

**GEORGIA DEPARTMENT OF HUMAN SERVICES  
OFFICE OF RESIDENTIAL CHILD CARE  
RULES AND REGULATIONS FOR CHILD PLACING AGENCIES CHAPTER 290-9-2  
INTERPRETIVE GUIDELINES  
TOP 20 MOST CITED VIOLATIONS  
FISCAL YEAR 2009**

*Interpretive Guidelines are designed to assist agencies in meeting the requirements of the Rules and Regulations for Child-Placing Agencies, Chapter 290-9-2. This document was developed by the Department to enhance the licensing process by providing agencies with a better understanding of the rules in their efforts to achieve and maintain compliance with licensing requirements.*

RULE #	RULE	INTERPRETIVE GUIDELINE
Foster Care Services. Training for Family <b>290-9-2-.07(4)</b>	Training for Prospective Foster Parent(s). Once an application to become a foster parent has been submitted, and prior to the approval of an applicant for placement of a child in foster care, the agency shall provide and document training for the applicant in at least the following topics: (a) The Agency's grievance policies and procedures; (b) The annual training requirements for foster parent(s), including the requirement of at least fifteen (15) hours of training relevant to the type of child placed or to be placed in the foster home if the child is more than 12 months old. For parent(s) providing foster care for children under 12 months of age, the foster parent shall have at least eight (8) hours of training. (c) The Agency's policies and procedures for behavior management techniques and emergency safety interventions for children in foster care; (d) Child abuse recognition, reporting, and investigation procedures; (e) Characteristics of children served and their developmental needs, including special needs when applicable, and (f) The Agency's policies and procedures for handling medical emergencies (conditions or	<p><b><u>Intent</u></b>            To ensure that prospective foster families are trained on the required topics prior to becoming an approved foster family.</p> <p><b><u>Guideline</u></b>            Training should be documented and the completion of each component of the training should be specified. (e.g. prospective families can initial/date a sign-in sheet and the components can be documented via an agenda). A log summarizing the training hours of the foster parent should be maintained in each foster family record.</p> <p>Examples of training topics include, but are not limited to, cultural awareness, federal laws relating to special placements, child development, caring for special needs children, first aide, CPR, behavior management, medications, or treatment issues related to abused children.</p> <p>No more than one-third (5 hours or 2 ½ hours for infant care) of the required training should be obtained through books, videos, or consultation with therapists, or in-service training. The remaining 10 hours or 5 ½ hours, respectively, of required training should be obtained through formal training presented by a person qualified as a trainer in the subject being presented.</p> <p>Consultation by treating therapists or other professionals should be documented by the professional to include the subject of training, length of training time, objectives achieved, date, and professional's signature.</p> <p>Training obtained through self-study should be documented via a copy of a post-test or summary of the content of the training.</p>

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	<p>situations which threaten life, limb, or continued functioning), and managing use of medications by children in care.</p>	<p>Documentation of formal training should take the form of a certificate issued by the trainer. When a certificate is not provided, a log should be maintained that indicates the name of the foster parent receiving training, name of person providing training, topic of training, date of training, and hours of training received.</p> <p>Foster parents providing care only for children 12 months of age or younger are required to obtain at least eight (8) hours of annual training.</p> <p>The Agency should clearly document that foster parents were informed of the Emergency Safety Interventions (ESI) used by the Agency and trained in ESI use.</p>
<p>Foster Care Services. Minimum Requirements <b>290-9-2-.07(5)(a)1</b></p>	<p>Minimum Requirements for Prospective Foster Families. Home Study. The Agency shall make a thorough evaluation of each prospective foster family and document this evaluation in a foster home study report which shall be updated as changes in the required home study information occur and include at least the following: 1. The names of family members, the family address and telephone number, drivers' license numbers, and proof of automobile insurance as applicable; ...</p>	<p><b><u>Intent</u></b> To ensure that the required identifying information for all members of the prospective foster family is obtained, updated timely, and included in the home study report.</p> <p><b><u>Guideline</u></b> The home study should be related to the specific family evaluated.</p> <p>The required information should be included in the home study report. The required information should also be included in the foster home record because the home study report is often sent to outside parties without the entire record</p> <p>The Agency should update any changes in the required information through addendums to the home study report. Any updates to the required information should be documented in the home study report within thirty (30) days of the change. Failure to update the addition of a household member to the home is likely to result in multiple citations related to the home study requirements.</p> <p>The term family members include any household member whether or not related to the foster parents.</p>

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<p>Foster Care Services. Minimum Requirements <b>290-9-2-.07(5)(a)3</b></p>	<p>[The foster home study report shall] include at least the following: ... 3. A description of family members, including: (i) Date and place of birth; (ii) Physical description; (iii) Family background and history; (iv) Current relationships with immediate and extended family members; (v) Education; (vi) Social involvements; (vii) Personal characteristics; (I) Personality; (II) Interests and hobbies; and (III) Emotional stability; ...</p>	<p><b><u>Intent</u></b> To ensure the health, safety and well-being of children by matching children with an appropriate foster home.</p> <p><b><u>Guideline</u></b> The written description of all family members should include birth children, adopted children, and all other persons residing in the home. Residence changes that occur within the home should be documented in the home study report within thirty (30) days of the occurrence.</p> <p>The agency is not required to provide education, interests and hobbies, and emotional stability information for children in the home under the age of three (3) years old. N/A (not -applicable) may be used to indicate that this information is not being provided in these three areas because a family member is under the age of three (3) years old.</p> <p>**Please note that although descriptions of family members may also be maintained elsewhere in agency files, in order to meet the requirements of this rule, <i>all</i> required information should be maintained in the foster home study.</p>
<p>Foster Care Services. Minimum Requirements <b>290-9-2-.07(5)(a)4</b></p>	<p>[The foster home study report shall] include at least the following: ... 4. Evaluation of marriages and family life: (i) Verified date and place of marriage, if applicable; (ii) Assessment of marital relationship; (iii) Family interaction patterns; (iv) Previous marriages; ...</p>	<p><b><u>Intent</u></b> To provide relevant relationship information on prospective foster parents and household members.</p> <p><b><u>Guideline</u></b> The required information should be provided for all household members and included in narrative form in the home study report. The submission of a document such as a marriage license without an evaluation of the marriage does not meet the requirements of the rule.</p> <p>The narrative should address each prospective foster parent's support system, family lifestyle, and primary relationships including any significant others who may have frequent contact with the foster child. The narrative should also address the role of each family member and significant other in the household.</p> <p>Divorces and separations should also be addressed in the assessment of</p>

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		marital relationships.
<p>Foster Care Services. Minimum Requirements <b>290-9-2-.07(5)(a)6</b></p>	<p>[The foster home study report shall] include at least the following: ... 6. Physical and mental health: (i) Health history and condition of family members; (ii) Documentation of a physical examination of the foster parent applicants completed by a licensed physician, physician's assistant, or a registered nurse with advanced training working under the direction of a physician, or the public health department, within 12 months prior to the completion of the home study; (iii) A statement from a licensed physician, physician's assistant, or public health department regarding the general health status of other members of the prospective adoptive family, obtained within the 12 months prior to the completion of the home study; (iv) Evaluation of emotional and mental health status of each member of the prospective foster family; and (v) Screening for tuberculosis and venereal disease for prospective foster parent(s) and children 16 years of age and older living in the prospective foster home; ...</p>	<p><b><u>Intent</u></b> To ensure that foster parents and family members residing in the foster home do not have physical and/or mental health conditions or illnesses that may adversely affect the health, safety and well-being of children in care.</p> <p><b><u>Guideline</u></b> The required information should be included in the body of the home study as well as documented in the file because oftentimes a home study is sent for consideration of a child without the additional documentation.</p> <p>The foster home study report should include the required information for <i>all</i> family members in the home. The only exception is with regard to the mental health and emotional status of any household members under the age of three (3) years old. N/A (not -applicable) may be used to indicate that information is not being provided because a family member is under the age of three (3) years old.</p> <p>A copy of the foster parent applicant's physical exam completed by the appropriate healthcare professional is preferable; however, a statement by the healthcare professional that clearly evidences a complete physical exam and provides an assessment of the general health of the foster parent applicant is also acceptable.</p> <p>For example, a gynecological exam can only be accepted in lieu of a physical if it clearly indicates that a physical was provided during the exam.</p> <p>A statement from the appropriate healthcare professional clearly addressing the general health status of other family members residing in the home is acceptable.</p> <p>Any medical conditions listed should be explained with regard to the nature of the condition, the method being used to control the condition, and any adverse effects the condition might have on the foster family member.</p>

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		<p>An evaluation of emotional and mental health status of family members residing in the foster home may be obtained by asking the applicant this information, observing the behavior of the applicant, inquiring into the applicant's attitude and openness on these issues, etc. If an applicant is currently under the care of a mental health professional, then a letter of reference from the mental health professional should be obtained and addressed in the home study.</p> <p>All household members sixteen (16) years and older require the TB and VDRL test results, including those children that turn sixteen (16) after the home study is completed. A chest x-ray result verifying that the person is non-contagious is an acceptable alternative to the TB skin test. A PPD test is equivalent to a TB test and the Wasserman or RPR tests are equivalent to the VDRL test.</p> <p><b>**Please note that although physical and mental health information may also be maintained elsewhere in Agency files, in order to meet the requirements of this rule, <i>all</i> required information should be maintained in the foster home study.</b></p> <p>For example, even though the actual medical examinations for the foster parents are in the file, an assessment of each household member's health should be included in the narrative of the home study.</p>
<p>Foster Care Services. Minimum Requirements <b>290-9-2-.07(5)(a)7</b></p>	<p>The foster home study report shall include at least the following: ...</p> <p>7. Understanding of and adjustment to foster parenting:</p> <p>(i) Understanding of the role of a foster parent and the issues in caring for foster children;</p> <p>(ii) Foster family's attitude toward the parent(s) of the foster children including parental visits in their home;</p> <p>(iii) Expectations of the foster child, including intellectual and physical achievement;</p> <p>(iv) Anticipated adjustment of each foster family member to a foster child;</p> <p>(v) Willingness to cooperate with the</p>	<p><b><u>Intent</u></b> To evaluate the foster parent(s) understanding, expectations and availability regarding foster parenting. To evaluate adjustments of all family members to the foster child.</p> <p><b><u>Guideline</u></b> All required items should be addressed in <i>narrative</i> form in the home study report. An evaluation of anticipated adjustments including, but not limited to, jealousy, attraction and sibling rivalry issues should be included.</p> <p>Items regarding each family member may be addressed in the home study report through the foster parent(s). The term family members includes any household member whether or not related to the foster</p>

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	placement agency; and (vi) Support network in place for the foster family, including support systems for single parent families, if applicable; ...	parents.  Support systems and contingency care plans in place should be clearly addressed for situations including, but not limited to, single parent families and children with specialized needs. For example, if the foster parent works from 9:00am-5:00pm, but the child gets off the school bus at 3:30pm, the supervision plan for the child between 3:30pm until foster parent's arrival home should be addressed.
Foster Care Services. Minimum Requirements <b>290-9-2-.07(5)(a)8</b>	[The foster home study report shall] include at least the following: ... 8. Finances and occupations of family members: (i) Employment history, including whether the home is a registered family day care home; (ii) Financial stability of the family; (iii) Possible financial impact of the addition of a foster child to the home; ...	<p><b>Intent</b>            To provide for the well-being of children in care by assessing a foster parent(s) availability to the foster child, employment history and financial stability.</p> <p><b>Guideline</b>            The foster family should disclose and provide detailed information on <b>any</b> business being operated from the home in the foster home study report. An assessment of the impact of the operation of the business may have on the foster child should also be included in the report.</p> <p>The Agency should update any changes to employment history or financial stability through addendums to the home study report. Any updates to the required information should be documented in the home study report within thirty (30) days of the change.</p> <p>The occupation of all household members should be documented. The finances of only the foster parents and any other family member whose income will be used in determining the financial stability of the household should be documented.</p>
Foster Care Services. Minimum Requirements <b>290-9-2-.07(5)(a)9(ii)</b>	[The foster home study report shall] include at least the following: ... 9. Home and community: ... (ii) Physical standards of the home, including: (I) Space and sleeping arrangements, such that (II) Only bedrooms are used as sleeping space for children, ... (III) A maximum of two (2) children sleep in a double or larger bed, and only if they are of	<p><b>Intent</b>            To provide a safe and healthy environment for children in care. To provide for the health and safety of children by ensuring that the home and community is as stated in the home study. To provide an accurate description of the home and community in order that the reader of the home study may assess the appropriateness of the home and community with regard to the needs of the child.</p> <p><b>Guideline</b>            The home study will be reviewed for a description of the home and</p>

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	<p>the same sex and under 5 years of age,            (IV) No child over one (1) year of age sleeps in a room with an adult,            (V) Children over three (3) years of age of different sexes do not share a bedroom, and            (VI) Children sleep in a bedroom with adequate space for clothing and personal possessions, ...            (VII) The home is maintained in a condition to ensure the health and safety of children,            (VIII) Hazardous items are not accessible to children,            (IX) A statement as to whether or not there are firearms kept in the home and if so, all firearms owned and in the home are locked away from children,            (X) A statement as to whether or not there is a swimming pool on the premises, and if a swimming pool is present at the home, it is fenced with a locked gate to prevent unsupervised access and it meets all applicable community ordinances,            (XI) Each level of the home is equipped with a functional smoke alarm,            (XII) Water supply and sewage disposal systems which, if other than public systems, have been approved by appropriate authorities,            (XIII) Domestic pets owned or residing with the family have been inoculated against rabies as required by law, and            (IVX) Gas heaters are vented to avoid fire and health hazards, with any un-vented, fuel-fired heaters equipped with oxygen depletion safety shut-off systems. ...</p>	<p>community and for the inclusion of <i>all</i> listed items. All items should be addressed, however, those items that are not applicable to the home may be indicated by "N/A."</p> <p>A checklist addressing all items is acceptable; however, the checklist should be included or attached prior to the signature page of the home study.</p> <p>The method used to lock away firearms should be specifically addressed in the home study. Trigger locks cannot be substituted for locking up firearms.</p> <p>In situations where a fence is around the perimeter of the yard and not specifically around the pool area, the precaution used by the family to supervise access to the pool area should be addressed in the home study.</p> <p>Written approval of the well water source from the proper authority, if other than city or county water system (see copy of bill for proof of public system) and written approval from the county health department or other authority having jurisdiction for the septic tank should be obtained and addressed in the home study. The rule only requires that these approvals are obtained prior to approving the home study and do not dictate annual approvals.</p> <p>Documentation of rabies inoculation(s) of pets as evidenced by a written record from a veterinarian should be documented in the home study. A copy of the inoculations should also be a part of the foster home record. Family pets that are more unusual such as pigs, goats, etc. should be inoculated according to the veterinarian guidelines. Those guidelines should also be documented in the foster family file.</p>
Foster Care Services. Minimum Requirements	[The foster home study report shall] include at least the following: ... 9. Home and community: ...	<b>Intent</b> To ensure the health, safety and well-being of children by matching children with an appropriate foster home.

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290-9-2-.07(5)(a)9(iii)	(iii) Assessment of community resources, including accessibility of schools, churches, recreation, medical facilities and mental health facilities; ...	<p><b>Guideline</b> The foster home study report should include an assessment of <i>all</i> listed items. For example, the assessment should include the types of schools (elementary, middle, and high school); churches including denomination; and medical and mental facilities. List all that are utilized by the foster home, all that are accessible to the foster home, and all that the foster home would be willing to access.</p>
Foster Care Services. Minimum Requirements 290-9-2-.07(5)(a)11	<p>[The foster home study report shall] include at least the following: ...</p> <p>11. A statement regarding the results of a criminal records check, as required by law, for each prospective foster parent (s) and any adult residing in the home. Where the individuals in the home have not resided in this state for the five years preceding their application to foster, the Agency shall require additional documentation available through the state child welfare agency in which the applicant resided that the individuals are not listed on the child abuse and neglect registry. ...</p>	<p><b>Intent</b> To ensure that children are placed in a safe environment.</p> <p><b>Guideline</b> Current Georgia law requires the Department to process criminal background checks on <i>all</i> adults (18 years or older) whether or not in state custody.</p> <p>Satisfactory preliminary (local) results should be received by the Agency for all adults living in the home before a child can be placed in the foster home. Current Georgia law requires that all foster parents submit to a fingerprint check for national and state crimes. These results are issued after the preliminary (local) results. The criminal background check results should be specific to foster care and should be current (no more than 12 months old).</p> <p>Criminal background checks for foster parents should be conducted through the Georgia Department of Human Services' Office of Inspector General (OIG).</p> <p>Verification of satisfactory criminal records results by the Department or the determination by a hearing officer that the unsatisfactory criminal records determination has been reversed shall be maintained in Agency files.</p> <p>Although criminal records check documents may be maintained elsewhere in Agency files, the required information should be addressed in the foster home study report in order to meet the requirements of this rule.</p>



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		<p><b>**Please Note:</b> No child in care should be left unsupervised with any adult residing in the foster home prior to the adult obtaining a satisfactory preliminary (local) criminal background check.</p>
<p>Foster Care Services. Prior to Placement <b>290-9-2-.07(6)(a)</b></p>	<p>Services Prior to Foster Care Placement. The selection of a foster home for a particular child shall be based on an assessment of the child's total needs and how well a particular home can meet the child's needs.</p>	<p><b><u>Intent</u></b> To ensure that children are placed in foster homes that can best meet their needs.</p> <p><b><u>Guideline</u></b> A written description or narrative of the selection and matching process for the particular placement should be included in <b>both</b> the foster home file and the child's file. An Agency's selection documentation should be specific as to the particular child and specific as to the particular prospective foster home. Best practice would include a signature by the foster parent indicating their review and agreement with this narrative/matching form.</p> <p>The placement should be consistent with the types of children for which the foster home has been approved and the types of children requested by the foster parent.</p> <p>For example, if a foster parent requests children between the ages of 9 and 12 with no history of self-injurious behaviors; a child that does not meet the requirements should not be placed in the home. However, if such a placement is made, an addendum to the home study indicating a change in the requirements of the foster parent as well as documentation in the placement narrative of a determination by the Agency that the foster parent has the ability to meet the needs of the child despite the initially stated preference should be included in <b>both</b> the foster home file and the child's file and attached to the home study.</p> <p>Room assignments or sleeping arrangements should be included in the assessment of the child's needs and considered when selecting a particular home for a particular child. This arrangement should be included in the Placement narrative/matching form.</p> <p>Any specialized training and/or experience that makes the home the best placement considering the specialized needs of the child should be documented in the placement narrative/matching form and included in <b>both</b> the foster home file and the child's file.</p>

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		<p>**Please note that documentation of an assessment of a child's needs and how well a particular home can meet a child's needs occurring after placement of the child in the home is not evidence of compliance with this rule requirement.</p>
<p>Foster Care Services. Prior to Placement <b>290-9-2-.07(6)(c)</b></p>	<p>Placement considerations shall include the potential for children's participation in religious and cultural activities in accordance with their cultural ethnic heritage.</p>	<p><b><u>Intent</u></b> To place children in homes that can best meet their religious and cultural needs.</p> <p><b><u>Guideline</u></b> Religious and cultural considerations may be addressed in narrative form in a matching or placement form.</p>
<p>Foster Care Services. Prior to Placement <b>290-9-2-.07(6)(d)</b></p>	<p>The Agency shall discuss the prospective foster placement with the foster family and shall prepare the foster family for the placement of a particular child by anticipating the adjustments and problems that may arise during placement and any specialized services to be provided. This discussion shall be documented in the case record.</p>	<p><b><u>Intent</u></b> To place children in foster homes that can best meet their health and safety needs. To ensure that foster families have been informed of children's family, medical, or treatment histories prior to placement. To ensure that foster families are properly prepared for placements before accepting the placements.</p> <p><b><u>Guideline</u></b> The Agency should document that it disclosed to the prospective foster parent relevant information concerning the child's background that is known or should have been known by the Agency <b>prior</b> to placement of the child in the home.</p> <p>A presentation narrative outlining any questions the family had, a summary of the information about the child who was presented, and a signed statement verifying receipt of the information required by the rule is preferable. If a presentation narrative format is not utilized, issues around the presentation can be addressed in such documents as matching forms or contact sheets. However, the content of the forms should clearly show that a discussion of the placement took place and that the prospective foster parent was appropriately prepared for the placement by the Agency.</p> <p>All documents and forms evidencing compliance with this rule requirement</p>

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		<p>should be maintained in both the child and foster family record.</p> <p><b>**Please note that documents signed or discussions documented as occurring after placement of the child in the home are not evidence of compliance with this rule requirement.</b></p>
<p>Foster Care Services. Prior to Placement <b>290-9-2-.07(6)(e)</b></p>	<p>Pre-placement activities between child and foster family shall be documented in the case record of the child and family.</p>	<p><b><u>Intent</u></b> To ensure that a foster family is properly prepared for a placement prior to agreeing to the placement.</p> <p><b><u>Guideline</u></b> Documentation of pre-placement visits may be in the form of contact notes written in the record or a presentation or placement narrative which summarizes the contacts. If pre-placement visits were not conducted, then the reason(s) the visits were not conducted <i>and</i> frequent contacts by the case manager during the first weeks of placement should be documented in both the foster family and child's file.</p>
<p>Foster Care Services. During Placement <b>290-9-2-.07(7)(a)2</b></p>	<p>The involvement of the child, foster parent, Agency representative and, when appropriate the legal custody holder, shall be documented in the case plan.</p>	<p><b><u>Intent</u></b> To ensure the involvement and participation of all parties in the assessment of a child's needs and the development of a case plan to meet the assessed needs.</p> <p><b><u>Guideline</u></b> The case plan should be developed through a shared understanding and communication of the child's needs. The Agency should ensure that all required parties participate in the development of the case plan and that their signatures are on the case plan.</p> <p>All participating parties should sign the case plan within seven (7) calendar days of development of the plan. In the event that a signature cannot be obtained within the seven (7) day period, the Agency should clearly document all efforts made to obtain the signatures. Additional progressive efforts (i.e. contact of a participant's supervisor/ manager, etc.) made to obtain signatures should be documented at least every fourteen (14) calendar days. The name of the person contacted, his/her position, date and time of contact and response should be clearly documented. The documentation should clearly evidence proactive</p>

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		<p>efforts by the Agency to obtain signatures. Signature pages and documents supporting attempts to obtain signatures should be attached to the case plan.</p> <p>For example, a case plan was completed for Child A. All participants except the legal custody holder (DJJ) signed the case plan within the seven (7) day period. The Agency has documentation in file that following the seven (7) day period, several attempts were made to contact the DJJ participant. The documents show that he/she is a case manager, the dates and times contact was made, and that the DJJ participant responds that he/she will sign the document. However, fourteen (14) calendar days pass with no signature. The Agency then contacts the case manager's supervisor for assistance in obtaining the signature. The Agency documents all relevant information and the signature is received within two calendar days. Although the Agency could not obtain the legal custody holder's signature within the seven (7) day timeframe, documentation of the Agency's proactive efforts to obtain the signature is clearly documented in file.</p>
<p>Foster Care Services. During Placement <b>290-9-2-.07(7)(d)1</b></p>	<p>The Agency shall provide for a complete health and dental program for each child including:</p> <p>1. A physical examination of the child shall be provided within 72 hours (excluding weekends and holidays) of placement. If the child is being moved from a previous placement by a licensed agency or state agency, results from an examination completed within one year prior to the new placement shall be accepted for this requirement as long as there appears to be no obvious change in health status; ...</p>	<p><b><u>Intent</u></b> To ensure that the Agency is aware of the health status of children and can meet their health needs.</p> <p><b><u>Guideline</u></b> Physical Examinations – Physical examinations should be provided within 72 hours of placement. Results from an exam completed within one year of the new placement are acceptable for a child moved from a previous placement by a licensed agency.</p> <p>Dental Examinations – Documentation of the scheduling of a dental appointment within the 72 hour timeframe with the actual examination taking place within thirty (30) days of the six-month expiration date is acceptable.</p> <p>Discharge summaries from hospitals are acceptable for newborns.</p>
<p>Foster Care Services. During Placement</p>	<p>Home visits shall be conducted by the Agency at least monthly in order to verify that</p>	<p><b><u>Intent</u></b> To provide for the health, safety and well-being of children in care by</p>

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290-9-2-.07(7)f	the foster parent(s) are delivering care in a safe and healthy environment to the children, in accordance with these rules and regulations and agency policies and procedures. Such visits shall include observation of the foster child with at least one of the foster parent(s).	<p>conducting visits of the foster home.</p> <p><b><u>Guideline</u></b>  All home visits should be documented and maintained in the foster home file and the foster child's file. The visits should include observation of the foster child with at least one of the foster parent(s).</p> <p>Home visits are required in order to provide for case planning, to monitor a child's performance and progress in foster care and to protect the child in care. The visits are required to be in the home to ensure that the caseworker is observing the foster families in their daily setting and to help ensure that any changes in the home environment are monitored.</p> <p>Home visits should be conducted monthly at a minimum. However, more frequent home visits may be necessary if in the child's best interest.</p> <p>For example, Agency A receives a report from Foster Parent A that Foster Child A has been exhibiting very disruptive and destructive behavior in the home over the course of a seven day period. Based on a review of Child A's history, the identified behaviors are very atypical for Child A. Agency A's caseworker conducted his monthly visit in the home the week prior to Child A's display of destructive behavior. Thus, another monthly home visit is not scheduled for another five (5) weeks. In this case, more frequent contacts may be necessary to provide for case planning, observe the child's behaviors, monitor the child's progress, etc.</p> <p>Visits with the foster family or child outside the foster home are considered additional visitation and should not be conducted as a substitution for visits made in the foster home.</p> <p>Documentation of visits should include the content of the visit, date, name of caseworker conducting the visit, persons present and/or participating in the visit, and the place of the visit with regard to whether the visit is at the home or elsewhere.</p>
Foster Care Services. During Placement 290-9-2-.07(7)(h)	Documentation of supervision of the placement by the agency shall include: 1. Adjustment of the child to the foster family and vice versa; ...	<p><b><u>Intent</u></b>  To ensure that children's health, safety and treatment needs continue to be met during foster care placements and that Agencies are monitoring and assisting foster families in meeting those needs. To ensure that</p>

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	<p>2. Progress made on treatment plan goals; ...</p> <p>3. Any new problems that have arisen and the actions taken toward a solution of those problems;...</p> <p>4. Contacts and issues with other resources serving the child; ...</p> <p>5. Agency updates reassessing the appropriateness of the foster care placement whenever a significant change occurs in the home, to ensure that care continues to be delivered in a safe and healthy environment in accordance with these rules and regulations and agency policies and procedures. ...</p> <p>6. Documentation that the foster parent(s) have received the required clock hours of training annually following the initial foster placement, with the training being relevant to the type(s) of children placed in the foster home.</p>	<p>foster parents maintain their training and are competent to provide care and services to children placed in their homes.</p> <p><b>Guideline</b> Evidence of supervision of the placement should be clearly documented. At a minimum, contact sheets documenting each monthly visit should address all listed items.</p> <p>The appropriateness of the placement should be reassessed by the Agency whenever a significant change occurs in the home.</p> <p>For example, Child A was placed in Foster Parent A's home on May 5, 2009. At the time of Child A's placement, there were no other children in the home. On September 5, 2009, the Agency decides to also place Child B, in Foster Parent A's home as an emergency placement. Due to Child B's history of sexual abuse and inappropriate behaviors, Child B has a specialized supervision plan that states he/she is not to be left unsupervised with other children. Foster Parent A is able to meet this specialized supervision plan by (<i>insert supervision plan</i>).</p> <p>The placement of Child B in the home would be considered a significant change occurring in the home requiring Agency updates reassessing the appropriateness of the placement. Documentation of Agency updates should be included in Agency files.</p> <p>At annual reviews, a sample of foster home records will be reviewed for required training of foster parents. Documentation of the fifteen (15) hours of training should include either a certificate or a letter of verification. Documentation should include the name of the foster parent, the date of the training, course name, number of clock hours, and signature of the trainer or group providing the training. The qualifications of the trainer and the content of the workshop will be examined as part of the review unless a trainer from a nationally recognized entity conducts the training.</p> <p>No more than one-third (5 hours or 2 ½ hours for infant care) of the required training should be obtained through books, videos, or consultation with therapists, or in-service training. The remaining 10 hours or 5 ½ hours, respectively, of required training should be obtained through formal training presented by a person qualified as a trainer in the</p>

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		<p>subject being presented.</p> <p>Consultation by treating therapists or other professionals should be documented by the professional to include the subject of training, length of training time, objectives achieved, date, and professional's signature.</p> <p>Training obtained through self-study should be documented via a copy of a post-test or summary of the content of the training.</p> <p>The fifteen (15) hours of annual training should include training relevant to the type(s) of children placed in the home.</p> <p>For example, Foster Parent A typically accepts placements of children with histories of sexual abuse. Thus, training in this topic area should be included in Foster Parent A's annual training hours.</p>
<p>Foster Care Services Behavior Management and Emergency Safety <b>290-9-2-.07(8)(b)</b></p>	<p>Foster parents shall supervise the foster children placed in their homes and utilize appropriate behavior management techniques to assist the foster children in meeting service plan goals.</p>	<p><b><u>Intent</u></b> To ensure that the health, safety and welfare needs of children in care are being met in that children placed in foster homes are appropriately supervised and all behavior management techniques are used in a constructive manner in accordance with children's service plan goals.</p> <p><b><u>Guideline</u></b> Foster parents must maintain a twenty-four (24) hour responsibility for the well-being of a child in care. Appropriate supervision includes, <i>but is not limited to</i>, knowing the child's whereabouts, recognizing changes in the child's mental or physical condition and responding as needed, having the ability to intervene if crisis arises for the child, overseeing the child's nutrition and medication, and ensuring that the child's treatment needs are being met timely and in accordance with the child's treatment plan.</p> <p>The Child Placing Agency is responsible for keeping the recommended behavior management techniques current in the child's treatment plan. Foster parents should review each child's service plan goals and should only utilize behavior management techniques that are consistent with a child's goals.</p> <p>For example, Child A's service plan goal is to strengthen and maintain a bond with his/her mother through weekly visits. Refusing to allow Child</p>

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		A's weekly scheduled visits with his/her mother would not be an appropriate behavior management technique in managing Child A's behavior of refusing to clean his/her room.
Foster Care Services. Maintenance of Records <b>290-9-2-.07(9)(d)4</b>	The [foster care] record for each child shall include: ... 4. Legal documents including verified birth record, court status, agreements, consents, etc.; ...	<p><b><u>Intent</u></b> To ensure that the proper documentation is maintained relative to the care of children.</p> <p><b><u>Guideline</u></b> Copies of the placement agreements should be maintained in both the foster care file and the foster child's file.</p> <p>The most current court order should be maintained in the foster child's file.</p> <p>In the event that birth records/court documents cannot be obtained at placement, the Agency should clearly document all efforts made to obtain the documents. Additional progressive efforts (i.e. contact of a participant's supervisor/ manager, etc.) made to obtain the documents should be documented at least every fourteen (14) calendar days. The name of the person contacted, his/her position, date and time of contact and response should be clearly documented. The documentation should clearly evidence proactive efforts by the Agency to obtain the documents.</p>

Disclaimer

*This document is an informational and educational tool to assist agencies in understanding the requirements of the rules and regulations. It is not intended, nor should it be used, as a substitute for meeting applicable statutory or regulatory requirements.*