

310 SURVEY FORM

Yes	No	NA	Regulatory Requirement	Tag #
			National accreditation - 2 years after initial licensure or within 2 years of acquiring an agreement with the Cabinet, whichever is later (COA, JCAHO, etc.)	2403
			Board of directors: <ul style="list-style-type: none"> <input type="checkbox"/> Seven (7) members <input type="checkbox"/> Meet quarterly <input type="checkbox"/> Written meeting minutes <input type="checkbox"/> Ensure continuing compliance with the regulations <input type="checkbox"/> Approve a mission statement to include <input type="checkbox"/> Purpose, objective, scope of services and intake policy/type of child to be accepted for care <input type="checkbox"/> Hire, supervise and annually evaluate the executive director <input type="checkbox"/> Written duties of the executive director 	2411
			Executive director shall: <ul style="list-style-type: none"> <input type="checkbox"/> Be responsible for the agency/affiliates/written policies/procedures <input type="checkbox"/> Oversee all aspects of the agency <input type="checkbox"/> Report to the board quarterly <input type="checkbox"/> Evaluation of program services <input type="checkbox"/> Measurement of attainment of objective <input type="checkbox"/> Staff training <input type="checkbox"/> Incident reports <input type="checkbox"/> Process to evaluate program services/approved annually by board <input type="checkbox"/> Designated staff person shall be responsible for day to day operation of the program if the executive director is not available 	2421
			Executive director (ED) shall: <ul style="list-style-type: none"> <input type="checkbox"/> Master's degree and two (2) years experience in human services; or <input type="checkbox"/> Bachelor's degree and four (4) years exp. in human services program Social Work; Sociology; Psychology; Guidance and counseling; Education; Religious education; Business administration; Criminal Justice; Public administration; Child-care administration; Nursing; Family Studies; or another human service field related to working with families and children	2431
			Program director (PD) shall: <ul style="list-style-type: none"> <input type="checkbox"/> Agency must have one (1) member of the staff designated as program director <input type="checkbox"/> Master's degree in human services field (listed above); or <input type="checkbox"/> Bachelor's degree and two (2) years exp. working with a child/family <input type="checkbox"/> Supervise social service staff 	2441
			Social Services Worker (SSW) shall: <ul style="list-style-type: none"> <input type="checkbox"/> Responsible for social work, counseling or plan/coordinate services <input type="checkbox"/> Bachelor's degree in social work or human services field <input type="checkbox"/> Caseload of twenty (20) children (refers to basic care/see matrix) 	2451 2501
			Treatment Director (TD) shall: <ul style="list-style-type: none"> <input type="checkbox"/> Oversee the day to day operation of the treatment program <input type="checkbox"/> Master's degree and five (5) years in mental health treatment with a minimum of three (3) years in mental health treatment of children with emotional or behavioral disabilities and their families <input type="checkbox"/> In TFC, TD shall carry out approval and evaluation of services 	2461 2491
			Contractual Social Services Worker shall: <ul style="list-style-type: none"> <input type="checkbox"/> Documentation that s/he meets tag 2451 <input type="checkbox"/> Agreement on file/provision of service/qualifications of SSW 	2471
			Program director shall supervise social service staff	2481
			TFC: a person meeting the qualifications of a treatment director shall carry out approval and evaluation of services.	2491

		Social services staff shall not carry a caseload of more than twenty (20) children (refers to basic care/see matrix)	2501
		Agency shall have and comply with written personnel policies and procedures	2511
		An employee shall: <ul style="list-style-type: none"> <input type="checkbox"/> Be at least eighteen (18) years of age; <input type="checkbox"/> Submit to a CRC in accordance with KRS 17.165 <input type="checkbox"/> Submit to a CA/N in accordance with 922 KAR 1:470; and <input type="checkbox"/> Submit to a new CRC and CA/N once every two (2) years 	2521
		Agency shall not employ a person or allow a person to volunteer in a position involving direct contact with a child If a substantiated allegation of abuse, neglect, or exploitation of a child has been made against that person	2531
		The cabinet shall respond to allegations of abuse, neglect, or exploitation of a child	2541
		A current personnel record shall be maintained for an employee that includes the following: <ul style="list-style-type: none"> <input type="checkbox"/> Name, address, Social Security number, employment date, & date of birth <input type="checkbox"/> Evidence of qualifications, including degree from a college or university, current registration, certification, or licensure; <input type="checkbox"/> Record of participation in staff development; <input type="checkbox"/> Record of performance evaluation; <input type="checkbox"/> Criminal records and central registry checks <input type="checkbox"/> Record of a physical exam related to employment, as specified in agency's policies and procedures; <input type="checkbox"/> Personnel action; <input type="checkbox"/> Application for employment, resume, or contract; and <input type="checkbox"/> Evidence of personnel orientation 	2551
		Agency shall have an ongoing staff development program under the supervision of a designated staff member	2561
		An employee under indictment, legally charged with felonious conduct, or subject to a cabinet investigation in accordance with 922 KAR 1:330 shall: <ul style="list-style-type: none"> <input type="checkbox"/> Be immediately removed from contact with a child; and <input type="checkbox"/> Not be allowed to work with the child until: <ul style="list-style-type: none"> <input type="checkbox"/> A prevention plan has been written and approved by a designated regional cabinet staff <input type="checkbox"/> The person is cleared of the charge; or <input type="checkbox"/> A cabinet investigation reveals an unsubstantiated finding, if the charge resulted from an allegation of child: abuse; neglect; or exploitation 	2571
		Unless a volunteer is a practicum student, a volunteer who performs a similar function as paid staff shall meet the same requirements and qualifications	2581
		Practicum students and volunteers shall: <ul style="list-style-type: none"> <input type="checkbox"/> Be at least eighteen (18) years of age; <input type="checkbox"/> Submit to a CRC in accordance with KRS 17.165 <input type="checkbox"/> Submit to a CA/N in accordance with 922 KAR 1:470; and <input type="checkbox"/> Submit to a new CRC and CA/N once every two (2) years <input type="checkbox"/> Not have a substantiated CA/N 	2583

		<p>A current personnel record shall be maintained for a practicum student or volunteer that includes the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name, address, Social Security number, starting date, and date of birth <input type="checkbox"/> Evidence of qualifications if the volunteer performs a similar function as paid staff Criminal records and central registry checks 	2585
		<p>Prior to accepting a child from another state or prior to placing a child outside Kentucky, the agency shall comply with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> KRS 615.030 to 615.040, Interstate Compact on Placement of Children; <input type="checkbox"/> KRS 615.010, Interstate Compact Regarding Juveniles; and (c) 42 U.S.C. 671(a)(23) 	2591
		<p>If a child committed to the cabinet makes a brief visit out of state, not accompanied by agency personnel, the agency shall obtain prior consent of designated regional cabinet staff</p>	2601
		<p>Agency shall comply with tag 2591 if a child placed with the agency visits or receives respite care in another state for a period to exceed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thirty (30) days; or <input type="checkbox"/> The child's school vacation period 	2611
		<p>If an emergency placement of a child into a licensed agency is made, the placement source shall be responsible for compliance with Interstate Compact</p>	2621
		<p>Agency shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete a home study <input type="checkbox"/> Approve the home prior to the placement of a child 	2631
		<p>Home study shall include the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A personal interview with each member of the applicant's household <input type="checkbox"/> Assessment of the attitude of each member of the applicant's household toward the placement of a child into the home or adoption <input type="checkbox"/> Observations of the functioning of the applicant's household, including interpersonal relationships and patterns of interaction <input type="checkbox"/> The applicant's ability to accept a child's relationship with the child's family of origin <p>Proof of the applicant's:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identity, such as a federally or state-issued photo identification card <input type="checkbox"/> Age of twenty-one (21) years or older, unless an exception is granted <input type="checkbox"/> United States citizenship, such as a birth certificate, or legal alien status, such as a permanent resident card, as described in 8 U.S.C. 1151 	2641
		<p>A statement for each member of the applicant's household that shall be signed by a licensed physician or licensed health care professional verifying that the individual:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is free of a communicable or infectious disease; and <input type="checkbox"/> Has no illness or condition that would present a health or safety risk to a child placed in the applicant's home; <input type="checkbox"/> A signed statement by a licensed physician or licensed health professional regarding the applicant's physical ability to provide necessary care for a child 	2651
		<p>Verification that the applicant has a source of income separate from Foster care reimbursement; or Adoption assistance</p>	2661
		<p>Three (3) personal references who:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not related to the applicant; and <input type="checkbox"/> Interviewed by the agency staff in person, by telephone; or provide letters of reference for the applicant 	2671
		<p>Verification that the applicant's financial stability has been assessed and approved in accordance with the agency's written policies and procedures</p>	2681
		<p>Documentation of any interview with an adult child of the applicant, who does not live in the applicant's home, regarding the applicant's parenting history</p>	2691

		<p>Verification from the applicant regarding a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Previous divorce <input type="checkbox"/> Death of a spouse; or <input type="checkbox"/> Present marriage 	2701
		<p>If the applicant does not have custody of the applicant's own child:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A copy of a visitation order <input type="checkbox"/> A copy of a child support order; and <input type="checkbox"/> Proof of current payment of child support 	2711
		<p>Proof of background checks on applicant and any member of the household to include the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> KY Criminal Records Check (AOC or State Police)-(18 and over) Dates:_____ <input type="checkbox"/> Child Abuse or Neglect (Cabinet)-(12 and over) Dates:_____ <input type="checkbox"/> CRC by means of fingerprint to KSP and FBI (NCID Check) –This only applies to applicants after 07/01/08. This applies to new adults moving into the home even if it does not apply to the foster parent due to prior to 07/01/08. If international check completed by federal gov't, NCID not required. Dates:_____ 	2721
		<p>Documentation that the applicant has access to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transportation that meets the child's needs; <input type="checkbox"/> School <input type="checkbox"/> Recreation <input type="checkbox"/> Medical care; and <input type="checkbox"/> Community facilities 	2731
		<p>Documentation that if the applicant or household member will be transporting a foster child, proof that the individual possesses a valid driver's license and has automobile or driver's insurance coverage</p>	2741
		<p>Documentation that the applicant's home:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not present a hazard to the health and safety of a child <input type="checkbox"/> Is well heated and ventilated <input type="checkbox"/> Complies with state and local health requirements regarding water and sanitation <input type="checkbox"/> Provides in- or out-of-door recreation space appropriate to the developmental needs of a child placed in the applicant's home 	2751
		<p>Documentation of Verification that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No more than four (4) children, including the applicant's own children, shall share a bedroom; and <input type="checkbox"/> A foster parent shall not share a bedroom with a child in the custody of a state agency, unless prior approval is obtained from the state agency 	2761
		<p>Documentation of Verification that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> An individual bed is provided for each child in the home <input type="checkbox"/> If the child is under age one (1), is a crib that meets the Consumer Products Safety Commission Standards pursuant to 16 C.F.R. 1508 and 1509; and <input type="checkbox"/> Is age and size appropriate for the child 	2771
		<p>Documentation of Verification that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medication is locked, unless an exception is granted (tag 2885) <input type="checkbox"/> The following are inaccessible to a child: <ul style="list-style-type: none"> <input type="checkbox"/> Alcoholic beverages; <input type="checkbox"/> Poisonous or hazardous materials; and <input type="checkbox"/> Ammunition and firearms (locked & stored separately =PCC contract) 	2781

		<p>Documentation of Verification that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> First aid supplies with unexpired dates available and stored in a place easily accessible by the foster parent <input type="checkbox"/> A working telephone; and <input type="checkbox"/> A working smoke alarm within ten (10) feet of each bedroom 	2791
		<p>Documentation that if a business open to the public adjoins the applicant's household, consideration of potential negative impacts on the child and family, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hours of operation <input type="checkbox"/> Type of business <input type="checkbox"/> Clientele 	2801
		<p>Documentation that if an applicant was approved to foster or adopt a child by another agency or the cabinet and the applicant's home was closed, verification of the closure and a statement to indicate whether the closure was at the request of the applicant or the agency.</p>	2806
		<p>Exception to 21 years old age requirement:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Between 18 and 21 years old <input type="checkbox"/> Relative to child <input type="checkbox"/> Able to meet the needs of child to be placed in the home 	2811
		<p>For each potential applicant evaluated, the agency shall keep a written record of the findings of the home study and the evidence on which the findings are based</p>	2821
		<p>Following approval as a foster home, the approving agency may request written approval from the state agency with custody of the child, for the foster home to provide services as a certified:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provider of Supports for Community Living (907 KAR 1:145) <input type="checkbox"/> Therapeutic foster care provider for adults (907 KAR 3:030); or <input type="checkbox"/> Family child care home (922 KAR 2:100)(DRCC Certified Home/6 or fewer/nonrelated) 	2831
		<p>Except for approval for the services listed in tag 2831, the foster home shall not simultaneously provide day care center services (922 KAR 2:090) or be used as a licensed or certified health care or social service provider</p>	2841
		<p>A DCBS P&P worker shall be prohibited from becoming a foster parent or respite care provider for a child in the custody of the cabinet, unless the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employee was a foster parent or respite care provider for the child at the time employment with protection and permanency services began; <u>and</u> <input type="checkbox"/> Commissioner approves, in writing, the employee to be a foster parent or respite care provider for the child 	2851
		<p>A DCBS P&P worker may apply to adopt a child in the custody of the cabinet if the employee had:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No relationship with the child or a parent of the child prior to the termination of parental rights in accordance with KRS Chapter 625, unless the employee is a relative of the child; or <input type="checkbox"/> Adopted a sibling of the child available for adoption; <u>and</u> <input type="checkbox"/> Commissioner approves, in writing, the employee to adopt 	2861
		<p>Agency shall develop written policies/procedures regarding employees of the agency serving as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A foster parent; <input type="checkbox"/> An adoptive parent; or <input type="checkbox"/> A respite care provider 	2871
		<p>Agency shall develop written policies/procedures to address the prevention or appearance of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A conflict of interest; or <input type="checkbox"/> Misuse of influence 	2881

		<p>An exception can be made to medication being locked if:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exception is documented in ITP of child <input type="checkbox"/> Child is learning to self-administer medicine under supervision of foster parent/other caretaker <input type="checkbox"/> Measures are taken to prevent unauthorized access by another child in home 	2885
		<p>If an applicant is currently approved as a foster home, adoptive home, or respite care provider by a state agency or another agency, an agency shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conduct a home study <input type="checkbox"/> Documentation that the applicant meets training requirements (ie: foster care, therapeutic foster care, medically-fragile, orientation & preparation curriculum); and <input type="checkbox"/> If an applicant lacks training, the agency shall, prior to placement of a child in the home: <ul style="list-style-type: none"> <input type="checkbox"/> Provide training (ie: foster care, therapeutic foster care, medically-fragile, orientation & preparation curriculum); or <input type="checkbox"/> Develop an individualized curriculum to fulfill unmet training needs; <u>and</u> <input type="checkbox"/> Document the applicant's compliance with the individualized curriculum 	2888
		<p>Agency shall develop and maintain an orientation and preparation curriculum to be kept on file</p>	2891
		<p>Minimum of 24 hours of orientation and preparation for non-therapeutic foster care:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Program description with mission statement <input type="checkbox"/> Rights/responsibilities of FC home <input type="checkbox"/> Background info about child/child's family <input type="checkbox"/> An example of an actual experience from a foster parent that has fostered a child <input type="checkbox"/> Stages of grief <input type="checkbox"/> Behaviors linked to each stage of grief <input type="checkbox"/> Long-term effects of separation & loss <input type="checkbox"/> Permanency planning, including independent living services <input type="checkbox"/> Importance of attachment on growth & development/how a child may maintain or develop a healthy attachment <input type="checkbox"/> Family functioning, values, and expectations of a FC home <input type="checkbox"/> Cultural competency <input type="checkbox"/> How a child enters & experiences foster care/importance of achieving permanency <input type="checkbox"/> Importance of birth family & culture/helping children leave foster care <input type="checkbox"/> Identification of changes that may occur in the home if placement occurs: <ul style="list-style-type: none"> <input type="checkbox"/> Family adjustments/disruption <input type="checkbox"/> Identity issues <input type="checkbox"/> Discipline issues/child behavior management <input type="checkbox"/> Specific requirements/responsibilities of a foster parent 	2901
		<p>Maintain an ongoing foster home preparation and training program that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provides a minimum of six (6) hours foster home training annually; and <input type="checkbox"/> Maintains a record of preparation and training completed 	2911
		<p>Agency shall place a child only in an approved foster home</p>	2921
		<p>If a child has been committed to DJJ for the commission of a sex crime, the child must be kept in a separate foster home from a child committed to the Cabinet</p>	2926
		<p>Agency shall select a foster home for a child based upon the individual needs of the child, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The child's assessment and ITP, if available; <input type="checkbox"/> Any information concerning the child's needs in placement <input type="checkbox"/> Measures to support the safety of the child, such as tag 2926, or another child in the foster home 	2931

		A child shall participate in the intake process and in the decision that placement is appropriate, to the extent that the child's age, maturity, adjustment, family relationships, and the circumstance necessitating placement justify the child's participation	2941
		Unless an exception is granted: <input type="checkbox"/> The number of children residing in an agency foster home shall not exceed six (6), including the foster parent's own children <input type="checkbox"/> The number of children residing in an agency foster home that cares for a child in the custody of the cabinet shall not exceed five (5), including the foster parent's own children	2951
		Unless an exception is granted: <input type="checkbox"/> Maximum of two (2) children under two (2) years of age placed in the same foster home at the same time, with the exception of a sibling group, who may remain together	2961
		Justification for an exception shall be: <input type="checkbox"/> Documented in the foster parent file; and <input type="checkbox"/> Authorized by the program director. <input type="checkbox"/> If child is in custody of DCBS, the agency must submit a written justification for an exception within 10 working days of placement, to the SRA in the Region where the home is located, to include the following forms: <input type="checkbox"/> DPP-112-A, Placement Exception Request) <input type="checkbox"/> DPP-112-B, Resource Foster Exception Plan) documenting the: <input type="checkbox"/> Reason the placement is in the best interest of the child; and <input type="checkbox"/> Specific support services to be provided	2971
		Within thirty (30) days of a child's placement, develop: DATE: _____ <input type="checkbox"/> An ITP based upon the individual needs of the child and, if appropriate, the child's family, which addresses the: <input type="checkbox"/> Visitation, health, and educational needs of the child <input type="checkbox"/> Child's permanency goals and related objectives <input type="checkbox"/> Methods for accomplishing each goal and objective; and <input type="checkbox"/> Designation of an individual or individuals responsible for completion of each goal and objective	2981
		Within thirty (30) days of a child's placement, develop: DATE: _____ <input type="checkbox"/> A supervision plan for the child which: <input type="checkbox"/> Is attached to the child's ITP; <input type="checkbox"/> Identifies the current supervision needs of and expectations for the child based upon the child's recent and past: <input type="checkbox"/> Incidents; <input type="checkbox"/> High-risk behaviors; and <input type="checkbox"/> Needs identified in the assessment conducted pursuant to <input type="checkbox"/> paragraph (a) of this subsection	2984
		Supervision plan includes: <input type="checkbox"/> Goals & objectives for child's improvement with tasks assigned to agency & foster parent <input type="checkbox"/> Signed & dated by the social service worker & foster parent <input type="checkbox"/> Remain part of child's record	2986
		Quarterly reviews of ITP & supervision plan (or more frequently if child's needs/circumstance dictate) Jan _____ Feb _____ Mar _____ Apr _____ May _____ June _____ July _____ Aug _____ Sept _____ Oct _____ Nov _____ Dec _____	2988
		Written agreement between the agency & the foster home stating: <input type="checkbox"/> Responsibilities of agency and foster home <input type="checkbox"/> Terms of each placement	2991
		Written documentation that foster home will allow agency/Cabinet supervision	3001

		Written documentation of placements in the foster home file	3011
		Report immediately to the state agency which has custody of the child if there is: <ul style="list-style-type: none"> <input type="checkbox"/> A life-threatening accident or illness; <input type="checkbox"/> An absence without official leave (AWOL); <input type="checkbox"/> A suicide attempt <input type="checkbox"/> Criminal activity by the child requiring notification of law enforcement; <input type="checkbox"/> Death; or <input type="checkbox"/> Possession of a deadly weapon by a child 	3021
		Report, if applicable, within two (2) business days to the state agency which has custody of the child if there is a: <ul style="list-style-type: none"> <input type="checkbox"/> Change in address <input type="checkbox"/> Change in the number of people living in the home; or <input type="checkbox"/> Significant change in the foster home, such as changes in health or income status of an individual living in the foster home 	3031
		Establish policies/procedures for supervision of a foster home by a worker other than the social services worker assigned to the foster home, who meets same qualifications to include: <ul style="list-style-type: none"> <input type="checkbox"/> Frequency of an in-home visit with the foster parent <input type="checkbox"/> Means of supervision <input type="checkbox"/> Methods of supervision; and <input type="checkbox"/> Personnel conducting the supervision <input type="checkbox"/> Ensure a foster child ' s placement stability and safety; and <input type="checkbox"/> Be individualized, as needed, for the child or foster home <p>In-home visits with foster parents by supervisory personnel (other than assigned social service worker), according to agency policy: Jan_____Feb_____Mar_____Apr_____May_____June_____ July_____Aug_____Sept_____Oct_____Nov_____Dec_____</p>	3041
		Agency shall identify and make available necessary supports to a foster home, including: <ul style="list-style-type: none"> <input type="checkbox"/> A plan for respite care in accordance with Interstate Compact/Placement <input type="checkbox"/> 24 hour Crisis Intervention <input type="checkbox"/> A foster home support group 	3051
		Assure that a child receives care and services, including independent living services: <ul style="list-style-type: none"> <input type="checkbox"/> Provided for a child, 12-21 years old, who is in state's custody - directly or indirectly through foster parent; and <input type="checkbox"/> As prescribed by the child ' s needs as assessed in the child ' s ITP 	3061 4001
		Agency shall provide information to a foster parent regarding the behavior and development of the child placed by the agency	3071
		Agency informs foster parent of: <ul style="list-style-type: none"> <input type="checkbox"/> Inappropriate sexual acts/sexual behavior of a foster child as specifically known to the agency <input type="checkbox"/> Any behaviors that indicate a safety risk for the placement 	3081
		Agency shall document each effort to: <ul style="list-style-type: none"> <input type="checkbox"/> Protect the legal rights of the family and the child; and <input type="checkbox"/> Maintain the bond between the child and the child's family, in accordance with the child ' s permanency plan 	3091
		Agency assures child has clothing that is comparable in quality/variety to that worn by other children with whom the child may associate/exclusive use	3101
		School progress/attendance is monitored by the agency	3111
		Psychological, psychiatric, vocational counseling, or other services are secured if indicated by the child's needs	3121

		Placement/permanency goals reassessed & documented in ITP quarterly, including independent living services: Jan_____ Feb_____ Mar_____ Apr_____ May_____ June_____ July_____ Aug_____ Sept_____ Oct_____ Nov_____ Dec_____	3131
		Face-to-face monthly visits by agency with the child conducted and documented: Jan_____ Feb_____ Mar_____ Apr_____ May_____ June_____ July_____ Aug_____ Sept_____ Oct_____ Nov_____ Dec_____	3141
		Agency shall maintain foster care records in accordance with Section 18 of this administrative regulation	3151
		Without prior notification to and written authorization from the Kentucky Interstate Compact Administrator, a child shall not be: <input type="checkbox"/> Placed with a family that normally resides in another state; or <input type="checkbox"/> Permitted to go with a person to take up residence in another state	3161
		Foster parent annually evaluated for compliance with the responsibilities listed in the foster child's ITP and supervision plan. Results to be recorded in the foster parent file. DATE:_____	3171
		Factors that shall result in a review of a foster home shall include: <input type="checkbox"/> Death or disability of a family member; <input type="checkbox"/> Sudden onset of a health condition that impairs a foster parent's ability to care for a child placed in the home; <input type="checkbox"/> Change in marital status or home address; <input type="checkbox"/> Sudden, substantial decrease in, or loss of, income; <input type="checkbox"/> Child birth; <input type="checkbox"/> Use of a form of punishment that includes: <input type="checkbox"/> Cruel, severe, or humiliating actions; <input type="checkbox"/> Corporal punishment inflicted in any manner; <input type="checkbox"/> Denial of food, clothing, or shelter; <input type="checkbox"/> Withholding implementation of the child's ITP; <input type="checkbox"/> Denial of visits, telephone or mail contacts with family members, unless authorized by court of competent jurisdiction; and <input type="checkbox"/> Assignment of extremely strenuous exercise or work; <input type="checkbox"/> A report of abuse, neglect, or dependency that results in a finding that is: <input type="checkbox"/> Substantiated; or <input type="checkbox"/> Reveals concern regarding the care of the child; <input type="checkbox"/> If the foster parent is cited with, charged with, or arrested due to a violation of law other than a minor traffic offense; <input type="checkbox"/> An incident required to be reported in tags 3021, 3031, 3671, 3681 or <input type="checkbox"/> Other factors identified by a child-placing agency that jeopardize the physical, mental, or emotional well being of the child	3181
		Review of a foster home shall document : <input type="checkbox"/> Current composition of the household <input type="checkbox"/> Description of the situation that initiated the review <input type="checkbox"/> An assessment of the family functioning to determine if the child's needs are met <input type="checkbox"/> Corrective action that may include a recommendation for closure of the foster home	3191
		Agency maintains the orientation and preparation curriculum on file	3201

		<p>Minimum of 36 hours of orientation and preparation for therapeutic foster care:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Program description with mission statement <input type="checkbox"/> Rights/responsibilities of TFC home <input type="checkbox"/> Background info about child/child's family <input type="checkbox"/> An example of an actual experience from a foster parent that fostered a child <input type="checkbox"/> Information regarding: <ul style="list-style-type: none"> <input type="checkbox"/> Stages of grief <input type="checkbox"/> Behaviors linked to each stage of grief <input type="checkbox"/> Long-term effects of separation & loss <input type="checkbox"/> Permanency planning, including independent living services <input type="checkbox"/> Importance of attachment on growth & development/how a child may maintain or develop a healthy attachment <input type="checkbox"/> Family functioning, values, & expectations of a therapeutic FH <input type="checkbox"/> How a child enters & experiences foster care/importance of achieving permanency <input type="checkbox"/> Importance of birth family & culture/helping children leave foster care <input type="checkbox"/> Identification of changes that may occur in the home if placement occurs: <ul style="list-style-type: none"> <input type="checkbox"/> Family functioning <input type="checkbox"/> Family adjustment <input type="checkbox"/> Identity issues <input type="checkbox"/> Discipline issues/child behavior management <input type="checkbox"/> Family disruption <input type="checkbox"/> Specific requirements/responsibilities of a TFC home <ul style="list-style-type: none"> <input type="checkbox"/> Behavior management <input type="checkbox"/> Communication skills <input type="checkbox"/> Skill teaching <input type="checkbox"/> Cultural competency <input type="checkbox"/> Behavior management de-escalation techniques <input type="checkbox"/> Dynamics of the sexually-abused child <input type="checkbox"/> Effect of chemical abuse/dependency by child/child's biological parent 	3211
		A TFC home shall receive a minimum of 24 hours of annual training	3221
		Agency maintains a records of preparation and training completed	3231
		<p>TFC home shall accommodate the needs of a child who:</p> <ul style="list-style-type: none"> <input type="checkbox"/> May benefit from care in a family setting; and <input type="checkbox"/> Has clinical or behavioral needs that exceed supports available in a foster home; or <input type="checkbox"/> Is transitioning from group care as part of the process of returning to family and community 	3241
		<p>Unless an exception is granted: TFC home with no DCBS children</p> <ul style="list-style-type: none"> <input type="checkbox"/> Limited to 6 children, including no more than 2 therapeutic level children 	3251
		<p>Justification of exception to tag 3251:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documented in the file <input type="checkbox"/> Authorized by treatment director 	3261
		<p>Unless an exception is granted: TFC with DCBS children</p> <ul style="list-style-type: none"> <input type="checkbox"/> Limited to 4 children, including no more than 2 therapeutic level children 	3271
		<p>Justification for an exception shall be:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documented in the foster parent file; and <input type="checkbox"/> Authorized by the program director. <input type="checkbox"/> If child is in custody of DCBS, the agency must submit a written justification for an exception within 10 working days of placement, to the SRA in the Region where the home is located, to include the following forms: <ul style="list-style-type: none"> <input type="checkbox"/> DPP-112-A, Placement Exception Request) <input type="checkbox"/> DPP-112-B, Resource Foster Exception Plan) documenting the: <ul style="list-style-type: none"> <input type="checkbox"/> Reason the placement is in the best interest of the child; and <input type="checkbox"/> Specific support services to be provided 	3281

		Treatment director must supervise treatment team, participate in development of ITP, & participate in quarterly case consultation	3291
		Therapeutic services at least 2 X per month – provided by the agency or contracted outside of the agency based on the child’s needs assessed in the child’s ITP including their psychological or psychiatric needs: Jan_____ Feb_____ Mar_____ Apr_____ May_____ June_____ July_____ Aug_____ Sept_____ Oct_____ Nov_____ Dec_____	3301
		TFC parent shall be responsible for: <input type="checkbox"/> Participation in the development of an assessment/ITP/supervision plan <input type="checkbox"/> Facilitation of in-home services w/SSW at least two (2) times per month <input type="checkbox"/> Adequate supervision of the child and implementation/components of the ITP, including daily log documentation as specified in the ITP; <input type="checkbox"/> Working with agency to promote stability and avoid disruption for the child <input type="checkbox"/> Working with agency in the development of a plan for the smooth transition of the child to a new placement, in the event of a disruption; and <input type="checkbox"/> Providing independent living services for a child 12 years of age or older consistent with a child's ITP	3311
		Except for a child who is the legal responsibility or in the custody of the cabinet or the Department of Juvenile Justice, the agency shall be responsible for: <input type="checkbox"/> A preplacement conference, nonemergency placement, for the purpose of: <input type="checkbox"/> Developing permanency goals and a discharge plan for the child, including independent living services; <input type="checkbox"/> Developing a plan for the implementation of services; <input type="checkbox"/> Identifying the treatment goals; and <input type="checkbox"/> Developing a behavior management plan if applicable; and <input type="checkbox"/> Inviting and encouraging attendance to the preplacement conference by: <input type="checkbox"/> The prospective therapeutic foster care home; <input type="checkbox"/> An approved respite care provider <input type="checkbox"/> The child, if appropriate; and <input type="checkbox"/> The child's family	3321
		<input type="checkbox"/> Social Services Worker has face-to-face visit with child and TFC parent on day of placement <input type="checkbox"/> Social Service Worker has face-to-face visit with child or TFC parent within 10 calendar days of placement - DATE: _____	3331
		<input type="checkbox"/> One TFC parent telephoned or visited weekly by social service worker <input type="checkbox"/> One TFC parent is visited 2 X month by social service worker - 1 visit must be in the home: Jan_____ Feb_____ Mar_____ Apr_____ May_____ June_____ July_____ Aug_____ Sept_____ Oct_____ Nov_____ Dec_____	3341
		Social Service Worker has a minimum of 2 face-to-face visits with child a month/1 visit in TFC home & 1 visit outside TFC home: Jan_____ Feb_____ Mar_____ Apr_____ May_____ June_____ July_____ Aug_____ Sept_____ Oct_____ Nov_____ Dec_____	3351
		The social services worker shall: <input type="checkbox"/> Carry a caseload of not more than twelve (12) therapeutic foster care children, taking into account: <input type="checkbox"/> Required responsibilities other than the case management of a child in foster care; <input type="checkbox"/> Additional support, contact, and preparation needed by a therapeutic foster care home, due to the extent of the needs of the child served; and <input type="checkbox"/> The intensity of services provided to the child and the child's family	3361

		<p>The social services worker shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conduct a quarterly case consultation, including the: <input type="checkbox"/> Foster home <input type="checkbox"/> Child's public agency worker <input type="checkbox"/> Child-placing agency treatment director and social services worker; and <input type="checkbox"/> Child and the child's family of origin, to the extent possible 	3371
		<p>The social services worker shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify the support needed by the foster family, including a: <input type="checkbox"/> Plan for respite care <input type="checkbox"/> Plan for twenty-four (24) hour on-call crisis intervention; and <input type="checkbox"/> Foster home support group 	3391
		<p>The social services worker shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recommend and prepare an aftercare plan for a child, prior to discharge from therapeutic foster care, to ensure a successful transition; and 	3401
		<p>The social services worker shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Document a quarterly case consultation and revision to a child's ITP as determined by the case consultations. 	3411
		Annually reevaluate a therapeutic foster care home	3421
		<p>A medically-fragile child shall be:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A child in the custody of the cabinet; and <input type="checkbox"/> Determined by the cabinet to meet the medically-fragile requirements 	3431
		The decision to accept a medically-fragile child shall be optional to a agency	3441
		If a child placed with a agency in a non-medically-fragile foster home becomes medically-fragile in accordance with tag 3431, the commissioner or designee and the agency shall reevaluate the placement and ensure the child's needs can be met	3446
		<p>Agency shall create a medically-fragile (MF) foster home only if the agency has:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SSW supervising the home, who have received medically-fragile training (Join Hands Together, CPR and First Aid) and <input type="checkbox"/> A liaison established with the cabinet 	3451
		<p>A MF foster home shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Include a primary caregiver who is not employed outside the home, unless approved in writing by designated cabinet staff 	3461
		<ul style="list-style-type: none"> <input type="checkbox"/> 24 hours of cabinet approved medically-fragile training (Join Hands Together) <input type="checkbox"/> 16 hours if FP are currently certified in CPR and first aid; or <input type="checkbox"/> Training approved in advance by Cabinet in areas of growth & development, nutrition, & medical disabilities 	3471
		A MF foster home shall maintain certification in CPR; and First aid	3481
		<p>A MF foster home shall be:</p> <p>Located within a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 hour drive of a medical hospital with an emergency room; and <input type="checkbox"/> 30 minute drive of a local medical facility; and <input type="checkbox"/> Is evaluated initially in accordance with Section 4 of this regulation 	3491
		<p>Professional experience related to a medically-fragile child may substitute for training required in tags 3471 & 3481:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Upon the approval by a designated Cabinet staff <input type="checkbox"/> If foster parent is a licensed health care professional (physician, licensed practical nurse, physician's assistant, or advanced registered nurse practitioner) 	3501
		If tag 3446 becomes effective, then the cabinet shall prioritize the foster home's enrollment in MF training	3511
		<ul style="list-style-type: none"> <input type="checkbox"/> 24 hours of annual training in areas of growth & development, nutrition, & medical disabilities if FP are not currently certified in CPR and first aid <input type="checkbox"/> 16 hours of annual training in areas of growth & development, nutrition, & 	3521

		<input type="checkbox"/> medical disabilities if FP are currently certified in CPR and first aid <input type="checkbox"/> Completes the training before the anniversary date of approval as a MF home <input type="checkbox"/> Continues to meet the requirements in tags 3971, 3981, 3991, 3996	
		Except for a sibling group or unless approved by designated cabinet staff, no more than 4 children residing in a MF foster home, including foster parent's own children	3531
		<input type="checkbox"/> Single parent foster home shall not care for more than 1 MF child <input type="checkbox"/> 2-parent foster home shall not care for more than 2 MF children	3541
		<input type="checkbox"/> Agency must submit a written justification for exceptions to tags 3531, 3541, 3571 within 10 working days of placement, to the SRA in the Region where the home is located, to include the following forms: <input type="checkbox"/> DPP-112-A, Placement Exception Request) <input type="checkbox"/> DPP-112-B, Resource Foster Exception Plan) documenting the: <input type="checkbox"/> Reason the placement is in the best interest of the child; and <input type="checkbox"/> Specific support services to be provided	3551
		MF foster parent receives specific training by a licensed health care professional on how to care for the specific needs of a MF child placed in the home	3561
		Unless an exception is granted, a MF child shall be placed in an approved MF foster home	3571
		Request for exception to be submitted as tag 3551 outlines	3581
		Provide case management services: <input type="checkbox"/> As described in tags 2926-2941 and tags 2981-3191; and <input type="checkbox"/> In accordance with the child's: <input type="checkbox"/> Health plan developed by designated cabinet staff; <input type="checkbox"/> ITP; and <input type="checkbox"/> Supervision plan	3591
		Agency supports health plan developed by designated cabinet staff	3601
		A minimum of 2 face-to-face visits with child a month: Jan_____ Feb_____ Mar_____ Apr_____ May_____ June_____ July_____ Aug_____ Sept_____ Oct_____ Nov_____ Dec_____	3611
		FC/TFC/MF care parent shall provide a child placed by the agency with a family life, including: <input type="checkbox"/> Nutritious food <input type="checkbox"/> Clothing comparable in quality/variety to that worn by other children <input type="checkbox"/> Affection <input type="checkbox"/> Training <input type="checkbox"/> Recreational opportunities; <input type="checkbox"/> Education opportunities; <input type="checkbox"/> Nonmedical transportation; <input type="checkbox"/> Opportunities for development consistent with the child's religious/ethnic/cultural heritage <input type="checkbox"/> Adequate supervision; and <input type="checkbox"/> Independent living services for a child 12 years of age or older	3621
		FC/TFC/MF care parent shall permit an agency and staff of a state agency to visit the home	3631
		FC/TFC/MF care parent shall share with the agency and, if applicable, staff of the state agency which has custody of the child, information about the child placed by the agency	3641
		FC/TFC/MF care parent shall notify the agency 10 days prior if the home is approved to provide foster or adoptive services through another private agency or the cabinet	3651
		FC/TFC/MF care parent shall notify the agency prior to: <input type="checkbox"/> Leaving the state with a child placed by the agency for more than 2 nights; or <input type="checkbox"/> Allowing a child placed by the agency to be absent from the foster home for more than 3 days	3661

		<p>FC/TFC/MF care parent shall report immediately to the agency if there is:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A life-threatening accident or illness <input type="checkbox"/> An absence without official leave (AWOL) <input type="checkbox"/> A suicide attempt <input type="checkbox"/> Criminal activity by the child requiring notification of law enforcement <input type="checkbox"/> Death; or <input type="checkbox"/> A child's possession of a deadly weapon 	3671
		<p>FC/TFC/MF care parent shall report, within 2 business days to the agency if:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Change in address <input type="checkbox"/> Change in the number of people living in the home <input type="checkbox"/> Significant change in circumstance in the foster home; or <input type="checkbox"/> Failure of the foster child or foster parent to comply with the supervision plan 	3681
		<p>FC/TFC/MF care parent shall cooperate with the agency arranged child/birth family:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Visits <input type="checkbox"/> Telephone calls; or <input type="checkbox"/> Mail 	3691
		FC/TFC/MF care parent shall surrender a child or children to the agency or the state agency, which has custody of the child, upon request	3701
		FC/TFC/MF care parent shall keep confidential all personal or protected health information as shared by the cabinet or agency, concerning a child placed in a home or the child's birth family	3711
		FC/TFC/MF care parent shall support an assessment of the service needs, including respite care, and the development of an ITP, including the supervision plan, of a child placed by the agency	3721
		FC/TFC/MF care parent shall participate in a case planning conference concerning a child placed by the agency	3731
		FC/TFC/MF care parent shall cooperate with the implementation of the permanency goal established for a child placed by the agency	3741
		FC/TFC/MF care parent shall ensure that a child in the custody of the cabinet receives the child's designated per diem allowance	3751
		<p>FC/TFC/MF care parent shall provide medical care to a child placed by the agency as needed, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Administration of medication to the child and daily documentation of the administration; and <input type="checkbox"/> Annual physicals and examinations for the child 	3761
		FC/TFC/MF care parent shall treat a child placed by the agency with dignity	3771
		FC/TFC/MF care parent shall immediately report suspected incidents of child abuse, neglect, and exploitation in accordance with KRS 620.030	3781
		FC/TFC/MF care parent shall comply with general supervision and direction of the agency or, if applicable, the state agency that has custody of the child, concerning the care of the child placed by the agency	3791
		Agency shall develop written policies/procedures to address the respite care needs of a child or a foster parent	3801
		<ul style="list-style-type: none"> <input type="checkbox"/> Respite care shall not be used as a means of placement for a child <input type="checkbox"/> Respite care shall be in accordance with tag 2611 	3811

		<p>Agency shall not approve a respite care provider unless the provider meets the following requirements:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identity, such as a federally or state-issued photo identification card; <input type="checkbox"/> Age of twenty-one (21) years or older, unless an exception is granted <input type="checkbox"/> United States citizenship, such as a birth certificate, or legal alien status, such as a permanent resident card, as described in 8 U.S.C. 1151 <input type="checkbox"/> A signed statement by a licensed physician or licensed health professional regarding the applicant's physical ability to provide necessary care for a child <input type="checkbox"/> Proof of background checks on respite provider and any member of the household to include the following: <ul style="list-style-type: none"> <input type="checkbox"/> KY Criminal Records Check (AOC or State Police)-(18 and over) Dates:_____ <input type="checkbox"/> Child Abuse or Neglect (Cabinet)-(12 and over) Dates:_____ <input type="checkbox"/> CRC by means of fingerprint to KSP and FBI (NCID Check) –This only applies to applicants after 07/01/08. This applies to new adults moving into the home even if it does not apply to the foster parent due to prior to 07/01/08. If international check completed by federal gov't, NCID not required. Dates:_____ <input type="checkbox"/> Documentation that the respite provider has access to: <ul style="list-style-type: none"> <input type="checkbox"/> Transportation that meets the child's needs; <input type="checkbox"/> School; <input type="checkbox"/> Recreation; <input type="checkbox"/> Medical care; and <input type="checkbox"/> Community facilities <input type="checkbox"/> Documentation that if the respite provider or household member will be transporting a foster child, proof that the individual possesses a valid driver's license and has automobile or driver's insurance coverage <input type="checkbox"/> Documentation that the respite provider's home: <ul style="list-style-type: none"> <input type="checkbox"/> Does not present a hazard to the health and safety of a child; <input type="checkbox"/> Is well heated and ventilated; <input type="checkbox"/> Complies with state and local health requirements regarding water and sanitation; and <input type="checkbox"/> Provides in- or out-of-door recreation space appropriate to the developmental needs of a child placed in the respite provider's home <input type="checkbox"/> No more than four (4) children, including the respite provider's own children, shall share a bedroom; and <input type="checkbox"/> A respite provider shall not share a bedroom with a child in the custody of a state agency, unless prior approval is obtained from the state agency <input type="checkbox"/> An individual bed is provided for each child in the home; <input type="checkbox"/> If the child is under age one (1), is a crib that meets the Consumer Products Safety Commission Standards pursuant to 16 C.F.R. 1508 and 1509; and <input type="checkbox"/> Is age and size appropriate for the child <input type="checkbox"/> Medication is locked, unless an exception is granted (tag 2885) <input type="checkbox"/> The following are inaccessible to a child: <ul style="list-style-type: none"> <input type="checkbox"/> Alcoholic beverages; <input type="checkbox"/> Poisonous or hazardous materials; and <input type="checkbox"/> Ammunition and firearms (locked & stored separately =PCC contract) <input type="checkbox"/> First aid supplies with unexpired dates available and stored in a place easily accessible by the respite provider; <input type="checkbox"/> A working telephone; and <input type="checkbox"/> A working smoke alarm within ten (10) feet of each bedroom <input type="checkbox"/> Documentation that if a business open to the public adjoins the respite provider 's household, consideration of potential negative impacts on the child and family, including: <ul style="list-style-type: none"> <input type="checkbox"/> Hours of operation <input type="checkbox"/> Type of business <input type="checkbox"/> Clientele 	3821
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		<p>Respite care provider shall receive from the agency or foster parent, preparation for placement of a child, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provider shall allow agency/Cabinet supervision <input type="checkbox"/> Information regarding the supervision plan of the child <input type="checkbox"/> Provide adequate supervision according to child's supervision plan; and <input type="checkbox"/> Give relief to a foster parent caring for a child; or <input type="checkbox"/> Provide for an adjustment period for a child 	3831
		<p>A respite care provider for a medically-fragile child shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 24 hours of cabinet approved MF training (Join Hands Together) <input type="checkbox"/> 16 hours if FP are currently certified in CPR and first aid; or <input type="checkbox"/> Training approved in advance by Cabinet in areas of growth & development, nutrition, & medical disabilities <input type="checkbox"/> A MF foster home shall maintain certification in CPR; and First aid <input type="checkbox"/> A MF foster home shall be: <ul style="list-style-type: none"> <input type="checkbox"/> Located within a: <ul style="list-style-type: none"> <input type="checkbox"/> 1 hour drive of a medical hospital with an emergency room; and <input type="checkbox"/> 30 minute drive of a local medical facility; and <input type="checkbox"/> Is evaluated initially in accordance with Section 4 of this regulation <input type="checkbox"/> Receive training on how to meet the specific needs of the medically-fragile foster child from: <ul style="list-style-type: none"> <input type="checkbox"/> A licensed health care professional; or <input type="checkbox"/> The foster parent trained by a licensed health care professional 	3836
		<p>Private Placement Process Except for a child in the custody of or otherwise made the legal responsibility of the cabinet or DJJ, the agency shall be responsible for the following if a private placement is conducted: ____ For a child being placed with an agency, the agency shall obtain an: ____ Agreement for voluntary care signed by the custodian; or ____ Order from a court of competent jurisdiction placing the child into the custody of the agency</p>	3841
		<p>Private Placement Process The agency shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete an intake assessment of the strengths and needs of the child and the child's family of origin; and <input type="checkbox"/> Ascertain the appropriateness of the referral for the child 	3851
		<p>Private Placement Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop an ITP individualized for a child and the child's family based on an individualized assessment of the child's and family's needs within 30 (calendar) days of the child's placement with the agency <input type="checkbox"/> The assessment shall be revised as needed. <input type="checkbox"/> The assessment and ITP shall include the type and extent of services to be provided to the child and the child's family 	3861
		<p>Private Placement Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unless not in the best interest of the child, the child, parent, and foster parent shall be included in developing the assessment and ITP 	3871
		<p>Private Placement Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The foster home selected for placement shall be the most appropriate home based on the child's needs and the strengths of the foster family <input type="checkbox"/> The foster home shall be located as close as possible to the home of the family of origin, in order to facilitate visiting and reunification 	3881

		<p>Private Placement Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The SSW and the foster parent shall work collaboratively to prepare the child prior to the placement <input type="checkbox"/> Unless a circumstance precludes preparation and the circumstance is documented in the case record, a child shall have a period of preparation prior to the placement in the foster home 	3891
		<p>Private Placement Process</p> <p>The agency shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide or arrange for services to support reunification for a child for whom family reunification is the goal <input type="checkbox"/> Assess and document the parent's capacity for reunification quarterly <input type="checkbox"/> Provide for review of the child in order to evaluate the progress toward achieving the child's permanency goal every 6 months; and <input type="checkbox"/> Assure that foster care continues to be the best placement for the child 	3901
		<p>Private Placement Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> Services to the family of origin and to the child shall be adapted to their individual capacities, needs, and problems <input type="checkbox"/> A reasonable effort shall be made to return the child to the family of origin 	3911
		<p>Private Placement Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> Planning for the child regarding treatment program matters, including visitation, health, education, and permanency goals, shall be developed in collaboration with the: <ul style="list-style-type: none"> <input type="checkbox"/> Family of origin <input type="checkbox"/> Treatment director <input type="checkbox"/> Social services worker <input type="checkbox"/> Foster home 	3921
		<p>Private Placement Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The agency shall work with a foster home to promote stability and avoid disruption for a child, to include: <input type="checkbox"/> Services specified in tags: 2921/2931/2941/2981/2984/2984/2986/2988/2991/3001/3011/3021/3031/3041/3051/3061/3071/3081/3091/3101/3111/3121/3131/3141/3151/3161/3171/3181/3191; and <input type="checkbox"/> Annual reevaluation of the foster home in accordance with Section 15 of this administrative regulation. 	3931
		<p>Private Placement Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> A request for the removal of a child from a foster home shall be explored immediately and shall be documented by the social services worker <input type="checkbox"/> If disruption is unavoidable, the agency and foster home shall develop a plan for the smooth transition of the child to a new placement 	3941
		<p>Private Placement Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preparation for the return of a child to the family of origin shall be supervised by a social services worker <input type="checkbox"/> The family shall participate in planning for the child's return <input type="checkbox"/> If regular contact with the child's family does not occur, a plan for the child's return shall include at least one (1): <ul style="list-style-type: none"> <input type="checkbox"/> Prior visit between the child and the family; and <input type="checkbox"/> Preliminary visit of the child to the child's family home 	3951
		<p>Private Placement Process</p> <ul style="list-style-type: none"> <input type="checkbox"/> The agency shall recommend a plan for aftercare services for a child and the child's family 	3961
		<p>Annually, a child-placing agency shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conduct a personal interview in the home with an approved: <ul style="list-style-type: none"> <input type="checkbox"/> Adoptive home awaiting placement; or <input type="checkbox"/> Foster home; and 	3971

		<p>FC, TFC, MF, Adoptive Home Annual Assessment - DATE: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any change in home <input type="checkbox"/> Ability of home to meet needs of child <input type="checkbox"/> Continued compliance with: <ul style="list-style-type: none"> <input type="checkbox"/> Verification of income separate from Foster Care/Adoption assistance <input type="checkbox"/> Verification that FP's financial stability has been assessed & approved in accordance with agency's written policies and procedures <input type="checkbox"/> Previous divorce/death of a spouse/present marriage <input type="checkbox"/> Copy of visitation order/child support order/proof of current child support payment - if FP does not have custody of own child <input type="checkbox"/> Background checks <input type="checkbox"/> FP has access to transportation that meets the child's needs/school/recreation/medical care/community facilities <input type="checkbox"/> Proof of valid driver's license & insurance coverage if FP transports children <input type="checkbox"/> Documentation that FH does not present a hazard to the health & safety of children/is well heated & ventilated/complies with state & local health requirements regarding water & sanitation/provides in- and out-of-door recreation space <input type="checkbox"/> Verification that no more than 4 children share a bedroom/FP does not share a bedroom with a child in the custody of a state agency, unless prior approval is obtained from state agency <input type="checkbox"/> Verification that an individual bed is provided for each child in home/if a child is under age 1, crib meets CPSC standards/is age & size appropriate for child <input type="checkbox"/> Verification that medication is locked/alcoholic beverages & poisonous or hazardous materials are inaccessible/ammunition & firearms are locked & stored separately <input type="checkbox"/> Proof that FP has first aid supplies with unexpired dates available & stored a place easily accessible to FP/a working telephone/a working smoke alarm within 10 ft of each bedroom <input type="checkbox"/> If a business open to the public adjoins FP's household, consideration of potential negative impacts on child & family, including hours of operation, type of business, & clientele <input type="checkbox"/> Annual training hours (FC, TFC, MF, Adoptive awaiting placement) <input type="checkbox"/> Written record of the home study <input type="checkbox"/> Approvals if SCL, Adult TFC or DRCC Certified Home <input type="checkbox"/> Approvals if foster/adoptive home is DCBS worker <input type="checkbox"/> Complaint with ITP(s)/Supervision Plan(s) <input type="checkbox"/> Complaint with all of Section 12 	3981
		<p>FC, TFC, MF, Respite provider, Adoptive Home awaiting placement and members of their households:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Annual statement regarding the parent/provider or household member's general health & medical ability to care for a child 	3991
		<p>If a prospective adoptive home is awaiting an international adoption, the agency shall conduct a reevaluation of the home once every 18 months</p>	3996
		<p>Agency shall teach independent living to a child in the custody of a state agency who is 12-21 years of age:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Directly or indirectly through a foster parent with whom the child is placed <input type="checkbox"/> As prescribed in the child's ITP; and <input type="checkbox"/> In accordance with tag 4011 	4001

		<p>Agency shall teach independent living to a child in the custody of a state agency who is 16 years of age and older in accordance with 42 U.S.C. 677 (a)-a child who is likely to remain in foster care until age 18 by providing services such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> assistance in obtaining a high school diploma <input type="checkbox"/> career exploration <input type="checkbox"/> vocational training <input type="checkbox"/> job placement and retention <input type="checkbox"/> training in daily living skills <input type="checkbox"/> training in budgeting and financial management skills <input type="checkbox"/> substance abuse prevention <input type="checkbox"/> preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention) <input type="checkbox"/> education, training, and services necessary to obtain employment <input type="checkbox"/> prepare for and enter postsecondary training and education institutions <input type="checkbox"/> to provide personal and emotional support to children aging out of foster care, through mentors and the promotion of interactions with dedicated adults 	4011
		<p>ILP Program Within 14 days of admission:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conduct and assessment of the child's skills and knowledge <input type="checkbox"/> The assessment tool must assess: <ul style="list-style-type: none"> <input type="checkbox"/> Money management <input type="checkbox"/> Job Search skills <input type="checkbox"/> Job Retention Skills <input type="checkbox"/> Use of and access to: <ul style="list-style-type: none"> <input type="checkbox"/> Community resources <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Educational planning <input type="checkbox"/> Emergency and safety skills <input type="checkbox"/> Legal knowledge <input type="checkbox"/> Interpersonal skills <input type="checkbox"/> Health care knowledge including nutrition <input type="checkbox"/> Human development including sexuality <input type="checkbox"/> Management of food, including preparation <input type="checkbox"/> Ability to maintain personal appearance <input type="checkbox"/> Housekeeping <input type="checkbox"/> Leisure activities 	4021
		<p>ILP Program Individual Treatment Plans:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop within 30 calendar days of placement <input type="checkbox"/> Update quarterly <p>Must include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Educational, job training, housing and independent living goals <input type="checkbox"/> Objectives to accomplish goals <input type="checkbox"/> Methods of service delivery necessary to achieve a goal and objective <input type="checkbox"/> Persons responsible for each activity <input type="checkbox"/> Specific timeframes to achieve the goals/objectives <input type="checkbox"/> Discharge plan/Aftercare plan/Plan for services from a cooperating agency 	4031
		Maintain written policies/ procedures for the independent living program	4041
		<p>An agency providing independent living programming shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Train and document the training provided to designated independent living staff within thirty (30) days of employment on: <ul style="list-style-type: none"> <input type="checkbox"/> Content of the independent living curriculum <input type="checkbox"/> Use of the independent living materials <input type="checkbox"/> Application of the assessment tool; and <input type="checkbox"/> Documentation methods used by the child-placing agency 	4051

		<p>An agency providing independent living programming shall maintain and teach independent living, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Money management and consumer awareness <input type="checkbox"/> Job search skills <input type="checkbox"/> Job retention skills <input type="checkbox"/> Educational planning <input type="checkbox"/> Community resources <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Emergency and safety skills <input type="checkbox"/> Legal skills <input type="checkbox"/> Interpersonal skills, including communication skills <input type="checkbox"/> Health care, including nutrition <input type="checkbox"/> Human development, including sexuality <input type="checkbox"/> Food management, including food preparation <input type="checkbox"/> Maintaining personal appearance <input type="checkbox"/> Housekeeping <input type="checkbox"/> Leisure activities <input type="checkbox"/> Voting rights and registration <input type="checkbox"/> Registration for selective service, if applicable <input type="checkbox"/> Self-esteem <input type="checkbox"/> Anger and stress management <input type="checkbox"/> Problem-solving skills; and <input type="checkbox"/> Decision-making and planning skills 	4061
		<ul style="list-style-type: none"> <input type="checkbox"/> Be responsible for a child 16-18 years of age in an independent living program and provide supervision in accordance with the child's supervision plan; and <input type="checkbox"/> Be available for 24/7 crisis support for a child in the independent living program, regardless of the child's age 	4071
		<ul style="list-style-type: none"> <input type="checkbox"/> Daily face-to-face contact with a child age 16-18 and in ILP <input type="checkbox"/> A minimum of one (1) face-to-face, in-home contact per week for a child age 18-21 and in ILP (DCBS contract = scattered sites for 18 and over only) 	4081
		<ul style="list-style-type: none"> <input type="checkbox"/> Conduct a visual and exploratory review of a child's living unit at least monthly, to include a review for: <ul style="list-style-type: none"> <input type="checkbox"/> Safety <input type="checkbox"/> Use of alcohol; and <input type="checkbox"/> Illegal contraband 	4091
		<ul style="list-style-type: none"> <input type="checkbox"/> Maintain a caseload of no more than 10 children, including independent living program: <ul style="list-style-type: none"> <input type="checkbox"/> Participants (clients) 16-21 years of age; and <input type="checkbox"/> Participants' (clients) children (if) assigned a Level of Care of III or higher <p>[if the client's child has a LOC of 3 or higher, that child would count in your caseload number] [see caseload matrix for further details]</p>	4101
		Document annual compliance with fire and building codes for any living unit in which the agency places a child	4111
		A living unit for a child in an independent living program shall be occupied by only a child or children approved to occupy the living unit by the agency. All nonresidents shall be asked to vacate the living unit	4121
		<p>Assure and document that the living unit of a child in an independent living program:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not present a hazard to the health and safety of the child <input type="checkbox"/> Is well ventilated and heated; and <input type="checkbox"/> Complies with state and local health requirements regarding water and sanitation 	4131

		<p>Maintain documentation for each child concerning:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assistance to the child in finding and keeping in touch with family, if possible; <input type="checkbox"/> Health care and therapeutic services received by a child <input type="checkbox"/> Progress each child has made in the independent living program, including independent living services received <input type="checkbox"/> Progress in an educational program, including vocational education <input type="checkbox"/> An assessment of the child's readiness to live independently; and <input type="checkbox"/> The social services worker's contacts with the child, including observation of the child's living arrangement 	4141
		Agency shall maintain a record on each child and foster home, including medically-fragile foster homes and therapeutic foster care homes	4151
		The child's record and the foster home record shall show the reason for placement change and steps taken to ensure success	4161
		A case record shall be maintained in conformity with existing laws and administrative regulations pertaining to confidentiality [letters/reports/communication, etc. written or oral/may not be published or be open for public review]	4171
		<p>Child's record shall include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identifying information for child, parent, and foster home; <input type="checkbox"/> Commitment order or custodian's consent for admission; <input type="checkbox"/> Birth and immunization certificate; <input type="checkbox"/> Educational record; <input type="checkbox"/> Medical and dental record since placement; <input type="checkbox"/> Social history and assessment; <input type="checkbox"/> ITP and review; <input type="checkbox"/> Supervision plan and updates to the plan; <input type="checkbox"/> Permanency goals, including independent living services; <input type="checkbox"/> Incident reports, including details of the child's behavior and supervision at the time of the incident; <input type="checkbox"/> Monthly progress notes based on the ITP and supervision plan; <input type="checkbox"/> Quarterly revisions to the child's ITP; <input type="checkbox"/> Correspondence with the: <ul style="list-style-type: none"> o Court; o Family; o Department for Community Based Services; or o Department of Juvenile Justice; <input type="checkbox"/> Discharge report; and <input type="checkbox"/> Aftercare plan 	4181
		<p>The foster home's record shall include documentation relating to the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Orientation and preparation of the home, including all adult caregivers in the household <input type="checkbox"/> Required preparation hours and the topics covered <input type="checkbox"/> Placement of the child <input type="checkbox"/> Narrative summary of the initial and annual foster home's home study <input type="checkbox"/> Supervision of the foster home, including critical incidents <input type="checkbox"/> Annual training requirements that are met by the foster parent and all adult caregivers in the household <input type="checkbox"/> Background checks 	4191
		The foster home's record shall include documentation of any placement exceptions granted	4191
		The foster home's record shall include documentation, if applicable, copy of the written statement of the foster home's closure (tag 4516)	4196

		<p>Maintain a child or foster home's record for at least three (3) years</p> <p>After three (3) years:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Archive the record and have it transferred to one of the cabinet's designated record centers; or <input type="checkbox"/> Maintain the record permanently by the agency <input type="checkbox"/> Transfer the record to the cabinet, if: <ul style="list-style-type: none"> o The agency ceases operations; and o No other operational governing entity exists; and <input type="checkbox"/> Make available all records maintained by the agency to the cabinet or its designee upon request 	4199
		<p>Prepare and maintain the adoption orientation/preparation curriculum on file</p>	4201
		<p>Provide adoption orientation/preparation to include the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> An example of an actual experience from a parent who has adopted a child <input type="checkbox"/> Challenging behavior characteristics of an adoptive older child <input type="checkbox"/> Referral resources for a developmental delay <input type="checkbox"/> Transition issues with focus on stages of grief, and a honeymoon period <input type="checkbox"/> Loss and the long-term effects on a child <input type="checkbox"/> Attachment and identity issues of the child <input type="checkbox"/> Cultural competency <input type="checkbox"/> Medical issues including referral resources <input type="checkbox"/> Family functioning, family values, and expectations of an adoptive home <input type="checkbox"/> Identification of changes that may occur in the family unit upon the placement of a child to include: <ul style="list-style-type: none"> o Family adjustment and disruption; o Identity issues; and o Discipline; and <input type="checkbox"/> Financial assistance available to an adoptive home 	4211
		<p>Ensure that an approved adoptive home awaiting the placement of a child receives adoptive home training annually in accordance with the agency's established Policies/procedures</p>	4221
		<p>A child shall not be placed for adoption until the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adoptive home has been approved <input type="checkbox"/> Parental rights of the mother, legal or birth father, and putative father of the child, if not the same person as the legal father, are terminated by a circuit court order; and <input type="checkbox"/> Child is placed with the agency for the purpose of adoption placement 	4231
		<p>A child's parent shall not be induced to terminate parental rights by a promise of financial aid or other consideration</p>	4241
		<ul style="list-style-type: none"> <input type="checkbox"/> An agency licensed by DRCC shall not use the authority authorizing the agency to place a child for adoption to facilitate an adoptive placement planned by a doctor, lawyer, clergyman, or person or entity outside the agency. <input type="checkbox"/> The child-placing agency shall comply with provisions of 922 KAR 1:010 (Independent Adoptions) 	4251

		<p>The agency shall obtain the following:</p> <p>A developmental history of the adoptive child to include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth and health history, <u>unless child is born outside of US</u> <input type="checkbox"/> Early development, <u>unless child is born outside of US</u> <input type="checkbox"/> Characteristic ways the child responds to people and situations <input type="checkbox"/> Any deviation from the range of normal development <input type="checkbox"/> The experiences of the child prior to the decision to place the child for adoption <input type="checkbox"/> Maternal attitude during pregnancy and early infancy <input type="checkbox"/> Continuity of parental care and affection <input type="checkbox"/> Out-of-home placement history <input type="checkbox"/> Separation experiences; and <input type="checkbox"/> Information about the mother, legal father, and putative father, if not the same person as the legal father, and <input type="checkbox"/> Family background that may affect the child's normal development in order to determine the presence of a significant hereditary factor or pathology; & <input type="checkbox"/> Including an illness of the biological mother or father 	4261
		<p>The agency shall obtain the following:</p> <p>A social history of the biological or legal parent, to include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name <input type="checkbox"/> Age <input type="checkbox"/> Nationality <input type="checkbox"/> Education <input type="checkbox"/> Religion or faith; and <input type="checkbox"/> Occupation 	4271
		<p>The agency shall obtain the following:</p> <p>Information obtained from direct study and observation of the child by a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Social services worker; and <input type="checkbox"/> Physician or other licensed health care professional <input type="checkbox"/> If indicated, information obtained from direct study and observation of the child by a: <ul style="list-style-type: none"> <input type="checkbox"/> Foster parent; <input type="checkbox"/> Nurse; <input type="checkbox"/> Psychologist; or <input type="checkbox"/> Other consultants 	4281
		<p>The agency shall obtain the following:</p> <p>Information from the mother, if possible, identifying the biological father, or legal father, if different from the biological father, for the purpose of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Determining the father's parental rights; and <input type="checkbox"/> Establishment of possible hereditary endowments. 	4291
		<p>Exception to tag 4261 may be granted, if the adoption involves a child born in a country other than the United States</p>	4301
		<p>If either biological or legal parent is unavailable, unwilling, or unable to assist with the completion of information necessary to comply with KRS 199.520 and 199.572, the child-placing agency shall document information, to the extent possible, from the existing case record</p>	4311
		<p>Prior to finalization of the adoptive placement, a licensed physician or other licensed health professional shall make a medical examination to determine:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The state of the child's health <input type="checkbox"/> Any significant factor that may interfere with normal development; and <input type="checkbox"/> The implications of any medical problem 	4321

		<p>The written agreement between the agency and the adoptive home shall embody the following provisions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The adoptive home shall agree to: <input type="checkbox"/> Comply with KRS 199.470 (Petition for adoption of a child) <input type="checkbox"/> File an adoptive petition at a time agreeable to the adoptive home and the agency; and <input type="checkbox"/> Permit supervision by the agency in accordance with the agency's policies/procedures after placement; and <input type="checkbox"/> Preceding a final judgment of adoption by the circuit court 	4331
		<p>The agency shall be responsible for providing the adoptive home with written information regarding the child's:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Background; <input type="checkbox"/> Medical history; <input type="checkbox"/> Current behavior; and <input type="checkbox"/> Medical information necessary to comply with KRS 199.520(4)(a); and <input type="checkbox"/> The adoptive home and the agency shall agree that the child may be removed from the placement, at the request of either party, before the filing of the adoptive petition 	4341
		<p>Preplacement visits shall be arranged for the adoptive home and a child. The pattern and number of visits shall be based on the child's:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age <input type="checkbox"/> Development; and <input type="checkbox"/> Needs 	4351
		<p>During preparation, the agency shall discuss the child's readiness to accept the selected placement with the child, in accordance with the child's age and ability to understand</p>	4361
		<p>Unless the agency and, if applicable, the state agency which has custody of a child belonging to a sibling group, determines that it is more beneficial for siblings to be placed in separate adoptive homes, siblings who have had a relationship with each other shall be placed together</p>	4371
		<p>If siblings have been separated in placements:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The case record shall reflect a valid basis for the separation <input type="checkbox"/> The decision to separate siblings shall be made by the executive director of the agency; and <input type="checkbox"/> Continued contact between siblings shall be maintained, if possible 	4381
		<p>An agency shall comply with tag 2926 during the process of placing a child in a prospective adoptive home</p>	4386
		<p>The agency placing a child shall remain responsible for the child until the adoption has been granted. This responsibility involves the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Two meetings by the social services worker with the child and the adoptive home, including both adoptive parents if not a single parent adoption, one (1) visit of which shall be in the adoptive home before filing of the adoption petition <input type="checkbox"/> The continuation of case management, visits, and telephone contacts based upon the needs of the child until the adoption is legally granted; and <input type="checkbox"/> Awareness of a change in the adoptive home including health, education, or behavior 	4391
		<p>Upon request of the cabinet, the agency shall:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide information pursuant to KRS 199.510, as necessary to report to the court to proceed with adoption (investigation and report) <input type="checkbox"/> Prepare and provide the original confidential report to the court; and <input type="checkbox"/> Forward to the cabinet a copy of: <ul style="list-style-type: none"> o The confidential report that was provided to the court; and o Information required by KRS 199.520 and 199.572 (judgment/court order and inspection of adoption records/limitations) 	4401

		If the court finds the adoptive home to be unsuitable and refuses to grant a judgment, the agency shall remove the child from the home	4411
		The agency shall maintain a case record from the time of the application for services through the completed legal adoption and termination of agency services for: <input type="checkbox"/> A child accepted for care, and the child's family; and <input type="checkbox"/> An adoptive applicant	4421
		Case record shall include or preserve: Information/documents needed by court <input type="checkbox"/> Information about child and child's family <input type="checkbox"/> Narrative/summary of services provided with a copy of legal/other pertinent documents Information gathered during intake process: <input type="checkbox"/> Description of situation that necessitated placement of child away from family/TPR <input type="checkbox"/> Certified copy of order by circuit court to TPR/commit to CP agency for purpose of adoption <input type="checkbox"/> Verification of child's birth record/registration number <input type="checkbox"/> Copy of child's medical record up to time of placement <input type="checkbox"/> Copy of required evaluation of adoptive placement <input type="checkbox"/> Date of adoptive placement <input type="checkbox"/> Statement of basis for selection of adoptive home <input type="checkbox"/> Record of after-placement services with dates of: <input type="checkbox"/> Visits, contacts, observations <input type="checkbox"/> Filing of petition <input type="checkbox"/> Granting of judgments <input type="checkbox"/> Other significant court proceedings relative to adoption <input type="checkbox"/> Child's adoptive name <input type="checkbox"/> Verification of preparation, orientation, and annual training	4431
		If there is a need to share background information with a party to a completed adoption, or to have the benefits of information from a closed adoption record to offer services following completion of an adoption, the agency shall comply with KRS 199.570 (court order)	4441
		Records on adoption that contain pertinent information shall be: <input type="checkbox"/> Maintained indefinitely following final placement of a child; and <input type="checkbox"/> Sealed and secured from unauthorized scrutiny	4451
		An agency shall submit adoptive case records to the cabinet, if: <input type="checkbox"/> The child-placing agency closes; and <input type="checkbox"/> No other operational governing entity exists	4461
		A foster or adoptive home shall be closed if sexual abuse or exploitation by a resident of the household is substantiated (FC, TFC, MF, Adoptive, Respite)	4471
		A foster or adoptive home shall be closed if child maltreatment by a resident of the household occurs that is serious in nature or warrants the removal of a child (FC, TFC, MF, Adoptive, Respite)	4481
		A foster or adoptive home shall be closed if a serious physical or mental illness develops that may impair or preclude adequate care of the child in the home (FC, TFC, MF, Adoptive, Respite)	4491

		<p>A foster or adoptive home shall be closed if: The home fails to meet requirements of this administrative regulation in:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verification of income separate from Foster Care/Adoption assistance <input type="checkbox"/> Verification that FP's financial stability has been assessed & approved in accordance with agency's written policies and procedures <input type="checkbox"/> Previous divorce/death of a spouse/present marriage <input type="checkbox"/> Copy of visitation order/child support order/proof of current child support payment - if FP does not have custody of own child <input type="checkbox"/> Background checks <input type="checkbox"/> FP has access to transportation that meets the child's needs/school/recreation/medical care/community facilities <input type="checkbox"/> Proof of valid driver's license & insurance coverage if FP transports children <input type="checkbox"/> Documentation that FH does not present a hazard to the health & safety of children/is well heated & ventilated/complies with state & local health requirements regarding water & sanitation/provides in- and out-of-door recreation space <input type="checkbox"/> Verification that no more than 4 children share a bedroom/FP does not share a bedroom with a child in the custody of a state agency, unless prior approval is obtained from state agency <input type="checkbox"/> Verification that an individual bed is provided for each child in home/if a child is under age 1, crib meets CPSC standards/is age & size appropriate for child <input type="checkbox"/> Verification that medication is locked/alcoholic beverages & poisonous or hazardous materials are inaccessible/ammunition & firearms are locked & stored separately <input type="checkbox"/> Proof that FP has first aid supplies with unexpired dates available & stored a place easily accessible to FP/a working telephone/a working smoke alarm within 10 ft of each bedroom <input type="checkbox"/> If a business open to the public adjoins FP's household, consideration of potential negative impacts on child & family, including hours of operation, type of business, & clientele <input type="checkbox"/> Annual training hours (FC, TFC, MF, Adoptive awaiting placement) <input type="checkbox"/> Written record of the home study <input type="checkbox"/> Approvals if SCL, Adult TFC or DRCC Certified Home <input type="checkbox"/> Approvals if foster/adoptive home is DCBS worker <input type="checkbox"/> Complaint with ITP(s)/Supervision Plan(s) <input type="checkbox"/> Complaint with all of Section 12 	4501
		<p>A foster or adoptive home may be closed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In accordance with the terms specified in the written agreement between the agency and the foster or adoptive home; or <input type="checkbox"/> In accordance with the terms specified in the written contract between the cabinet and the agency 	4511
		<p>The agency shall provide the foster or adoptive parent a written closure statement to include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Date of approval and termination; and <input type="checkbox"/> Indication of whether the closure was at the request of the foster parents or the agency 	4516
		<p>An agency shall register a foster home with the cabinet, approved by the agency, to include medically-fragile foster homes and therapeutic foster care homes</p>	4521

		<p>Information shall be provided to the cabinet in a format prescribed by the cabinet, to include:</p> <p>The foster parent's:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Full name <input type="checkbox"/> Social Security number <input type="checkbox"/> Address, including county of residence <p>The child-placing agency's:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name <input type="checkbox"/> Mailing address <input type="checkbox"/> The date the foster home was approved <input type="checkbox"/> Whether the foster home is active or inactive 	4531
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NOTES: