for amounts expended for foster care maintenance payments on behalf of the child while the child remains in the qualified residential treatment program only during the period necessary for the child to transition home or to such a placement. In no event shall a State receive Federal payments under section 474(a)(1) for amounts expended for foster care maintenance payments on behalf of a child who remains placed in a qualified residential treatment program after the end of the 30-day period that begins on the date a determination is made that the placement is no longer the recommended or approved placement for the child.

"(4) Qualified residential treatment program. For purposes of this part, the term "qualified residential treatment program" means a program that--

"(A) has a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances and, with respect to a child, is able to implement the treatment identified for the child by the assessment of the child required under section 475A(c);

"(B) subject to paragraphs (5) and (6), has registered or licensed nursing staff and other licensed clinical staff who--

"(i) provide care within the scope of their practice as defined by State law;

"(ii) are on-site according to the treatment model referred to in subparagraph (A); and

"(iii) are available 24 hours a day and 7 days a week;

"(C) to extent appropriate, and in accordance with the child's best interests, facilitates participation of family members in the child's treatment program;

"(D) facilitates outreach to the family members of the child, including siblings, documents how the outreach is made (including contact information), and maintains contact information for any known biological family and fictive kin of the child;

"(E) documents how family members are integrated into the treatment process for the child, including post-discharge, and how sibling connections are maintained;

"(F) provides discharge planning and family-based aftercare support for at least 6 months post-discharge; and

"(G) is licensed in accordance with section 471(a)(10) and is accredited by any of the following independent, not-for-profit organizations:

"(i) The Commission on Accreditation of Rehabilitation Facilities (CARF).

"(ii) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

"(iii) The Council on Accreditation (COA).

"(iv) Any other independent, not-for-profit accrediting organization approved by the Secretary.

"(5) Administrative costs. The prohibition in paragraph (1) on Federal payments under section 474(a)(1) shall not be construed as prohibiting Federal payments for administrative expenditures incurred on behalf of a child placed in a child-care institution and for which payment is available under section 474(a)(3).

"(6) Rule of construction. The requirements in paragraph (4)(B) shall not be construed as requiring a qualified residential treatment program to acquire nursing and behavioral health staff solely through means of a direct employer to employee relationship.".

(2) Conforming amendment. Section 474(a)(1) of the Social Security Act (42 U.S.C. 674(a)(1)), as amended by section 50712(b), is amended by striking "section 472(j)" and inserting "subsections (j) and (k) of section 472".

(b) Definition of foster family home, child-Care institution. Section 472(c) of such Act (42 U.S.C. 672(c)(1)) is amended to read as follows:

"(c) Definitions. For purposes of this part:

"(1) Foster family home.

"(A) In general. The term "foster family home" means the home of an individual or family--

"(i) that is licensed or approved by the State in which it is situated as a foster family home that meets the standards established for the licensing or approval; and

"(ii) in which a child in foster care has been placed in the care of an individual, who resides with the child and who has been licensed or approved by the State to be a foster parent--

"(I) that the State deems capable of adhering to the reasonable and prudent parent standard;

"(II) that provides 24-hour substitute care for children placed away from their parents or other caretakers; and

"(III) that provides the care for not more than six children in foster care.

"(B) State flexibility. The number of foster children that may be cared for in a home under subparagraph (A) may exceed the numerical limitation in subparagraph (A)(ii)(III), at the option of the State, for any of the following reasons:

"(i) To allow a parenting youth in foster care to remain with the child of the parenting youth.

"(ii) To allow siblings to remain together.

"(iii) To allow a child with an established meaningful relationship with the family to remain with the family.

"(iv) To allow a family with special training or skills to provide care to a child who has a severe disability.

"(C) Rule of construction. Subparagraph (A) shall not be construed as prohibiting a foster parent from renting the home in which the parent cares for a foster child placed in the parent's care.

"(2) Child-care institution.

"(A) In general. The term "child-care institution" means a private child-care institution, or a public child-care institution which accommodates no more than 25 children, which is licensed by the State in which it is situated or has been approved by the agency of the State responsible for licensing or approval of institutions of this type as meeting the standards established for the licensing.

"(B) Supervised settings. In the case of a child who has attained 18 years of age, the term shall include a supervised setting in which the individual is living independently, in accordance with such conditions as the Secretary shall establish in regulations.

"(C) Exclusions. The term shall 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.".

(c) Training for state judges, attorneys, and other legal personnel in child welfare cases. Section 438(b)(1) of such Act (42 U.S.C. 629h(b)(1)) is amended in the matter preceding subparagraph (A) by inserting "shall provide for the training of judges, attorneys, and other legal personnel in child welfare cases on Federal child welfare policies and payment limitations with respect to children in foster care who are placed in settings that are not a foster family home," after "with respect to the child,".

(d) Assurance of nonimpact on juvenile justice system.

(1) State plan requirement. Section 471(a) of such Act (42 U.S.C. 671(a)), as amended by section 50731, is further amended by adding at the end the following:

"(37) includes a certification that, in response to the limitation imposed under section 472(k) with respect to foster care maintenance payments made on behalf of any child who is placed in a setting that is not a foster family home, the State will not enact or advance policies or practices that would result in a significant increase in the population of youth in the State's juvenile justice system.".

(2) GAO study and report. The Comptroller General of the United States shall evaluate the impact, if any, on State juvenile justice systems of the limitation imposed under section 472(k) of the Social Security Act (as added by section 50741(a)(1)) on foster care maintenance payments made on behalf of any child who is placed in a setting that is not a foster family home, in accordance with the amendments made by subsections (a) and (b) of this section. In particular, the Comptroller General shall evaluate the extent to which children in foster care who also are subject to the juvenile justice system of the State are placed in a facility under the jurisdiction of

the juvenile justice system and whether the lack of available congregate care placements under the jurisdiction of the child welfare systems is a contributing factor to that result. Not later than December 31, 2025, the Comptroller General shall submit to Congress a report on the results of the evaluation.

Sec. 50742. Assessment and documentation of the need for placement in a qualified residential treatment program

Section 475A of the Social Security Act (42 U.S.C. 675a) is amended by adding at the end the following:

"(c) Assessment, documentation, and judicial determination requirements for placement in a qualified residential treatment program. In the case of any child who is placed in a qualified residential treatment program (as defined in section 472(k)(4)), the following requirements shall apply for purposes of approving the case plan for the child and the case system review procedure for the child:

"(1)

(A) Within 30 days of the start of each placement in such a setting, a qualified individual (as defined in subparagraph (D)) shall--

"(i) assess the strengths and needs of the child using an age-appropriate, evidence-based, validated, functional assessment tool approved by the Secretary;

"(ii) determine whether the needs of the child can be met with family members or through placement in a foster family home or, if not, which setting from among the settings specified in section 472(k)(2) would provide the most effective and appropriate level of care for the child in the least restrictive environment and be consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child; and

"(iii) develop a list of child-specific short- and long-term mental and behavioral health goals.

"(B)

(i) The State shall assemble a family and permanency team for the child in accordance with the requirements of clauses (ii) and (iii). The qualified individual conducting the assessment required under subparagraph (A) shall work in conjunction with the family of, and permanency team for, the child while conducting and making the assessment.

"(ii) The family and permanency team shall consist of all appropriate biological family members, relative, and fictive kin of the child, as well as, as appropriate, professionals who are a resource to the family of the child, such as teachers, medical or mental health providers who have treated the child, or clergy. In the case of a child who has attained age 14, the family and permanency team shall include the members of the permanency planning team for the child that are selected by the child in accordance with section 475(5)(C)(iv).

"(iii) The State shall document in the child's case plan--

"(I) the reasonable and good faith effort of the State to identify and include all the individuals described in clause (ii) on the child's family and permanency team;

"(II) all contact information for members of the family and permanency team, as well as contact information for other family members and fictive kin who are not part of the family and permanency team;

"(III) evidence that meetings of the family and permanency team, including meetings relating to the assessment required under subparagraph (A), are held at a time and place convenient for family;

"(IV) if reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the members of the family and permanency team;

"(V) evidence that the assessment required under subparagraph (A) is determined in conjunction with the family and permanency team;

"(VI) the placement preferences of the family and permanency team relative to the assessment that recognizes children should be placed with their siblings unless there is a finding by the court that such placement is contrary to their best interest; and

"(VII) if the placement preferences of the family and permanency team and child are not the placement setting recommended by the qualified individual conducting the assessment under subparagraph (A), the reasons why the preferences of the team and of the child were not recommended.

"(C) In the case of a child who the qualified individual conducting the assessment under subparagraph (A) determines should not be placed in a foster family home, the qualified individual shall specify in writing the reasons why the needs of the child cannot be met by the family of the child or in a foster family home. A shortage or lack of foster family homes shall not be an acceptable reason for determining that the needs of the child cannot be met in a foster family home. The qualified individual also shall specify in writing why the recommended placement in a qualified residential treatment program is the setting that will provide the child with the most effective and appropriate level of care in the least restrictive environment and how that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child.

"(D)

(i) Subject to clause (ii), in this subsection, the term "qualified individual" means a trained professional or licensed clinician who is not an employee of the State agency and who is not connected to, or affiliated with, any placement setting in which children are placed by the State.

"(ii) The Secretary may approve a request of a State to waive any requirement in clause (i) upon a submission by the State, in accordance with criteria established by the Secretary, that certifies that the trained professionals or licensed clinicians with responsibility for performing the assessments

described in subparagraph (A) shall maintain objectivity with respect to determining the most effective and appropriate placement for a child.

"(2) Within 60 days of the start of each placement in a qualified residential treatment program, a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or an administrative body appointed or approved by the court, independently, shall--

"(A) consider the assessment, determination, and documentation made by the qualified individual conducting the assessment under paragraph (1);

"(B) determine whether the needs of the child can be met through placement in a foster family home or, if not, whether placement of the child in a qualified residential treatment program provides the most effective and appropriate level of care for the child in the least restrictive environment and whether that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child; and

"(C) approve or disapprove the placement.

"(3) The written documentation made under paragraph (1)(C) and documentation of the determination and approval or disapproval of the placement in a qualified residential treatment program by a court or administrative body under paragraph (2) shall be included in and made part of the case plan for the child.

"(4) As long as a child remains placed in a qualified residential treatment program, the State agency shall submit evidence at each status review and each permanency hearing held with respect to the child--

"(A) demonstrating that ongoing assessment of the strengths and needs of the child continues to support the determination that the needs of the child cannot be met through placement in a foster family home, that the placement in a qualified residential treatment program provides the most effective and appropriate level of care for the child in the least restrictive environment, and that the placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child;

"(B) documenting the specific treatment or service needs that will be met for the child in the placement and the length of time the child is expected to need the treatment or services; and

"(C) documenting the efforts made by the State agency to prepare the child to return home or to be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster family home.

"(5) In the case of any child who is placed in a qualified residential treatment program for more than 12 consecutive months or 18 nonconsecutive months (or, in the case of a child who has not attained age 13, for more than 6 consecutive or nonconsecutive months), the State agency shall submit to the Secretary--

"(A) the most recent versions of the evidence and documentation specified in paragraph (4); and

"(B) the signed approval of the head of the State agency for the continued placement of the child in that setting.".

Sec. 50743. Protocols to prevent inappropriate diagnoses

(a) State plan requirement. Section 422(b)(15)(A) of the Social Security Act (42 U.S.C. 622(b)(15)(A)) is amended--

(1) in clause (vi), by striking "and" after the semicolon;

(2) by redesignating clause (vii) as clause (viii); and

(3) by inserting after clause (vi) the following:

"(vii) the procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses; and".

(b) Evaluation. Section 476 of such Act (42 U.S.C. 676), as amended by section 50711(d), is further amended by adding at the end the following:

"(e) Evaluation of State procedures and protocols to prevent inappropriate diagnoses of mental illness or other conditions. The Secretary shall conduct an evaluation of the procedures and protocols established by States in accordance with the requirements of section 422(b)(15)(A)(vii). The evaluation shall analyze the extent to which States comply with and enforce the procedures and protocols and the effectiveness of various State procedures and protocols and shall identify best practices. Not later than January 1, 2020, the Secretary shall submit a report on the results of the evaluation to Congress.".

Sec. 50744. Additional data and reports regarding children placed in a setting that is not a foster family home

Section 479A(a)(7)(A) of the Social Security Act (42 U.S.C. 679b(a)(7)(A)) is amended by striking clauses (i) through (vi) and inserting the following:

"(i) with respect to each such placement--

"(I) the type of the placement setting, including whether the placement is shelter care, a group home and if so, the range of the child population in the home, a residential treatment facility, a hospital or institution providing medical, rehabilitative, or psychiatric care, a setting specializing in providing prenatal, post-partum, or parenting supports, or some other kind of child-care institution and if so, what kind;

"(II) the number of children in the placement setting and the age, race, ethnicity, and gender of each of the children;

"(III) for each child in the placement setting, the length of the placement of the child in the setting, whether the placement of the child in the setting is the first placement of the child and if not, the number and type of previous placements of the child, and whether the child has special needs or another diagnosed mental or physical illness or condition; and

"(IV) the extent of any specialized education, treatment, counseling, or other services provided in the setting; and

"(ii) separately, the number and ages of children in the placements who have a permanency plan of another planned permanent living arrangement; and".

Sec. 50745. Criminal records checks and checks of child abuse and neglect registries for adults working in child-care institutions and other group care settings

(a) State plan requirement. Section 471(a)(20) of the Social Security Act (42 U.S.C. 671(a)(20)) is amended--

(1) in subparagraph (A)(ii), by striking "and" after the semicolon;

(2) in subparagraph (B)(iii), by striking "and" after the semicolon;

(3) in subparagraph (C), by adding "and" after the semicolon; and

(4) by inserting after subparagraph (C), the following new subparagraph:

"(D) provides procedures for any child-care institution, including a group home, residential treatment center, shelter, or other congregate care setting, to conduct criminal records checks, including fingerprint-based checks of national crime information databases (as defined in section 534(f)(3)(A) of title 28, United States Code), and checks described in subparagraph (B) of this paragraph, on any adult working in a child-care institution, including a group home, residential treatment center, shelter, or other congregate care setting, unless the State reports to the Secretary the alternative criminal records checks and child abuse registry checks the State conducts on any adult working in a child-care institution, including a group home, residential treatment center, shelter, or other congregate care setting, and why the checks specified in this subparagraph are not appropriate for the State;".

(b) Technical amendments. Subparagraphs (A) and (C) of section 471(a)(20) of the Social Security Act (42 U.S.C. 671(a)(20)) are each amended by striking "section 534(e)(3)(A)" and inserting "section 534(f)(3)(A)".

Sec. 50746. Effective dates; application to waivers

(a) Effective dates.

(1) In general. Subject to paragraph (2) and subsections (b), (c), and (d), the amendments made by this part shall take effect as if enacted on January 1, 2018.

(2) Transition rule. In the case of a State plan under part B or E of title IV of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by this part, the State plan shall not be regarded as failing to comply with the requirements of part B or E of title IV of such Act solely on the basis of the failure of the plan to meet the additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be deemed to be a separate regular session of the State legislature.

(b) Limitation on Federal financial participation for placements that are not in foster family homes and related provisions.

(1) In general. The amendments made by sections 50741(a), 50741(b), 50741(d), and 50742 shall take effect on October 1, 2019.

(2) State option to delay effective date for not more than 2 years. If a State requests a delay in the effective date, the Secretary of Health and Human Services shall delay the effective date provided for in paragraph (1) with respect to the State for the amount of time requested by the State, not to exceed 2 years. If the effective date is so delayed for a period with respect to a State under the preceding sentence, then--

(A) notwithstanding section 50734, the date that the amendments made by section 50711(c) take effect with respect to the State shall be delayed for the period; and

(B) in applying section 474(a)(6) of the Social Security Act with respect to the State, "on or after the date this paragraph takes effect with respect to the State" is deemed to be substituted for "after September 30, 2019" in subparagraph (A)(i)(I) of such section.

(c) Criminal records checks and checks of child abuse and neglect registries for adults working in child-care institutions and other group care settings. Subject to subsection (a)(2), the amendments made by section 50745 shall take effect on October 1, 2018.

(d) Application to States with waivers. In the case of a State that, on the date of enactment of this Act, has in effect a waiver approved under section 1130 of the Social Security Act (42 U.S.C. 1320a-9), the amendments made by this part shall not apply with respect to the State before the expiration (determined without regard to any extensions) of the waiver to the extent the amendments are inconsistent with the terms of the waiver.

PART V-- CONTINUING SUPPORT for CHILD and FAMILY SERVICES

Sec. 50751. Supporting and retaining foster families for children

(a) Supporting and retaining foster parents as a family support service. Section 431(a)(2)(B) of the Social Security Act (42 U.S.C. 631(a)(2)(B)) is amended by redesignating clauses (iii) through (vi) as clauses (iv) through (vii), respectively, and inserting after clause (ii) the following:

"(iii) To support and retain foster families so they can provide quality family-based settings for children in foster care.".

(b) Support for foster family homes. Section 436 of such Act (42 U.S.C. 629f) is amended by adding at the end the following:

"(c) Support for foster family homes. Out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated to the Secretary for fiscal year 2018, $ 8,000,000 for the Secretary to make competitive grants to States, Indian tribes, or tribal consortia to support the recruitment and retention of high-quality foster families to increase their capacity to place more children in family settings, focused on States, Indian tribes, or tribal consortia with the highest percentage of children in non-family settings. The amount appropriated under this subparagraph shall remain available through fiscal year 2022.".

Sec. 50752. Extension of child and family services programs

(a) Extension of Stephanie Tubbs Jones child welfare services program. Section 425 of the Social Security Act (42 U.S.C. 625) is amended by striking "2012 through 2016" and inserting "2017 through 2021".

(b) Extension of promoting safe and stable families program authorizations.

(1) In general. Section 436(a) of such Act (42 U.S.C. 629f(a)) is amended by striking all that follows "$ 345,000,000" and inserting "for each of fiscal years 2017 through 2021.".

(2) Discretionary grants. Section 437(a) of such Act (42 U.S.C. 629g(a)) is amended by striking "2012 through 2016" and inserting "2017 through 2021".

(c) Extension of funding reservations for monthly caseworker visits and regional partnership grants. Section 436(b) of such Act (42 U.S.C. 629f(b)) is amended--

(1) in paragraph (4)(A), by striking "2012 through 2016" and inserting "2017 through 2021"; and

(2) in paragraph (5), by striking "2012 through 2016" and inserting "2017 through 2021".

(d) Reauthorization of funding for state courts.

(1) Extension of program. Section 438(c)(1) of such Act (42 U.S.C. 629h(c)(1)) is amended by striking "2012 through 2016" and inserting "2017 through 2021".

(2) Extension of Federal share. Section 438(d) of such Act (42 U.S.C. 629h(d)) is amended by striking "2012 through 2016" and inserting "2017 through 2021".

(e) Repeal of expired provisions. Section 438(e) of such Act (42 U.S.C. 629h(e)) is repealed.

Sec. 50753. Improvements to the John H. Chafee foster care independence program and related provisions

(a) Authority to Serve Former Foster Youth Up to Age 23. Section 477 of the Social Security Act (42 U.S.C. 677) is amended--

(1) in subsection (a)(5), by inserting "(or 23 years of age, in the case of a State with a certification under subsection (b)(3)(A)(ii) to provide assistance and services to youths who have aged out of foster care and have not attained such age, in accordance with such subsection)" after "21 years of age";

(2) in subsection (b)(3)(A)--

(A) by inserting "(i)" before "A certification";

(B) by striking "children who have left foster care" and all that follows through the period and inserting "youths who have aged out of foster care and have not attained 21 years of age."; and

(C) by adding at the end the following:

"(ii) If the State has elected under section 475(8)(B) to extend eligibility for foster care to all children who have not attained 21 years of age, or if the Secretary

determines that the State agency responsible for administering the State plans under this part and part B uses State funds or any other funds not provided under this part to provide services and assistance for youths who have aged out of foster care that are comparable to the services and assistance the youths would receive if the State had made such an election, the certification required under clause (i) may provide that the State will provide assistance and services to youths who have aged out of foster care and have not attained 23 years of age."; and

(3) in subsection (b)(3)(B), by striking "children who have left foster care" and all that follows through the period and inserting "youths who have aged out of foster care and have not attained 21 years of age (or 23 years of age, in the case of a State with a certification under subparagraph (A)(i) to provide assistance and services to youths who have aged out of foster care and have not attained such age, in accordance with subparagraph (A)(ii))."

(b) Authority to redistribute unspent funds. Section 477(d) of such Act (42 U.S.C. 677(d)) is amended--

(1) in paragraph (4), by inserting "or does not expend allocated funds within the time period specified under section 477(d)(3)" after "provided by the Secretary"; and

(2) by adding at the end the following:

"(5) Redistribution of unexpended amounts.

"(A) Availability of amounts. To the extent that amounts paid to States under this section in a fiscal year remain unexpended by the States at the end of the succeeding fiscal year, the Secretary may make the amounts available for redistribution in the second succeeding fiscal year among the States that apply for additional funds under this section for that second succeeding fiscal year.

"(B) Redistribution.

"(i) In general. The Secretary shall redistribute the amounts made available under subparagraph (A) for a fiscal year among eligible applicant States. In this subparagraph, the term "eligible applicant State" means a State that has applied for additional funds for the fiscal year under subparagraph (A) if the Secretary determines that the State will use the funds for the purpose for which originally allotted under this section.

"(ii) Amount to be redistributed. The amount to be redistributed to each eligible applicant State shall be the amount so made available multiplied by the State foster care ratio, (as defined in subsection (c)(4), except that, in such subsection, "all eligible applicant States (as defined in subsection (d)(5)(B)(i))" shall be substituted for "all States").

"(iii) Treatment of redistributed amount. Any amount made available to a State under this paragraph shall be regarded as part of the allotment of the State under this section for the fiscal year in which the redistribution is made.

"(C) Tribes. For purposes of this paragraph, the term "State" includes an Indian tribe, tribal organization, or tribal consortium that receives an allotment under this section.".

(c) Expanding and clarifying the use of education and training vouchers.

(1) In general. Section 477(i)(3) of such Act (42 U.S.C. 677(i)(3)) is amended--

(A) by striking "on the date" and all that follows through "23" and inserting "to remain eligible until they attain 26"; and

(B) by inserting ", but in no event may a youth participate in the program for more than 5 years (whether or not consecutive)" before the period.

(2) Conforming amendment. Section 477(i)(1) of such Act (42 U.S.C. 677(i)(1)) is amended by inserting "who have attained 14 years of age" before the period.

(d) Other improvements. Section 477 of such Act (42 U.S.C. 677), as amended by subsections (a), (b), and (c), is amended--

(1) in the section heading, by striking "Independence Program" and inserting "Program for Successful Transition to Adulthood";

(2) in subsection (a)--

(A) in paragraph (1)--

(i) by striking "identify children who are likely to remain in foster care until 18 years of age and to help these children make the transition to self-sufficiency by providing services" and inserting "support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services";

(ii) by inserting "and post-secondary education" after "high school diploma"; and

(iii) by striking "training in daily living skills, training in budgeting and financial management skills" and inserting "training and opportunities to practice daily living skills (such as financial literacy training and driving instruction)";

(B) in paragraph (2), by striking "who are likely to remain in foster care until 18 years of age receive the education, training, and services necessary to obtain employment" and inserting "who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult";

(C) in paragraph (3), by striking "who are likely to remain in foster care until 18 years of age prepare for and enter postsecondary training and education institutions" and inserting "who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development, and experiential learning that reflects what their peers in intact families experience"; and

(D) by striking paragraph (4) and redesignating paragraphs (5) through (8) as paragraphs (4) through (7);

(3) in subsection (b)--

(A) in paragraph (2)(D), by striking "adolescents" and inserting "youth"; and

(B) in paragraph (3)--

(i) in subparagraph (D)--

(I) by inserting "including training on youth development" after "to provide training"; and

(II) by striking "adolescents preparing for independent living" and all that follows through the period and inserting "youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult.";

(ii) in subparagraph (H), by striking "adolescents" each place it appears and inserting "youth"; and

(iii) in subparagraph (K)--

(I) by striking "an adolescent" and inserting "a youth"; and

(II) by striking "the adolescent" each place it appears and inserting "the youth"; and

(4) in subsection (f), by striking paragraph (2) and inserting the following:

"(2) Report to congress. Not later than October 1, 2019, the Secretary shall submit to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate a report on the National Youth in Transition Database and any other databases in which States report outcome measures relating to children in foster care and children who have aged out of foster care or left foster care for kinship guardianship or adoption. The report shall include the following:

"(A) A description of the reasons for entry into foster care and of the foster care experiences, such as length of stay, number of placement settings, case goal, and discharge reason of 17-year-olds who are surveyed by the National Youth in Transition Database and an analysis of the comparison of that description with the reasons for entry and foster care experiences of children of other ages who exit from foster care before attaining age 17.

"(B) A description of the characteristics of the individuals who report poor outcomes at ages 19 and 21 to the National Youth in Transition Database.

"(C) Benchmarks for determining what constitutes a poor outcome for youth who remain in or have exited from foster care and plans the executive branch will take to incorporate these benchmarks in efforts to evaluate child welfare agency performance in providing services to children transitioning from foster care.

"(D) An analysis of the association between types of placement, number of overall placements, time spent in foster care, and other factors, and outcomes at ages 19 and 21.

"(E) An analysis of the differences in outcomes for children in and formerly in foster care at age 19 and 21 among States.".

(e) Clarifying documentation provided to foster youth leaving foster care. Section 475(5)(I) of such Act (42 U.S.C. 675(5)(I)) is amended by inserting after "REAL ID Act of 2005"

the following: ", and any official documentation necessary to prove that the child was previously in foster care".

PART VI-- CONTINUING INCENTIVES to STATES to PROMOTE ADOPTION and LEGAL GUARDIANSHIP

Sec. 50761. Reauthorizing adoption and legal guardianship incentive programs

(a) In general. Section 473A of the Social Security Act (42 U.S.C. 673b) is amended--

(1) in subsection (b)(4), by striking "2013 through 2015" and inserting "2016 through 2020";

(2) in subsection (h)(1)(D), by striking "2016" and inserting "2021"; and

(3) in subsection (h)(2), by striking "2016" and inserting "2021".

(b) Effective date. The amendments made by subsection (a) shall take effect as if enacted on October 1, 2017.

PART VII--TECHNICAL CORRECTIONS

Sec. 50771. Technical corrections to data exchange standards to improve program coordination

(a) In general. Section 440 of the Social Security Act (42 U.S.C. 629m) is amended to read as follows:

"Sec. 440.

Data exchange standards for improved interoperability

"(a) Designation. The Secretary shall, in consultation with an interagency work group established by the Office of Management and Budget and considering State government perspectives, by rule, designate data exchange standards to govern, under this part and part E--

"(1) necessary categories of information that State agencies operating programs under State plans approved under this part are required under applicable Federal law to electronically exchange with another State agency; and

"(2) Federal reporting and data exchange required under applicable Federal law.

"(b) Requirements. The data exchange standards required by paragraph (1) shall, to the extent practicable--

"(1) incorporate a widely accepted, non-proprietary, searchable, computer-readable format, such as the Extensible Markup Language;

"(2) contain interoperable standards developed and maintained by intergovernmental partnerships, such as the National Information Exchange Model;

"(3) incorporate interoperable standards developed and maintained by Federal entities with authority over contracting and financial assistance;

"(4) be consistent with and implement applicable accounting principles;

"(5) be implemented in a manner that is cost-effective and improves program efficiency and effectiveness; and

"(6) be capable of being continually upgraded as necessary.

"(c) Rule of construction. Nothing in this subsection shall be construed to require a change to existing data exchange standards found to be effective and efficient.".

(b) Effective date. Not later than the date that is 24 months after the date of the enactment of this section, the Secretary of Health and Human Services shall issue a proposed rule that--

(1) identifies federally required data exchanges, include specification and timing of exchanges to be standardized, and address the factors used in determining whether and when to standardize data exchanges; and

(2) specifies State implementation options and describes future milestones.

Sec. 50772. Technical corrections to State requirement to address the developmental needs of young children

Section 422(b)(18) of the Social Security Act (42 U.S.C. 622(b)(18)) is amended by striking "such children" and inserting "all vulnerable children under 5 years of age".

PART VIII-- ENSURING STATES REINVEST SAVINGS RESULTING FROM INCREASE in ADOPTION ASSISTANCE

Sec. 50781. Delay of adoption assistance phase-in

(a) In general. The table in section 473(e)(1)(B) of the Social Security Act (42 U.S.C. 673(e)(1)(B)) is amended by striking the last 2 rows and inserting the following:

2017 through 2023	2
2024	2 (or, in the case of a child for for whom an adoption assistance agreement is entered into under this section on or after July 1, 2024, any age)
2025 or thereafter	any age.".

(b) Effective date. The amendment made by this section shall take effect as if enacted on January 1, 2018.

Sec. 50782. GAO study and report on State reinvestment of savings resulting from increase in adoption assistance

(a) Study. The Comptroller General of the United States shall study the extent to which States are complying with the requirements of section 473(a)(8) of the Social Security Act (42 U.S.C. 673(a)(8)) relating to the effects of phasing out the AFDC income eligibility requirements for adoption assistance payments under section 473 of the Social

Security Act, as enacted by section 402 of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351; 122 Stat. 3975) and amended by section 206 of the Preventing Sex Trafficking and Strengthening Families Act (Public Law 113-183; 128 Stat. 1919). In particular, the Comptroller General shall analyze the extent to which States are complying with the following requirements under section 473(a)(8)(D) of the Social Security Act:

(1) The requirement to spend an amount equal to the amount of the savings (if any) in State expenditures under part E of title IV of the Social Security Act resulting from phasing out the AFDC income eligibility requirements for adoption assistance payments under section 473 of such Act to provide to children of families any service that may be provided under part B or E of title IV of such Act.

(2) The requirement that a State shall spend not less than 30 percent of the amount of any savings described in paragraph (1) on post-adoption services, post-guardianship services, and services to support and sustain positive permanent outcomes for children who otherwise might enter into foster care under the responsibility of the State, with at least 2/3 of the spending by the State to comply with the 30 percent requirement being spent on post-adoption and post-guardianship services.

(b) Report. The Comptroller General of the United States shall submit to the Committee on Finance of the Senate, the Committee on Ways and Means of the House of Representatives, and the Secretary of Health and Human Services a report that contains the results of the study required by subsection (a), including recommendations to ensure compliance with laws referred to in subsection (a).