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LOCAL DEPARTMENT RESOURCE, FOSTER, AND ADOPTIVE FAMILY HOME APPROVAL GUIDANCE

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LOCAL DEPARTMENT RESOURCE, FOSTER, AND ADOPTIVE FAMILY HOME APPROVAL GUIDANCE

1.1 Introduction

This guidance addresses the approval of all types of families who provide care for children in the foster care system. While terms such as “foster parent,” “adoptive parent,” or “respite parent” indicate who a family is relative to a child’s permanency plan, these are not discrete or mutually exclusive activities; rather they are a few of the many ways a family can serve as a resource to that child. In this guidance, all types of families foster, adoptive, and respite caregivers, as well as approved relatives, concurrent planning families, etc. are generally referred to as resource families. For simplicity in this document, all individuals seeking approval as resource families are referred to as “providers.”

This guidance, pursuant to Regulation 22 VAC 40-211, addresses the provider approval/re-approval processes, including background checks, training, home studies, monitoring and suspension, or revocation of approval. This guidance also provides the local department of social services (LDSS) with specific required and recommended procedures and forms needed to carry out these regulatory standards. Requirements apply to adoptive families only until the final order of adoption is issued.

The approval processes as presented in this guidance are consistent with two significant approaches to working with care-giving families. Families are dually approved as foster and adoptive families and the approval process is a mutual endeavor between the LDSS and the family requesting approval. These processes are consistent with Virginia’s practice model.

1.2 Framework

The approval process for resource, foster, and adoptive family home providers is based on the principles articulated in the Children's Services System Practice Model. These principles are instilled in all of Virginia's child welfare guidance, practice, and training. They also undergird the guidance and practices that are used to approve those individuals in Virginia who wish to assume the daily care of children and youth placed in foster care or available for adoption.

1.2.1 Practice principles

Major principles of this practice model are:

- We believe that all children and communities deserve to be safe.
- We believe in family, child, and youth-driven practice.
- We believe that children do best when raised in families.
- We believe that all children and youth need and deserve a permanent family.
- We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.
- We believe that how we do our work is as important as the work we do.

Based on these principles, the goals of approving resource, foster, and adoptive home providers are:

- To promote safety, permanence, and well-being for all children and youth in the child welfare system, through a system of recruitment, development, and support that is competency-based and comprehensive. The process is completed and documented in a consistent manner and includes a narrative and other documentation that provides a clear understanding of the factors considered in approving the provider.
- To ensure all decisions to approve a resource, foster, and adoptive home provider are based on a process of Mutual Family Assessment where the applicant and the worker openly discuss and mutually decide if approval is in the best interest of all involved.
- To approve all individuals through a Dual Approval process. Through this process, individuals are exposed to the ideas and requirements of fostering and adopting and are only required to undergo a single process of approval whether they choose to foster, adopt, foster and adopt, provide respite, or change their minds over time.

1.2.2 Legal basis

1.2.2.1 Federal law and regulation

Specific foster care and adoption home approval requirements are set forth in the following federal laws, many of which are incorporated into Title IV-E of the Social Security Act.

- P.L. 109-432 – Tax Relief and Health Care Act of 2006
- P.L. 110-351 – Fostering Connections to Success and Increasing Adoption Incentives Act of 2008
- P.L. 109-288 – Child and Family Services Improvement Act of 2006
- P.L. 109-248 – Adam Walsh Child Protection and Safety Act of 2006
- P.L. 109-239 – Safe and Timely Interstate Placement of Foster Children Act of 2006
- P.L. 109-171 – Deficit Reduction Act of 2005
- P.L. 109-113 – Fair Access Foster Care Act of 2005
- The Keeping Children and Families Safe Act of 2003
- Promoting Safe and Stable Families Amendments of 2001
- Strengthening Abuse and Neglect Courts Act of 2000
- Inter-Country Adoption Act of 2000
- Child Abuse Prevention and Enforcement Act, 2000
- Foster Care Independence Act of 1999
- Adoption and Safe Families Act of 1997
- Child Abuse Prevention and Treatment Act (CAPTA), as Amended, 1996
- Interethnic Adoption Provisions (IEPA) of the Small Business Job Protection Act of 1996
- Multiethnic Placement Act (MEPA) of 1994
- P.L. 96-272 - The Adoption Assistance and Child Welfare Act of 1980

- Additional requirements are set forth in the Code of Federal Regulations (CFR) Title 45 - Public Welfare Chapter XIII - Office of Human Development Services
    - 45 CFR 1355 – General
    - 45 CFR 1356 – Requirements Applicable to Title IV-E
    - 45 CFR 1357 – Requirements Applicable to Title IV-B

1.2.2.2 State law and regulation

Specific state laws relevant to the approval of provider homes are:

The Code of Virginia

- § 63.2-900 – Accepting children for placement in homes, facilities, etc., by local boards. § 63.2-901.1, Criminal history and central registry check for placements of children.
- § 63.2-1208 – Investigations; report to circuit court.
- § 63.2-1225 – Determination of appropriate home.
- § 63.2-1231 – Home study; meeting required; exception.
- § 63.2-1719 – Definitions.
- § 63.2-1721 – Background check upon application for licensure or registration as child-welfare agency; background check of foster or adoptive parents approve by child-placing agencies and family day homes approved by family day systems; penalty.
- § 63.2-1722 – Revocation or denial of renewal based on background checks; failure to obtain background check.
- § 63.2-1723 – Child welfare agencies; criminal conviction and waiver.

The Administrative Code of Virginia, 22 VAC 40-211, Resource, Foster, and Adoptive Family Home Approval Standards.

1.3 Definitions

The following words and terms are defined in state regulation as identified below. When used in this chapter, they shall have the following meaning, unless the context clearly indicates otherwise:

Term	Definition
Adoptive Parent	Any provider selected and approved by a parent or a child-placing agency for the placement of a child with the intent of adoption.
Adult	Any person 18 years of age or over.
Applicant	An individual or couple applying to be approved as a resource, foster, and/or adoptive home provider.
Background Check	A sworn statement or affirmation, criminal history record information, child abuse and neglect central registry check, and any other requirement as set forth in § 63.2-901.1 of the Code of Virginia.
Caretaker	Any individual having the responsibility of providing care for a child and includes the following: (i) parent or other person legally responsible for the child's care; (ii) any other person who has assumed caretaking responsibility by virtue of an agreement with the legally responsible person; (iii) person responsible by virtue of their position of conferred authority; or (iv) adult person residing in the home with the child.
Central Registry	A subset of the child abuse and neglect information system and the name index with identifying information on an individual named as an abuser and/or neglector in founded child abuse and/or neglect complaints or reports not currently under administrative appeal; maintained by the VDSS.
Child	Any natural person less than 18 years of age.
Child-Placing Agency	Any person who places children in foster homes, adoptive homes, or independent living arrangements pursuant to § 63.2-1819 of the Code of Virginia or a local board that places children in foster homes or adoptive homes pursuant to § 63.2-900, 63.2-903 or 63.2-1221 of the Code of Virginia. Officers, employees, or agents of the Commonwealth, or any locality acting within the scope of their authority as such, who serve as or maintain a child-placing agency, shall not be required to be licensed.
Commissioner	The commissioner of the VDSS, his designee, or authorized representative.

Term	Definition
Contingency Fund	A statewide insurance plan to supplement local board-approved resource families' homeowner's policies in order to reimburse for certain damages or losses incurred due to behaviors of the child in placement with the family.
Corporal Punishment	Punishment administered through the intentional infliction of pain or discomfort to the body through actions such as, but not limited to, (i) striking, or hitting with any part of the body or with an implement; (ii) pinching, pulling, or shaking; or (iii) any similar action that normally inflicts pain or discomfort.
CRAFFT	An acronym for Community Resource, Adoptive, and Foster Family Training. This contracted training service is available for prospective resource families in order to increase the pool of viable family-based placements. CRAFFT also delivers in-service training for currently-approved families and conducts assessments specific to training needs of prospective resource families.
Department (VDSS)	The State Department of Social Services.
Dual Approval Process	A process that includes a study of the home, mutual selection, interviews, training, and background checks to be completed on all applicants to be considered for approval as a resource, foster, or adoptive family home provider.
Foster Parent	An approved provider who gives 24-hour substitute family care, room and board, and services for children or youth committed or entrusted to a child-placing agency.
Fully Approved	A decision by the LDSS that the provider has met all requirements to be approved as a resource, foster, adoptive, or respite home provider.
In-Service Training	The ongoing instruction received by providers after they complete their pre-service training.

Term	Definition
Interstate Compact on the Placement of Children	A uniform law that has been enacted by all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands that establishes orderly procedures for the interstate placement of children and sets responsibility for those involved in placing those children.
Kinship Care Provider	An approved relative provider who gives 24-hour substitute family care, room and board, and services for children or youth committed or entrusted to a child-placing agency.
Local Department (LDSS)	The local department of social services of any county or city in this Commonwealth.
Mutual Family Assessment	A process that includes both a study of the physical home as well as the prospective provider(s). It is mutual in that while the LDSS maintains final authority on the decision to approve or not approve, assessment is done with families as opposed to families.
Mutual Family Assessment Report	Contains narrative, checklist and other data as required for provider approval. Historically this has been called the "home study."
Parent	The birth or adoptive parent of a child.
Pre-Service Training	The instruction received by provider applicants during the initial approval process.
Provider	A resource, foster, adoptive or respite family.
Resource Parent	An approved provider who is committed both to support reunification and also to be prepared to adopt the child if the child and family do not reunify. This provider has completed the dual approval process.
Resource Family Consultant	The title of regional staff who work with the LDSS regarding the recruitment, development, and support of resource families. This work includes conducting assessments with agencies to determine their strengths, needs, and capacities in regard to resource families.
Respite Care	The provision of temporary care for children on an emergency or planned basis for the purposes of providing placement stability, supporting the achievement of timely permanency, and

Term	Definition
	promoting connections to relatives.
Respite Parent	An approved provider who gives temporary care to children on an emergency or planned basis.
Revocation	The permanent cancellation or withdrawal of approval of a provider.
Suspension	The temporary deferment or cancellation of an approved home that allows for reinstatement of the approval when circumstances causing the suspension are resolved.
Variance	The allowance of non-compliance with a specific requirement for approval as a resource parent.

1.4 Approval process requirements

There are two specific processes used in the approval of agency provider homes. These processes are critical to permanency for children in foster care and demonstrate the commitment to shared decision making between the LDSS and the provider.

1.4.1 Dual approval process

Dual approval creates a standard set of requirements for all prospective applicants and eliminates the need for a second full assessment, if a foster parent adopts. Families can and should express their preferences as to what type of care they feel most able to provide (e.g., foster care only, adoption only). The dual approval process does not change any aspect of family prerogative or agency authority. Dual approval streamlines the approval process. *Providers who are interested in adopting may be required to meet additional legal requirements. Please see: § 63.2-1225. Determination of appropriate home.*

1.4.2 Mutual Family Assessment

Mutual Family Assessment is a process that includes both a study of the physical home as well as the prospective provider(s). It is mutual in that while the LDSS maintains final authority on the decision to approve or not approve, assessment is done with families rather than to families. Prospective providers are empowered to assess themselves as applicants and to determine if the role of foster, adoptive, or resource parent is right for them. A thorough assessment integrates pre-service training topics into the home visits to maximize opportunities for developing and documenting a family's competence in meeting the special needs of children in care.

Training and home visits are primary sources for assessment, while also drawing information from sources such as references, background checks, etc.

Each prospective resource, foster, and adoptive family shall be encouraged to participate in an open and honest assessment of their strengths in fostering or adopting, as well as their needs for support. Their strengths and needs shall be utilized in making a match with the needs of a specific child to be placed.

As a result of this process, the final decision to approve the home shall reflect the family's perceived ability and willingness to foster or adopt as well as the agency's assessment of the family.

1.5 Initial approval

1.5.1 General provider approval requirements

Minimally, all LDSS-approved providers must meet minimal standards as discussed below.

1.5.1.1 Provider application

Upon receipt of a completed provider application, the LDSS is responsible for ensuring the initiation of the approval process. If at any point in the process, the decision is made either by the agency or family to discontinue the process, the LDSS shall notify the applicant(s) in writing as to the reason why the approval process was stopped. A copy of this notice shall be filed in the applicant's record.

The Application For Department-Approved Provider Form (032-04-0051-00-eng (10/10) shall be used by all individuals who are requesting to become agency-approved providers. The form provides basic information needed to begin the process of approval and eliminates obtaining such information during the interviews.

1.5.1.2 Age requirements

Providers must be at least 18 years of age. The age of the provider applicant is one of many considerations in the decision to approve an individual to foster, adopt, or provide respite care.

1.5.1.3 Capacity

The number of children in the provider's home shall not exceed eight (8) unless a variance is granted (see Section 1.7). The decision regarding how many children may be placed in a provider's home may change over time based on children already in the home; the provider's demonstrated capabilities, and

other factors. Capacity of the home must be based on consideration of multiple factors that include, but are not limited to, the following:

- The physical accommodations of the home especially in regard to each child's age, gender, safety needs, and need for privacy and personal space.

- Whether any individuals in the home, including the provider's children, require special attention or services for the provider that affect the provider's ability to ensure the safety of all children in the home.

- The capabilities and skills of the provider to manage the number of children.

- The clinical needs and special requirements of each child as they pertain to the child's history of abuse or neglect, physical limitations or developmental delays. Implications of each child's history must be considered in the decision.

- Whether the child's best interest requires placement in a certain type of home (for example, a home with no young children or a home with no other child).

- Whether the provider is also a child care provider in the home.

1.5.1.4 Conflict of interest

- Individuals who work for an LDSS, including relatives shall not be approved to be a resource parent by the LDSS for whom they are employed. They also shall not serve as a provider for a child in the custody (legal or physical) of that LDSS. The employee can be a foster, resource, or adoptive parent for another LDSS or child placing agency or the child's custody may be transferred to another local department. LDSS employees can play other significant roles in the life of a child or youth – as advocates, mentors, etc., or as an approved provider for children or youth in another LDSS's custody.

- Foster and adoptive providers who have met the requirements to be an approved child care provider may provide child care in their home for their foster child. However, Title IV-E federal funds may not be used to pay for the child care service. The child care provider may apply for child care through Title IV-A child care funds.

1.5.1.5 Provider approval period

- Providers are approved for a period of 36 months. The effective date of approval is the date the Mutual Family Assessment Report 032-04-0060-00-eng is signed by the supervisor. The date of approval must be documented on the Certificate of Approval 032-03-136-1-eng, which is available on the DSS internal website) or approval letter sent to the provider. A copy of the Certificate or letter shall be maintained in the provider's file.

1.5.1.6 Anti-discrimination for approving providers

According to federal statute, the LDSS may not deny to any person the opportunity to become an adoptive or foster parent on the basis of race, color, national origin, *state of residence, religion, age, disability, political belief, sex or sexual orientation.*

1.5.1.7 Marital status

Only individuals or married couples may be approved as providers.

1.5.1.8 Citizenship

Citizens of other countries who are residing in the United States in a legal and documented manner may apply to become approved providers.

1.5.2 Background checks

Background checks consist of a national criminal record check, a Child Protective Services (CPS) Central Registry search, and a search of the Sex Offender Registry, which is included in the national criminal record check. Background checks are required for all prospective foster and adoptive parents and every adult household member 18 years of age or older who reside in the home. Applicants cannot be approved as providers until the results of all background checks have been received. Applicants with barrier crimes as set forth in the Code of Virginia, § 63.2-1719 cannot be approved as a provider *unless they meet one of the exceptions outlined in the above Code section. T*hese requirements are not subject to a *waiver*. Other adults in the home with a barrier crime also preclude approval of the home. Results of these checks must be maintained in the file of the provider and in no other place (including any form of archiving or electronic storage). Results cannot be shared with any person other than the specific subject of the search.

*The following background checks must be completed no more than **90 days** prior to the provider's approval.*

1.5.2.1 Sworn statement or affirmation

A sworn statement or affirmation (Sworn Statement Form 032-05-0973-00-eng) is required disclosing whether or not the individual has a criminal conviction or is the subject of any pending criminal charges within or outside the Commonwealth and whether or not the individual has been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. A sworn disclosure may be completed during the initial *application process but should be repeated no more than* ***90 days*** *prior to approval.*

1.5.2.2 National criminal background check

Applicants are required to be fingerprinted and complete all requirements outlined by the VDSS approved vendor, Fieldprint. All identifying information and prints will be electronically sent to the Virginia State Police (VSP), the Federal Bureau of Investigations (FBI), and Office of Background Investigations (OBI). OBI staff will screen criminal history results received from the VSP and the FBI in order to provide the requesting agency a determination of eligibility on the individual being searched. For detailed information on obtaining a criminal background check visit: Fingerprint based criminal history search.

1.5.2.3 Central Registry of abuse and neglect

The LDSS shall submit a Search of the Central Registry and Release of Information Form to OBI to search the Virginia CPS Central Registry for each applicant and adult household member over the age of 18 years, no more than ***90 days*** *prior to the applicant being approved as a foster or adoptive provider.*

If an applicant or household member has resided in another state within the preceding five years a check of that state's child abuse and neglect registry is required. LDSS agencies shall not approve individuals with a founded complaint of child abuse as a foster or adoptive parent or adult household member.

1.5.2.4 Other household members

For other adults residing in the home, background checks shall consist of a national criminal record check, a CPS Central Registry search, and a search of the Sex Offender Registry, which is included in the national criminal record check. The Registry may be accessed on the Virginia State Police website. Any adult in the home who resided in another state within the previous five (5) years must also have a CPS Central Registry search run in those states in which he resided. If the adult will be transporting the child, a DMV check is required.

1.5.2.5 National name search

In those instances where an individual's fingerprints are not obtainable due to a disability or are of low quality and unable to be read, procedures exist for conducting a national name-based check through the National Crime Information Database Request to Discontinue Reprints 032-04-0020-03-eng (12/10). Under these circumstances, use of this procedure is approved by the federal Administration for Children and Families as meeting the requirement for national fingerprint checks. The criteria and procedures for obtaining national background checks, name searches, and CPS checks (including out-of-state CPS checks) can be found on the DSS internal website.

1.5.2.6 Department of Motor Vehicles check

1.5.2.6.1 Driver record check

A Department of Motor Vehicle (DMV) driver record check must be obtained for the applicant(s) as well as all others in the home who may be transporting the child. A Virginia driving record must be obtained if the individual holds a Virginia driver's license. If the individual holds an out-of-state driver's license, the out-of-state driving record must be obtained. While there is no specific standard for a "satisfactory" DMV driver record check, results of this check should be considered in concert with other information gained in the Mutual Family Assessment process.

1.5.2.6.2 Local government access to DMV records

Local governments have access to DMV records free of charge in accordance with § 46.2-208 of the Code of Virginia. The information available includes convictions, accidents, driver's license suspensions or revocations, and other information that may be needed by the local government in order to carry out its official function. Most LDSS have established agreements with DMV to allow records access; however, for more information on this process contact the DMV or access www.dmvnow.com.

1.5.3 Worker-family interviews

1.5.3.1 Purpose

The purpose of worker-family interviews is:

- To develop a relationship between the agency and the family.
- To answer questions family members may have about foster care, adoption, or the approval process.

- To provide opportunities for family members to talk about sensitive issues, discuss concerns, and explore how being a resource parent will impact their family system.

- To allow the agency worker time to explore any critical tasks or topics that may impact approval or need extra support (such as maintaining birth family connections).

- To develop and document the competencies (see Section 1.5.6) needed for fostering/adopting.

1.5.3.2 Number of interviews and purposes

The LDSS worker shall discuss with the applicant the requirements for provider approval. LDSS workers shall review the Mutual Family Assessment process, dual approval, fingerprinting, and criminal background checks with the family.

1.5.3.2.1 Interviews

The LDSS shall conduct a minimum of three (3) face-to-face interviews with each applicant; at least one (1) shall be in the applicant's home. If there are two (2) individuals listed as applicants, at least one (1) interview must be with both individuals. At least one (1) interview shall be with all individuals who reside in the home.

1.5.3.2.2 Purpose of interviews

The LDSS worker is responsible for providing the applicants with specific information about what is involved in being a provider and engaging in a discussion with them about their expectations and motivation for becoming a provider at this time. LDSS representatives are responsible for ensuring that applicants have the qualifications and abilities they will need to protect, parent, and nurture the abused or neglected children in their care. Within these interviews, the LDSS worker should:

- Discuss and assess the applicants' ability to meet children's immediate and short-term needs for health, education, social and emotional development, as well as their therapeutic needs, including special needs identified in children's service plans.

- Discuss and assess the applicants' ability to meet not only the short-term needs but, for children where adoption may be the permanency goal, those children's long-term needs for supportive families.

- The LDSS worker may identify, through conversations or review of the application, issues that may raise questions about the family's

willingness or ability to become a provider. The worker should explore these issues with the family during these interviews.

1.5.3.3 Making the most of interviews

- Connect visits to the family's pre-service training, to allow for give-and-take of information that helps inform mutual decision making.
- Approach visits from the perspective that assessment is truly mutual—just as the VDSS must assess the family's ability to support children and families, so should the family assess the VDSS's ability to support them in this endeavor.
- Observe interactions among household members, looking for the strengths and/or challenges individuals have in sustaining their current family relationships.
- Have conversations with all family members in the home, focusing on how fostering/adopting will impact the current family system.
- Carefully and thoroughly examine the family's expectations of children in foster care, and how realistic these are.
- Use opportunities to stress the importance of maintaining children's connections, and explore applicants' attitudes, skills, and willingness to support these connections.

1.5.3.4 Provider agreements

The LDSS worker shall discuss the following mandatory agreements with the provider:

- Corporal Punishment Agreement.
- Confidentiality Agreement.
- Foster Care Agreement: Code of Ethics and Mutual Responsibility (for discussion purposes only).
- Adoptive Placement Agreement (for discussion purposes only).

The content of these documents is reviewed, and prior to the applicants' approval, they must agree to abide by the values and requirements as specified in these agreements. All applicants sign the Corporal Punishment and Confidentiality Agreements. The Foster Home Agreement: Code of Ethics and Mutual Responsibilities shall be signed upon the placement of a child in the

home. The Adoptive Placement Agreement is signed only upon the placement of a child in the home for the purpose of adoption (see Section 1.4 on approval process requirements).

1.5.3.5 Applicant history

The applicant's historical information is gathered during the course of the interviews and from supporting documentation (see Section 1.5.5). The applicant's historical narrative regarding his life history builds the LDSS worker's basis for understanding and assessing the applicant's capacity to serve as a provider. Information gathered regarding the applicant history is documented in the form of a narrative in the Mutual Family Assessment Report (see Section 1.6).

1.5.3.6 Training

The LDSS worker also explains training requirements and the concept of competencies necessary for foster and adoptive parenting.

1.5.4 Physical home environment assessment

The physical environment of the home shall be assessed both in terms of the physical space (e.g., adequate furnishings, heat, ventilation, etc.) as well as the applicant's attitude toward, and ability to provide for, the child's need for space and privacy and separate sleeping arrangements. The following areas shall be assessed, as appropriate, in the course of interviews at the applicant's home.

1.5.4.1 Space and furnishings

The home shall have sufficient appropriate space and furnishings for each child receiving care in the home, including:

- Space to keep clothing and other personal belongings.
- Accessible basin and toilet facilities.
- Space for recreational activities.

1.5.4.2 Physical comfort

- The applicant must be able to provide safe, comfortable sleeping furnishings.
- All rooms used by the child shall be heated in winter, dry, and well-ventilated.
- Rooms and study space used by the child shall have adequate lighting.

1.5.4.3 Sleeping space

- Sleeping space must be provided on the first floor of the home for a child unable to use stairs unassisted, other than a child who can easily be carried.
- Multiple children sharing a bedroom shall each have adequate space including closet and storage space. Bedrooms shall have adequate square footage for each child to have personal space.
- Children over the age of two (2) years shall not share a bed.
- Children over the age of two (2) shall not share a bedroom with an adult unless the LDSS approves a plan to allow the child to sleep in the adult's bedroom due to documented needs, disabilities, or other specified conditions.
- Children of any age cannot share a bed with an adult.
- Children of the opposite sex over the age of three (3) shall not sleep in the same room.
- Children under age seven (7) or children with significant and documented cognitive or physical disabilities shall not use the top bunk of bunk beds.

1.5.4.4 Access to telephone

The provider and children shall have access to a working telephone in the home. This may be a cell phone.

1.5.4.5 Home safety requirements

1.5.4.5.1 Emergency preparedness plan

Providers need to develop plans (Emergency Plans Form, 032-04-0064-01-eng that help protect their families and also provide communication information for use in emergency situations. State regulation 22 VAC 40 211-70 requires a plan that includes, but is not limited to, fire and natural disasters. It also requires the plan to include:

- How the provider plans to maintain the safety and meet the needs of the child in their home during a disaster.
- How the provider shall evacuate the home, if necessary, during a disaster.

- How the provider shall relocate in the event of a large-scale evacuation.

- The requirement to notify the LDSS of where they are relocating and contact information in the event of evacuation.

The LDSS worker should encourage the provider to review the appropriate sections of the Emergency Plans Form (032-04-0064-01-eng) with the children who are old enough to understand. The Emergency Plans Form should be posted in a location that is accessible to the children.

Suggestions for information the providers should include in the plan are:

- The phone number of the agency.

- The phone number of a close neighbor or relative who could come to the home quickly.

- Plans for having emergency food, water, and batteries for flashlights and radios.

- The location and contact information for friends or relatives they may go to in an emergency or evacuation.

The LDSS will keep a copy of all sections of this plan in the provider's file.

1.5.4.5.2 Fire safety

The provider shall permit a fire inspection of the home by appropriate authorities if conditions indicate a need and/or the LDSS requests such an inspection.

1.5.4.5.3 Weapons

Possession of any weapons, including firearms, in the home shall comply with federal and state laws and local ordinances. The provider shall store any firearms and other weapons (e.g., BB guns, air guns, sling shots, etc.) in a locked closet or cabinet, with the activated safety mechanisms. Ammunition shall be stored in a separate and locked area. The key or combination to the locked closet or cabinet shall be maintained out of the reach of all children in the home.

1.5.4.5.4 Pets

Providers shall ensure that household pets are not a health or safety hazard in accordance with state laws and local ordinances, and the LDSS shall request verification of provider compliance.

1.5.4.5.5 Other

- The home and grounds shall be free from litter and debris and present no hazard to the safety of the child receiving care.
- Providers shall keep cleaning supplies and other toxic substances stored away from food and locked, as appropriate. Medications shall be out of reach of children and locked as appropriate. Medications shall be stored separately from food, except those medicines that require refrigeration.
- Every home shall contain basic first aid supplies.
- Every home shall have an operable smoke detector, the specific requirements of which shall be coordinated through the local fire marshal. If a locality does not have a local fire marshal, the state fire marshal shall be contacted.
- The LDSS may require other safety-related checks or verifications as deemed necessary (e.g., well water tests, electrical safety, home structure stability).

1.5.5 Supporting documentation

1.5.5.1 References

The LDSS shall obtain at least three (3) references from persons who have knowledge of each applicant's character and applicable experience with children and caretaking of others. At least one (1) reference per person shall be from a non-relative. If a single reference addresses the skills and abilities of both applicants, it may count as one of the three references for each. The state-approved Reference Request Form (Appendix C) is acceptable as reference documentation as well as references conducted via telephone and documented in the file.

1.5.5.2 Physical examination

The applicant(s) and other adult caretakers residing in the home shall submit the results of a physical examination, conducted by a licensed health care professional, administered within 12 months prior to the provider's approval. These results shall include comments regarding the person's mental and/or physical condition or abilities, such as they relate to caring for a child in the foster care system. A Physical Examination Form (032-04-0061-00-eng) is available for use.

All household members who come in contact with the child must submit to a tuberculosis screening and/or test, in compliance with current VDH requirements. For most individuals, *a TB risk assessment should be sufficient*. *Information regarding the TB risk assessment form* is found on the Virginia Department of Health website.

If risk factors or TB symptoms are present, an additional screening may be required. Information regarding TB screening/testing may also be found on the Virginia Department of Health website. A tuberculosis screening form is available for use.

For information on the system for prioritizing persons for targeted testing, refer to "Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America" (*MMWR* 2005;54[No. RR-12]:40–42) on the Center for Disease Control website.

1.5.5.3 Prior experience

The LDSS worker shall confirm if an applicant previously applied to, or was approved, denied, and or closed by, any other LDSS or licensed child-placing agency through the Provider Application (032-02-0051-00-eng) and *OASIS*. The LDSS shall have the applicant sign a request to release information from the other agency in order to obtain information about previous applications and performance and shall use that information in considering approval of the applicant.

1.5.5.4 Verification of marriage and divorce documents

During a meeting with the provider(s), the worker shall visually verify all documents that give proof of the provider(s)' marriage(s) or divorce(s). This requirement is documented on the Checklist for Initial Provider Approval 032-04-0054-01-eng.

1.5.5.5 Agreements

The following agreements must be discussed with and, when noted, signed by the applicant during the interview process**.**

1.5.5.5.1 Corporal Punishment Agreement

The LDSS shall have the applicant sign a Corporal Punishment Agreement 032-04-0056-00-eng. This provides an opportunity to discuss the applicant's approach to discipline and attitude towards, and beliefs about, the use of corporal punishment with children. The LDSS must clearly communicate that no form of corporal punishment as defined in Section 1.3 of this manual

("Definitions") may be used for any reason. The range of possible actions the LDSS may take as a result of the use of corporal punishment (e.g., additional training on discipline; anger management for the provider; suspension of the approval of the home; removal of the child from the home) must also be discussed.

1.5.5.5.2 Confidentiality Agreement

The LDSS shall have the applicant sign a Confidentiality Agreement 032-04-0055-00-eng. The LDSS worker shall discuss confidentiality requirements with the applicant and ensure the applicant understands the need to keep confidential all information regarding the child, his family, and the circumstances that resulted in the child coming into care. A copy of the signed agreement shall be provided to the applicant.

1.5.5.5.3 Foster Care Agreement/Adoptive Placement Agreement

The Foster Care Agreement: Code of Ethics and Mutual Responsibilities Form 032-04-0028-00-eng is required to be signed whenever a child is placed in a provider's home except when the placement is solely for the purpose of adoption. Although it does not need to be signed during the provider home approval process, its contents are to be reviewed and discussed with the applicant. The Adoptive Placement Agreement also is not signed during the provider approval process but should be reviewed with the applicant.

1.5.5.6 Financial/employment history

1.5.5.6.1 Income verification

The LDSS worker shall verify the provider has income sufficient to meet the basic needs of the household. A Provider Approval Budget Form is available in Appendix B. Requesting credit checks may have an adverse effect on the applicant's credit history and are discouraged. Applicants are not required to be employed so long as there is sufficient income to meet the needs of the family. Where there is no employment, agencies should carefully examine the source and reliability of any other income or resources in establishing whether there is sufficient income to meet the needs of the family. Financial or employment history information that may be used to assess income sufficiency may include:

- Recent pay stubs.
- Tax documents (e.g., W-2s).

- Verification of any assistance received (SSI, food stamps, public assistance, etc.).
- Utility bills (with payment history).
- Deployment information (military).
- Rental lease, public housing agreement, or mortgage statement.
- Bank statements.

1.5.5.6.2 Assets and resources

Assets and resources include any other sources of income (e.g., real estate), estate holdings, monetary gifts or bonuses, or any public assistance. There is no general restriction on the receipt of public assistance for resource families.

1.5.5.6.3 Debts and obligations

Debts may include aggregate amounts owed to credit cards, student loans, car leases/loans, etc., as well as individual amounts owed for home/rental, home maintenance.

Income requirements should be documented on the Checklist for Initial Provider Approval 032-04-0054-01-eng. Income requirements are not applicable to applicants who are solely approved as respite care providers.

1.5.6 Pre-service training

1.5.6.1 Training requirements

The LDSS shall ensure that pre-service training is provided for resource, foster, and adoptive family home providers, using a VDSS-approved curriculum, and completion of the training shall be documented in the provider's file. Each provider shall satisfy the pre-service training requirements. Certain curricula have been verified to meet the required competencies: Parent Resources for Information, Development and Education (PRIDE), Model Approach to Partnerships in Parenting (MAPP), and Parents as Tender Healers (PATH). The Department supports PRIDE as the preferred curriculum. **All other curricula must be approved by the VDSS in order to satisfy the pre-service requirement.**

- If a curriculum has been approved for Title IV-E Pass-Through Training, this is the VDSS's approval.

- To obtain approval for a curriculum other than those listed above; an agency should submit a copy of the curriculum (outlines, handouts, etc.) to the regional Adoption and Family Recruitment Consultant

- The curriculum will either be approved, returned with recommendations (for addressing any missing competencies), or rejected.

1.5.6.2 Core competencies

Pre-service training shall address, but not be limited to, the following core competencies:

- Factors that contribute to neglect, emotional maltreatment, physical abuse, and sexual abuse, and the effects thereof.

- Conditions and experiences that may cause developmental delays and affect attachment.

- Stages of normal human growth and development (not required for respite providers).

- Concept of permanence for children and selection of the permanency goal (not required for respite providers).

- Reunification as the primary child welfare goal; the process and experience of reunification.

- Importance of visits and other contacts in strengthening relationships between the child and his birth family, including his siblings.

- Legal and social processes and implications of adoption (not required for respite providers).

- Support of older youth's transition to independent living (not required for respite providers).

- The professional team's role in supporting the transition to permanency and preventing unplanned placement disruptions.

- Relationship between child welfare laws, the LDSS's mandates, and how the LDSS carries out its mandates (not required for respite providers).

- Purpose of service planning (not required for respite providers).

- Impact of multiple placements on a child's development.

- Types of and response to loss, and the factors that influence the experience of separation, loss, and placement (not required for respite providers).
- Cultural, spiritual, social, and economic similarities and differences between a child's primary family and foster or adoptive family.
- Preparing a child for family visits and helping him manage his feelings in response to family contacts.
- Developmentally-appropriate, effective, and nonphysical disciplinary techniques.
- Promoting a child's sense of identity, history, culture, and values.
- Respecting a child's connection to his birth family, previous foster families, and/or adoptive families.
- Being nonjudgmental in caring for the child, working with his family, and collaborating with other members of the team.
- Roles, rights, and responsibilities of foster parents and adoptive parents (not required for respite providers).
- Maintaining a home and community environment that promotes safety and well-being.

1.5.6.3 Additional training requirements

The following content areas are to be included in the pre-service training of applicants:

- The Children's Services Practice Model and Implication for Practice.
- Virginia's Family Partnership Meetings: The Purpose and Process.
- Rate structuring and the provider's role in the process.
- The Foster Home Agreement: Code of Ethics and Mutual Responsibilities 032-04-0028-00-eng.
- The Adoptive Home Placement Agreement 032-02-0657-00-eng.
- Standards of Care for Continued Approval (see Section 1.10).
- Shaken Baby Information.

- Any additional LDSS requirements.

1.5.6.4 Training for Mandated reporters

The Code of Virginia identifies those persons who are mandated reporters. These persons shall report suspected child abuse or neglect that they become aware of in their professional or official capacity.

Effective July 1, 2012 foster, kinship foster, and adoptive parents, and respite providers are considered mandated reporters due to their association with a public organization that is responsible for the care, custody and control of children as referenced in § 63.2-1509 A.

Mandated reporter training and other resources for mandated reporters are available from the Virginia Department of Social Services at (http://www.dss.virginia.gov/family/cps/index2.cgi).

Resource parents should complete CWS 5692 - Recognizing & Reporting Child Abuse & Neglect as part of their pre-service training.

1.5.6.5 Prior training considerations

Families who have previously completed foster parent training are not exempt from meeting training requirements; however, an agency has several options when considering the family for approval. For families who are able to provide verification that they 1) completed a foster parent course within the last five years, or 2) completed the training more than 5 years ago AND have completed ongoing additional training which addressed competency areas, then the agency may:

- Utilize the Pre-Service Competency Checklist (032-04-0062-00-eng to affirm that these competencies have been observed over the course of the family's experience with the agency. This checklist should be maintained in the provider's file to indicate compliance with the pre-service standard.

- Conduct one-on-one training to address areas lacking sufficient competence.

- Request that the family complete pre-service training.

- Consult with the regional Resource Family Consultant.

Families whose previous training is accepted as meeting Virginia's requirements for pre-service training shall still be provided with training on the additional training areas under Section 1.5.6.3 *and* *Section 1.5.6.4* above. This

training shall be documented in the Mutual Family Assessment Report 032-04-0060-01-eng.

1.5.7 In-service training

1.5.7.1 Training requirements

The LDSS shall ensure and document that each provider receives annual in-service training. Such training allows the provider the opportunity to review and learn additional information relevant to the care of children placed in foster care or an adoptive home. It also provides the LDSS the opportunity to engage with the provider in discussions related to child safety, permanency, and well-being and assess the provider's skill level and needs for additional training. The provider is required to complete annual in-service trainings.

1.5.7.2 Training needs

Training shall be relevant to the needs of children and families and may be structured to include multiple types of training modalities (for example, online foster parent training courses, seminars, and conferences).

While a specific number of hours is not specified, ten (10) hours of in-service annually (per parent) should be considered the minimum acceptable amount with no more than half of these hours obtained utilizing self-paced training methodologies (e.g., online courses, self-study books, etc.).

1.5.7.3 Annual training

The LDSS shall provide opportunities for training on an annual basis.

- Families should be surveyed no less than annually to determine training needs.
- Utilization of CRAFFT as well as collaborations with neighboring localities to conduct training can bolster LDSS offerings of pre- and in-service training.
- When providers wish to receive credit for training conducted outside of social services (i.e., through a local school, at a state conference), the LDSS should request information about the content (through an outline, handouts, etc.) as well as verification of attendance (certificate, training roster, etc.). Those LDSS that use Title IV-E funds to support the costs of such trainings must submit the training information in advance of the training to the State office for approval. To access Title IV-E submission and funding information go to the DSS internal website and click "Instructions for IV-E Funding."

1.6 Mutual Family Assessment

1.6.1 Purpose of the Mutual Family Assessment Report

As part of the approval process, the LDSS shall conduct a family assessment. This family assessment shall address all elements required by regulation and be documented by a combination of narrative and other data collection formats, and shall be signed and dated by the individual completing the assessment and the director of the LDSS or his designee. The information contained in the Mutual Family Assessment Report 032-04-0060-01-eng shall consist of demographic information including:

- Age of applicant.
- Marital status and history.
- Family composition and history.
- List of agency individuals involved in completing the assessment process and their roles.
- Information indicating that the provider has been given and understands the standards for sleeping space and maintaining a safe environment as listed in Section 1.5.4.3.

1.6.2 Assessing applicant's knowledge, abilities, attitudes, relationships, and capacity to foster and/or adopt

Narrative documentation shall include information from the interviews, references, observations, and other available information, and shall be used to assess and document the applicant's skills to foster and/or adopt. Decisions to approve may also be based on information gained through discussions, recommendations, etc. and should assess that the applicant:

- Is knowledgeable about the necessary care for children and is physically and mentally capable of providing the necessary care for children.
- Is able to articulate a reasonable process for managing emergencies and ensuring the adequate care, safety, and protection of children.
- Expresses attitudes that demonstrate the capacity to love and nurture a child born to someone else.
- Values children's birth family and other significant relationships.
- Expresses appropriate motivation to foster or adopt.

- Shows stability in all household relationships.
- Has the financial resource to provide for current and ongoing household needs.

1.6.3 The decision to approve or deny

Applicants must meet all standards as established by the regulation and be approved by the LDSS prior to placement of a child in the home unless an initial approval is being issued under emergency approval standards. Full approval may be achieved by the applicant meeting all standards or by meeting most standards and having a variance granted for one or more standards. Emergency approvals are temporary and require that the LDSS proceed with the full assessment and approval process (see Section 1.12).

1.6.4 Documenting approval

1.6.4.1 Format of approval narrative

The LDSS shall document the Mutual Family Assessment process through a narrative report that addresses specific information obtained in the course of the approval process. The minimum required areas to be contained in the narrative are outlined in the preferred template discussed below.

1.6.4.2 Preferred template

The Mutual Family Assessment Template 032-04-0060-01-eng is the preferred format for use in approving provider families. LDSS that choose to use another format for their narrative report must clearly address each of the categories in the preferred template.

1.6.4.3 Approval checklist

Not all information obtained in the course of an assessment need be written into the narrative report. LDSS are required to complete the Checklist for Initial Provider Approval 032-04-0054-01-eng.

Once completed, this form, attached to the completed narrative report, constitutes the completed Mutual Family Assessment Report 032-04-0060-01-eng.

1.6.5 Notification to the provider

Once approved, providers are to be given a Certificate of Approval 032-03-136-1eng on the DSS internal website specifying the following:

- Type of approval (dually approved as a resource provider or respite provider).

- Date when the approval became effective and the date when the approval will end.
    - The effective date cannot be any earlier than the date on which any of the items required to approve the home was received.
    - *The approval period cannot exceed 36 months.*
- Specifications or limitations of the approval (e.g., number/types of children).
- The signature and title of the individual approving the home and the supervisor's signature and title.

NOTE: *A Certificate of Approval cannot be issued unless all required documents are received.* A copy of the Certificate shall be filed in the applicant's record.

If the approval process results in the LDSS's denial of the application, the LDSS shall notify the applicant in writing of its decision. A copy of the letter shall be filed in the applicant's record.

1.7 Allowing a variance

1.7.1 Process and exclusions

The variance process allows for case-by-case exceptions to the general provider approval standards for kinship foster care providers (relatives).

1.7.1.1 Exclusions

No variance shall be granted that would compromise:

- Safety-related standards;
- Requirements set by law (such as barrier crimes or a search of CANIS); or
- Any variance that, if granted, would violate federal or state law or any local ordinances.

1.7.1.2 Process for obtaining a variance

1. Complete all requested information on the Provider Approval Variance Request Form 032-04-0053-01-eng .
2. Submit form electronically to the regional Resource Family Consultant for approval.
3. Maintain variance documentation in the applicant's file.

4. If granted, conduct an annual review of the variance.

Example of a time-limited non-safety related variance:

The LDSS identifies a close relative who is willing to start caring for the child in foster care immediately. All other requirements are met; however, pre-service training will not start for another three (3) months. A variance can be requested for a 12-month extension to complete training (as opposed to requiring that pre-service be completed prior to the child's placement). When the training is completed, or at the annual review of the variance, the variance will no longer be necessary.

Example of a permanent non-safety related variance:

Through family search and engagement, an aunt has been identified as the best placement for the child; however, her living space is limited and there is no space for recreational activities in the home. The aunt has identified nearby recreational opportunities and the space, while small, is sufficient. A variance may be requested on the space and furnishings requirements of Section 1.5.4.1. Although this variance is permanent, the annual review is still required.

Annual review of variances

1.7.1.3 Approval status

If a provider is granted a variance and is in compliance with all other requirements of this guidance, the provider is considered fully approved. The variance request/decision form must be maintained in the provider's file, and must be updated annually.

1.7.1.4 Annual review

While some variances are permanent in nature, others may only be active for a set period of time. In this case, documentation that the variance is no longer applicable must be kept in the provider's file. Annual reviews are not necessary when a variance is no longer necessary.

For example, a variance is granted to allow a grandmother to become fully approved and begin caring for her grandson prior to completing pre-service training. This is because training does not begin for two (2) more months and waiting does not serve the best interests of the child. Once the grandmother completes training, this variance is no longer necessary. The worker will update the variance request/review form to indicate training was completed, send this notice to the regional Resource Family Consultant, and file the form in the provider file along with proof of the completed training.

1.8 Provider file

Establishing a provider file

A provider file should be established at the time a formal application is received. The application should be on VDSS-approved forms Department-Approved Provider Application 032-04-0051-01-eng; alternatively, other forms/letterhead may be used if all required components are addressed.

1.8.1.1 OASIS record

The Resource Section of OASIS is the electronic file that captures information on provider homes and other resources. Information on the household applying to be a provider should be updated in OASIS as the family assessment and approval process moves forward.

It is important to search the OASIS Resource Directory prior to opening a new record in OASIS to prevent duplication. The OASIS Help section has several topics such as “Search for a Resource” and “Open a New Resource” which provide assistance when completing the screens. Contact VCCC at 1 (866) 637-8482 for additional assistance in entering resource homes into OASIS. The Home Office enters all Residential Facilities and Child Placing Agencies.

1.8.1.2 Paper case file

Although the Child Welfare Information System (OASIS) is the official case record, all forms, letters, and other original hard copy documents (as referenced in this guidance) must be retained in the paper provider file. The Checklist for Initial Provider Approval 032-04-0054-01-eng can help organize the file.

1.8.2 Maintenance of the provider file

Any changes in the provider family that require new documents (e.g., criminal background search for a new adult in the home) or re-approval documents must be retained in the paper file and information updated in OASIS as needed.

1.9 Monitoring approved homes/providers

Standards of care for continued approval

LDSS are required to engage in ongoing discussion with and supervision of providers. The “Standards of Care for Continued Approval” as described below are first discussed during the assessment in order to ensure providers are knowledgeable of what is expected of them once a child is placed in their home. The “Standards” should be part of the ongoing dialogue with providers. Local workers

should discuss and monitor how the provider meets these standards. Several of the "Standards" noted below also require the LDSS worker to document compliance on the Re-approval Checklist for Family Renewal (032-04-0063-00-eng).

- The provider shall provide care that does not discriminate on the basis of race, color, sex, national origin, age, religion, political beliefs, sexual orientation, disability, or family status.

- The provider shall ensure the child receives meals and snacks appropriate to his daily nutritional needs. The child shall receive a special diet if prescribed by a licensed health care provider, or designee, or in accordance with religious or ethnic requirements or other special needs.

- The provider shall ensure that he can be responsive to the special mental health or medical needs of the child.

- The provider shall establish rules that encourage desired behavior and discourage undesired behavior. The provider shall not use corporal punishment or give permission to others to do so and shall sign an agreement to this effect.

- The provider shall provide clean and seasonal clothing appropriate for the age and size of the child.

- If a provider transports the child, the provider shall have a valid driver's license and automobile liability insurance. These will be checked at approval and re-approval but verification may be required at any time deemed necessary.

- The vehicle used to transport the child shall have a valid registration and inspection sticker.

- Providers and any other adults who transport children shall use functioning child-restraint devices in accordance with requirements of Virginia law. See Section 10.6.1.2 of the Foster Care Manual and the following link for additional information. Virginia's Child Passenger Safety Laws

1.9.1 Change in household composition or circumstances

Providers should inform the LDSS as soon as possible but no later than 45 days **before** a significant change occurs in the household composition or circumstances, including but not limited to:

- A child turning 18 years of age;

- A new adult entering the household;

- A household member leaving the household;
- *A change in marital status of a provider*;
- *A significant change in health status of a provider*;
- A change of address (a move);
- A substantial change to the residence (such as adding a swimming pool).

Any changes that may impact the health or safety of a child placed in the home such as recent arrests or pending charges of a foster parent or adult household member, decline in a foster parent's physical or mental health which directly impacts the provider's ability to care for a foster child should be reported immediately but no later than seven (7) days from the time of occurrence.

1.9.1.1 Background checks for new adults entering the household

For any new adult entering the home, background checks shall be conducted, consisting of a national criminal record check, a CPS Central Registry search, and a search of the Sex Offender Registry, which is included in the national criminal record check. The Registry may be accessed on the Virginia State Police website. If the new adult in the home has resided in another state within the previous five (5) years, he must also have a CPS Central Registry search run in those states in which he resided. If the adult will be transporting the child, a DMV check is required.

In instances where it is not reasonable to complete all the background checks prior to the new adult entering the household, **at minimum**, a written statement of affirmation disclosing any criminal and child abuse and neglect history in Virginia and any other state of residence within the past five (5) years, satisfactory findings on a Central Registry search, and a Virginia criminal name check must be completed.

The new household member must *schedule themselves* for fingerprinting and the LDSS must submit *to a Search of the Central Registry and Release of Information Form,* to the State Office of Background Investigations for processing **within 3 days**.

*Within **30** days of a person in the home becoming 18 years old, background checks shall be conducted, consisting of a national criminal record check, a CPS Central Registry search, and a search of the Sex Offender Registry, which is included in the national criminal record check. A written statement of affirmation disclosing any criminal and child abuse and neglect history in Virginia and any other state of residence within the past **five (5)** years must be*

completed when the individual becomes 18. If the 18 year old will be transporting the child, a DMV check is required.

1.9.1.1.1 Required monitoring efforts

LDSS are required to monitor providers as follows:

1.9.1.2 Required family visits

The local worker shall visit the home of the approved provider as often as necessary, but at least quarterly, to provide support to and monitor the performance of the provider and shall document these visits in the provider record.

- When a child is placed in the home, these visits may coincide with the monthly visits to the child and be completed by the same LDSS worker.
- If there is no child placed in the home, the quarterly visit may be replaced by telephone contact.

1.9.1.3 Monitoring activities

If monitoring efforts indicate that significant changes in the household composition or circumstances of the provider have occurred and would impact the conditions of approval, an addendum (032-04-0065-00-eng) shall be completed and included with the Mutual Family Assessment Report and appropriate action taken. Such action may include a plan to correct any deficits noted, suspension of the provider's approval, or revocation of the provider's approval.

1.9.1.4 Actions

If the re-approval process results in the LDSS's decision to suspend or revoke the provider's approval, the LDSS shall notify the provider in writing of its decision (see Section 1.11). A copy of the notification letter shall be placed in the provider's file.

1.10 Re-approval requirements

The approval period for a provider is 36 months. *Re-approvals are due no later than **three (3) years** from the begin date of the previous certificate of approval. LDSS are required to complete all required documents including new background checks as outlined in Section 1.10.2.1.*

1.10.1 Interview requirements

During the re-approval process, the LDSS worker shall conduct a minimum of one (1) interview with the provider(s) in their home. Workers are to use the visit to conduct a review and update the Mutual Family Assessment.

1.10.1.1 Review

The LDSS worker shall conduct a review of the previous home approval information with the providers. By reviewing the information with the provider, the worker and provider have the opportunity to identify and discuss any changes in the provider's situation that may affect the approval of the home, such as the number and types of children for which the provider will be approved.

1.10.1.2 Written addendum

The LDSS worker shall update the Mutual Family Assessment Report through a written addendum (032-04-0065-00-eng), documenting the decision to re-approve the home. The addendum includes any new information the worker has obtained and considered in deciding to re-approve the provider: (i.e., new additions to the household, changes to the home, changes in marital status, or updates to capacity).

1.10.2 Supporting documentation

1.10.2.1 Criminal background checks

All adults in the home should already have had a national background check of criminal records completed. For re-approval**,** *a sworn disclosure or affirmation,* a Virginia criminal name check and CPS Central Registry search are required. *Completed background checks must be dated within the three years since the date of the last sworn statement or affirmation, the most recent central registry finding and the most recent criminal history record check report.*

1.10.2.2 Driver's license, registration, and insurance

The provider and other adults expected to transport children must show evidence of a valid driver's license, a valid motor vehicle inspection, and proof of automobile insurance.

1.10.2.3 Tuberculosis screening/test

Household members must obtain and provide to the LDSS the results of a new TB Risk Assessment or TB Screening form as documentation of the absence of tuberculosis in a communicable form.

1.10.2.4 Confidentiality and corporal punishment agreements

LDSS workers shall review the confidentiality and the corporal punishment requirements and complete new confidentiality 032-04-0055-00-eng and corporal punishment agreements 032-04-0056-00-eng. A copy of the forms shall be given to the provider.

1.10.2.5 In-service training

All in-service training must be documented in the provider's file, as well as any additional training that is needed.

The addendum to the Mutual Family Assessment Report (032-04-0065-00-eng) must indicate that the above requirements were met. When applicable, any documents received during the approval process (e.g., TB screening, training verification) are to be included in the provider's file.

1.10.3 Reapproval report

1.10.3.1 Mutual Family Assessment addendum

This narrative shall address all requirements for re-approval as outlined in this guidance and contain documentation from interviews and other data collection formats, and shall be signed and dated by the individual completing the addendum and the director of the LDSS or his designee.

1.10.3.2 Reapproval checklist

LDSS are required to complete the Re-approval Checklist for Family Renewal (032-04-0063-00-eng). Once completed, this form attached to the completed addendum constitutes the completed re-approval report.

1.10.4 Notification to provider

If the provider is re-approved, he or she is to be provided with a *new* certificate of *approval* specifying the following:

- Type of approval (dual or respite).
- Date when the approval became effective and the date when the approval lapses.

  The effective date of the re-approval certificate should be no later than the expiration date of the previous certificate. *The home is not eligible for re-approval if all required documents are not received by the end date of the previous certificate of approval.*

- The signature and title of the individual approving the home and the supervisor.

If the re-approval process results in the LDSS's denial of the application, the LDSS shall notify the applicant in writing of its decision. A copy of the letter shall be filed in the applicant's record.

1.11 Suspending or revoking provider approval

Actions by the provider or changes in the provider's situation may require the LDSS to take action that results in the suspension or revocation of a provider's approval. Providers who do not maintain compliance with the standards of approval as outlined in this manual must have their approval either temporarily suspended or completely revoked. Frequent contact with the provider and visits to the home by an LDSS worker are the major mechanisms for determining maintenance of standards. If there are concerns regarding the providers' ability to maintain the safety and well-being of a child, the local department has the authority to change the placement.

1.11.1 Suspensions in provider approval

Suspensions may occur when a change in the circumstances of the provider results in the provider's temporary inability to meet standards (e.g., individuals living in the home with barrier crimes that would jeopardize the safety of the child(ren); safety concerns regarding the physical structure of the home). The LDSS may suspend a provider's approval when the provider cannot temporarily maintain full approval through corrective measures or issuance of a variance, and all agree that a violation of the standards for approval can be resolved. If a provider has received a founded disposition of child abuse or neglect after being granted approval, the local department must suspend the provider's approval. In situations where the founded disposition is under appeal, the provider's approval must be suspended until the appeal process is completed. Suspensions mean the provider is no longer fully approved for the placement of children, and therefore, no child may reside in the home until the suspension is lifted. Reinstating approval requires resolution of the circumstances that caused the suspension and must be documented in the addendum to the provider's record. Any child placed with a provider at the time approval is suspended must be immediately removed. No other children may be placed with the provider during the period of suspension. A suspension does not change the approval period.

1.11.2 Revocation of provider approval

The LDSS may revoke a provider's approval when conditions in the home or actions of the provider are a threat to the safety, permanency, or well-being of a child placed in the home. The LDSS must revoke a provider's approval when:

- A provider has been convicted of a barrier crime as defined by Virginia Code.

- A provider does not comply with approval standards (unless a variance has been obtained).

- A provider whose approval has been suspended does not correct the conditions that led to the suspension.

The LDSS may also revoke a provider's approval when other conditions result in the VDSS's determination that the provider is not or cannot provide a safe, stable, and nurturing home for children. Decisions to revoke and the factors that lead to such a decision must be documented in the provider's record and discussed with the provider. A provider whose approval has been revoked and who subsequently wants to seek approval must submit a new application.

1.12 Emergency approval

1.12.1 Purpose and limitations

The emergency approval of resource families is used to ensure children experience the least amount of disruption in their lives when being removed from their homes and entering the foster care system. When a prospective caretaker is identified who is not already approved as a foster parent, emergency approval requirements allow for the individual(s) to provide a home for the child while the process of approving the home is completed. An emergency approval requires a home visit (which may be completed when the child is brought to the home), criminal background checks, and a CPS Central Registry search (*which must occur prior to placement)*. An Emergency Approval letter should be completed and *placed* in the provider's file and a copy *should be* given to the provider.

1.12.1.1 Approval requirements

- An emergency approval of a provider may be granted when the placement:
  - Is with a relative;
  - Is with an adult known to the family; or
  - Will facilitate the child remaining in the community.
- Emergency approvals may only be used for **60 days**. By the end of the 60 days, the LDSS must either approve the home or place the child in an approved placement. Emergency approval should not be used when the identified caregiver does not wish to be approved as a provider.

- All resource families shall be held to the same standard of a fully approved home. Anything less than a fully approved resource home shall be insufficient to meet the Title IV-E eligibility requirements.

- This is a home where the child is likely to feel safe, have their physical needs met, and be comfortable with the caregiver(s).

- This caregiver is clear in understanding the expectations and information outlined in sections above.

- The caregiver conveys a commitment to the child and to keeping the child safe and will abide by the VDSS's requirements relating to the child's contact with the individuals from whom the child was removed.

1.12.1.2 Information the worker shall assess and document

1.12.1.2.1 Background checks

An emergency approval must include a written statement of affirmation disclosing any criminal and child abuse and neglect history in Virginia and any other state of residence within the past five (5) years, satisfactory findings on a Central Registry search, and at a minimum, a Virginia criminal name check of all household members over age 18. The worker must indicate that this check is specifically for the purposes of an emergency placement of a child in foster care.

1.12.1.2.2 Requirements

Within 72 hours of placing *a* child in home, the individuals with whom the child has been placed and all other adult household members must present themselves for fingerprinting *with the approved vendor.* The LDSS must submit the *required request for search of the CPS Central Registry and release of information form* to the State Office of Background Investigations for processing. Because emergency approvals often occur in crisis situations, agencies should give emergency providers specific instructions with time frames for completing this process.

1.12.1.2.3 Additional requirements

In addition to the above background check workers must also complete the following required forms when approving emergency placements for children. A copy of these forms must be placed in the provider's file:

- Foster Care Agreement

- Confidentiality Agreement

- Corporal Punishment Agreement
- Emergency Placement Information
- Emergency Approval Letter
- Emergency Approval for title IV-E reporting

1.12.2 Information for the emergency provider

Individuals who accept children on an emergency basis must be provided with the following information:

- LDSS contact information, including but not limited to, case worker name and phone number and after-hours contact information.
- Contact information including who the child may or may not have contact with and what type of contact is allowed (e.g., supervised visitation; phone contact; email; etc.).
- Information regarding the child's medical history and needs including allergies, immunizations, current medical treatment, the child's doctor's names and contact information and, when applicable, the child's medication.
- Educational information including provisions for getting the child to school and, if applicable, the plan for enrolling the child in a new school.
- The LDSS's plan for immediate follow-up regarding the child, including but not limited to, next worker visit to the home; school enrollment; medical follow-up; visitation between the child and family members including siblings.
- A review of and signing the Foster Care Agreement: Code of Ethics/Mutual Responsibility Agreement.
- A review and signing of the confidentiality agreement, including a discussion of the meaning of confidentiality.
- A discussion of the prohibition against the use of corporal punishment under any circumstances. Corporal punishment shall be defined and the caregiver must agree to refrain from all such methods of discipline. The Corporal Punishment Agreement must also be signed.
- The expectation and process for obtaining full approval as a provider and the next steps the LDSS will take to support the caregiver's decision to pursue full approval.

1.13 Respite provider approval

1.13.1 Purpose of respite placements

Respite care is a placement resource designed to provide relief to families caring for children by providing short-term substitute care for children. The purpose of respite care for provider families is to reduce foster home disruption and provide a stable foster care placement for the child. See Section 10.5 of the Foster Care Manual.

Respite placements may be used when a family emergency arises, in the event of an illness, to provide the foster family with time to spend with immediate family members and friends, or for foster parents to have some time to themselves. It may also be used to provide respite to support the needs of a child who is transitioning to an adoptive placement or stepping down from a more restrictive placement (i.e., congregate care setting) to a foster or adoptive home or to the home of a relative through regularly scheduled visits. Such visits may help evaluate appropriate matching of the child with the prospective family and ultimately reduce the number of placement disruptions. Relative respite care is a viable tool to help maintain vital family connections that are important in establishing and maintaining permanency. Relative respite care also may increase the possibility of relative adoption or custody of the child by relatives.

Individuals with whom a child may spend time socially (e.g., overnight stays with a friend, church camp, etc.) are not subject to approval as respite providers.

1.13.2 Approval of respite providers

- **Dual Approval:** Providers with full, dual approval may also provide respite care.
- **Respite Approval Only:** Providers approved for respite only must satisfy all requirements for dual approval with the exception of:
  - Of the 21 pre-service training core competencies required for fully-approved providers, only 13 specific core competencies are required for respite-only providers (see Section 1.5.6.2).
  - Provision of financial information.
- Re-approval of Respite Providers: LDSS workers should follow requirements for re-approval for respite providers as spelled out in Sections 1.9, 1.10, and 1.11.
- **In-service Training:** The LDSS shall provide opportunities annually for in-service training.

1.14 Provider's right to grieve

1.14.1 Allowable grievances

1.14.1.1 Provider approval

For initial approval or for provider re-approval, the applicant shall have the right to grieve the actions of the LDSS to the local board on issues related to their application to become a provider.

1.14.1.2 Child placement

Decisions on the placement of a specific child with a provider are not subject to grievance. The local board shall have the final authority to determine appropriate placement for children pursuant to § 16.1-278.2 of the Code of Virginia. Decisions regarding final adoptive placements are made by the circuit court pursuant to Chapter 12 (§ 63.2-1200 et seq.) of Title 63.2 of the Code of Virginia.

1.14.2 Grievance procedure

Each LDSS is responsible for developing procedures for addressing and resolving grievances filed by applicants or providers. Documentation of grievances filed and their resolution are to be kept in the provider/applicants' file.

1.15 Best practice

1.15.1 Recruiting providers

1.15.1.1 Basic principles

- Utilize data to drive recruitment, developing a profile of those children for whom the agency most needs families.
- Conduct utilization studies of provider families to determine priorities for targeted recruitment of new families as well as the in-service needs of existing resource parents.
- Support and retention of current families is the most effective overall recruitment strategy.
- Focus on strengthening the LDSS's capacity for assessment and training of resource families prior to engaging in recruitment.

- Increase utilization of CRAFFT to bolster support and retention of existing families.

1.15.1.2 Balancing types of recruitment

A balanced recruitment plan incorporates a majority of targeted and child-specific recruitment, with a nominal amount of general recruitment.

- Conduct a minimal amount of general recruitment (e.g., 10%), using data to inform prospective families of the number, types, and needs of the children in foster care.
    - General recruitment typically serves as community education and creates an awareness of the foster care system and those it serves.
- Utilize targeted recruitment for the community at-large, focusing in on those populations whose characteristics match with the needs of the children currently in care.
    - Targeted recruitment should be used to develop a diverse pool of families who can receive and nurture children and youth as the agency works to establish permanence.
- Child-specific recruitment is child-focused, exploring existing connections when possible; the amount of child-specific recruitment needed is dependent upon the population of children in care, and is most effective for certain populations:
    - Youth who have lingered in care for more than two (2) years.
    - Large sibling groups.
    - Children with exceptional needs or circumstances.
    - All children and youth with TPR for whom permanence is not yet established.

In a proactive system, child-specific recruitment is a natural extension of the diligent searches that have been conducted throughout the life of a case for the purpose of establishing supports for the birth family and/or maintaining connections for the child.

1.15.1.3 Responding to inquiries

- Activities such as managing the initial phone call, information packets, and orientation sessions are extensions of recruitment.

- A welcoming, “screen in” approach is more effective than the traditional “screen out” practice (which turns away many viable families and reinforces a negative community image of DSS).

- Regularly scheduled information sessions (orientations) are better attended than sporadic scheduling.

- Tracking prospective families from the first phone call to completed approval minimizes “application drift,” ensures that all documentation is obtained, and provides the opportunity for follow-up with families for quality assurance.

1.15.1.4 Exploring other ways to serve children

All recruitment plans should include consideration of other service options for those individuals who cannot be approved as a foster, adoptive, or resource home, such as mentoring, volunteering, or in other ways providing service to children and youth.

1.15.2 Supporting and retaining resource families

1.15.2.1 Basic principles

- Resource families provide a service that the agency cannot; therefore, they should be treated with respect and valued as members of the child’s permanency team.

- Because children in the system of care often have exceptional needs, the families caring for them must have the services and supports that will enable them to provide appropriate care for children and connections to their families.

- Support and retention of currently-approved families is the single most effective recruitment strategy.

- Data regarding the utilization of resource families, their expressed needs for training and support, and their overall level of satisfaction should be collected and regularly used to inform both recruitment and retention activities.

1.15.2.2 Supporting placements

Providing a high level of information and support at both the early and ongoing stages of placement is critical in order for both the family and the agency to meet a child’s needs.

- The very first placement a family experiences after approval should be given extra time and responsiveness to assist the family in putting their training into practice, making the needed adjustments to their home and schedule to meet the child's needs, preparing for and responding to their own children's needs during this transition, and beginning the early work of maintaining the connection between the child and the birth family.

- All relevant information about the child (and where appropriate, the birth parents) should be shared with resource parents caring for that child; without it, they are unable to meet the child's needs, and this inability undermines placement stability.

- The LDSS should *c*reate opportunities for resource families and the child's family to develop ongoing relationships in service of safety, permanency, and well-being for children in care. This relationship should be regarded as a priority, facilitated by the agency, and valued by the child's permanency team.

- When appropriate, planned or emergency respite should be used to provide resource families with opportunities to take care of themselves and nurture marital and family relationships.

- In cases where a foster child has caused extensive damage to the property of the resource family, the LDSS should explore the use of the contingency fund to reimburse the resource parent for associated expenses.

1.15.2.3 Valuing resource families

As the providers of the child's daily care, resource parents possess a unique perspective and should be regarded as persons with expertise about the child. They should be treated as valued members of the child's permanency team.

- Communication is a fundamental component of teamwork with resource families, requiring prompt efforts and a high level of overall customer service.

- Providing timely notification of court hearings, team meetings, visits, etc. allows families to plan schedules and prepare accordingly, and displays a fundamental level of respect for the family.

- Support and respond to the needs of resource families in a timely manner, including providing ongoing training and linking them to community resources.

- Ensure that training and support activities are driven by family needs and incorporate a variety of topics; utilize CRAFFT to connect families to training opportunities.

- Utilize an ongoing process to gather information about the needs of resource families and their overall satisfaction level regarding their relationship with the agency.

- Recognize and acknowledge resource families for their expertise and service.

1.16 Appendix A: Forms, tools, and resources

1.16.1 Forms

The following forms may be accessed at:

http://fusion.dss.virginia.gov/divisions/dfs/resource_family/index.cgi

1.16.1.1 Required forms

- Certificate of Approval (LDSS) 032-03-136-1 eng
- Checklist for Initial Provider Approval 032-04-0054-01-eng
- Foster Care Agreement: Code of Ethics 032-04-0028-00-eng
- Confidentiality Agreement 032-04-0055-00-eng
- Corporal Punishment Agreement 032-04-0056-00-eng
- *Department-Approved Provider Application 032-04-0051-02-eng*
- Emergency Approval Letter 032-04-0058-01-eng
- Emergency Placement Information Form 032-04-0059-00-eng
- Emergency Plans Form 032-04-0064-01-eng
- Physical Examination Report 032-04-0061-00-eng
- Pre-Service Competency Checklist 032-04-0062-00-eng
- Re-approval Checklist for Family Renewal 032-04-0063-00-eng
- Request to Discontinue Reprints 032-04-0020-03-eng
- Sworn Statement 032-05-0973-00-eng
- Variance Request Form 032-04-0053-01-eng

1.16.1.2 Suggested forms

- Addendum Template (Mutual Family Assessment) 032-04-0065-00-eng
- Mutual Family Assessment Template 032-04-0060-01-eng

- Provider Approval Budget 032-14-0003-00-eng (05/12) see Appendix B
- Reference Request Form 032-14-0002-00-eng (05/12) see Appendix C

1.16.2 Tools and resources

AdoptUsKids

Answering the Call Guidebooks & Publications

For training and technical assistance resources (Includes links to many online resources regarding promising practices)

To subscribe to monthly E-Notes newsletter

Annie E. Casey Foundation

Family to Family – Foster Care Reform

Family to Family Resources & Publications

Recruitment, Training, and Support Manual

Family to Family Initiative DVD (includes four videos in English and Spanish: Building Partnerships in Child Welfare; Team Decision making: Involving Family and Community in Child Welfare Decisions; Voices of Youth: Supporting Adolescents in Foster Care; and Make a Difference (Resource Family Recruitment and Support).

Child Welfare Information Gateway

Foster Parenting: Resources for Child Welfare Caseworkers and Professionals

Adoption Resource

Dave Thomas Foundation

Many free resources including guidebooks, posters, and DVDs

DHHS Children's Bureau Express newsletter (current issue and links to previous issues)

To subscribe to Children's Bureau express and/or other federal newsletters

National Child Welfare Resource Center for Adoption

Roundtable newsletter and subscription information

National Child Welfare Resource Center for Family Centered Permanency Planning (Hunter College)

"Hot Topics" links a huge amount of resources on many aspects of out-of-home care, and lots of youth permanency resources

Various newsletters available, including Weekly Update; to view or subscribe

Relative Mining: Finding and Engaging Kin and Other Caring Adults
Detailed Family Finding and Engagement Guides

Catholic Community Services of Western Washington and EMQ Children & Family Services. (2008). Family Search & Engagement: A Comprehensive Practice Guide

Child Focus. (2007). Making Relative Search Happen. A Guide to Finding and Involving Relatives at Every Stage in the Child Welfare Process.

Iowa Foster & Adoptive Parents Association. (2008). Completing the Circle: Uncovering, Discovering & Creating Connections for Your Children.

Louisell, Mardith J., (2008). Six Steps to Find a Family: A Practice Guide to Family Search and Engagement.

Other Helpful Resources:

Casey Family Programs. (2007). Supporting Kinship Care Promising Practices and Lessons Learned Breakthrough Series Collaborative.

Child Welfare Information Gateway. (2008). Placement of Children With Relatives.

Conway, T. and Hutson, R. (2007). Is Kinship Care Good for Kids?

Iowa Department of Human Services. (2007). Relative Search & Placements Practice Bulletin.

Minnesota Department of Human Services. Relative Search Best Practice Guide.

National Resource Center for Family-Centered Practice and Permanency Planning - Kinship/Relative Care Resources

1.17 Appendix B: Provider Approval Budget Sheet

Provider Approval Budget Sheet

Monthly Income:

1. $_____ (net or gross) Source: _____
2. $_____ (net or gross) Source: _____
3. $_____ (net or gross) Source: _____
4. $_____ (net or gross) Source: _____

$_____ TOTAL MONTHLY INCOME

Monthly Expenses:

Mortgage/Rent	$_____	Cable/Satellite	$_____
Utilities	$_____	Internet Service	$_____
Groceries	$_____	Car Payment(s)	$_____
Phone(s)	$_____	Credit Cards(s)	$_____
Insurance(s)	$_____	Misc./Other	$_____

$ _____ TOTAL MONTHLY EXPENSES

I certify the above information to be true and accurate.

Signature (Provider) Date

Signature (Provider) Date

1.18 Appendix C: Reference Request Form

Reference Request Form

Date: _____

To the Reference Provider: Name: _____
Address: _____
Phone #: _____

_____(Name of individual or family)_____ has applied to be a _____(Type of Resource)_____ for a child or children in the custody of _____(LDSS name)_____. Your name was provided as a reference, and you are being requested to reply to the following questions. If for some reason you cannot comply with this request, please call _____ at _____ ASAP.

Please return this form to: LDSS_____
Address: _____
City/Zip Code: _____

1. What is your relationship to the applicant(s)?

2. How long have you known the applicant(s)

3. Have you seen the applicant(s) interact with children, and if so, how would you describe their skills and abilities with children?

4. What information can you provide about the applicant(s)' general character, including such factors as personality, temperament and reputation?

5. Please describe any personal characteristics that would positively or negatively impact their ability to provide care to a child not born into their family.

6. Knowing the individual or family as you do, are there any particular supports or training that you would recommend in order to make this an excellent placement for children?

7. What else, if anything, would you like to add that you may not have been able to address in the previous questions?

8. Finally, do you recommend this individual or family be approved as _____?

The information you are providing is an important part of the application process and important to children who need a family to support them. Your time is greatly appreciated.

Local department worker
(name)_____
Contact Information if different than above: _____