Resource Parent Handbook

Kentucky
UNBRIDLED SPIRIT

Dear Resource Parent:

This handbook was created for your day-to-day use while you care for the foster children in your home. It is designed to give you practical information as well as guidance to making decisions regarding the care of the child in out of home care.

Each section contains information on the Cabinet for Health and Family Services' Standards of Practice (SOP)—formerly referred to as policies-- in the areas of family preparation, adoption, out of home care and case planning.

Many of the topics also provide the legal authority, Kentucky Revised Statute (KRS) and/or Kentucky Administrative Regulation (KAR), which the standard is based upon.

The Cabinet recognizes the special role that resource parents play in stabilizing the lives of children and takes this opportunity to express its appreciation to those who give so unselfishly to children in need.

You provide a valuable service in helping families through temporary difficulties and meeting the needs of children in a time of crisis and change. We offer this handbook as an aid to your role as a resource parent.

Resource Parent Handbook Purpose

The information in this handbook has been compiled from resource parents and Department for Community Based Services (DCBS) staff recommendations about what information resource parents need to have readily available for understanding of the Kentucky Foster and Adoptive Care Programs and successful day-to-day operations. This basic guide establishes clear guidlines about foster parent roles and responsibilities.

The tasks of resource parenting as well as resources to assist resource parents in the day-to-day care of children in out-of-home care are included in an easy to read and reference format. A subject index is included in the back of the handbook to help you locate specific information.

DCBS SOP that pertain to resource parents and children in out-of-home care are included, cited by SOP (Standard of Practice) number, and organized in the handbook sections to which they are related. The SOP information is current as of December 2004. Please note that SOP changes may occur more frequently than revisions of this handbook. You, as well as your R&C worker have access to updates to the DCBS manual at:

http://manuals.chfs.ky.gov/dcbs_manuals/DPP/index_dpp.asp

You may also look up current legislation by accessing the following site:

http://www.lrc.state.ky.us/legresou/legres2.htm

This handbook is designed for resource parents. Though much of the information comes from the DCBS manual, it is not intended to be all inclusive of departmental standards of practice. Social workers should refer to the DCBS manual as needed for guidance and understanding.

Dedication

This handbook is dedicated to the many children who have been entrusted to our care and responsibility and to the many committed resource parents who have opened their hearts and homes to them.

Dear Resource Parent,

I would like to take this opportunity to thank you for all you do for Kentucky's Children. By opening your hearts and your home to children you are providing an invaluable service. Opening your hearts and homes to these children can be a challenging job. Resource parents are asked to take children into their homes at one of the most difficult points in their young lives. Their needs and demands may be quite time-consuming. Yet, though the work can be challenging, the job also has many rewards.

Our agency is charged with insuring that children in our custody have safety, permanency, and well-being in their lives. Without our collaboration with you the resource parent, it would be difficult to achieve these outcomes for children. Resource parents provide a safe place for children while helping to insure that their physical, mental health and educational needs are being met. And, resource parents are key partners in preparing children for permanency. Whether permanency means reuniting with their birth parents, adoption or some other permanent living situation, resource parents are crucial in helping children make a positive transition to permanency.

I applaud you for your continued commitment to Kentucky's children. Working together we can achieve positive outcomes for Kentucky's children.

Sincerely,

Mary Ellen Nold
Branch Manager
Out of Home Care

The Cabinet for Health and Family Services'

Mission

The mission of CHFS is to deliver quality services that enhance the health, safety, and wellbeing of all people in the Commonwealth of Kentucky.

Vision

To become a recognized national leader in state-level health and human services through contiuous quality improvement and accountability by:

- Improving delivery of health and family services through quality customer service,
- Promoting individual self-suffiency and community sustainability for the betterment of the vulnerbale population,
- Fostering higher health awareness through education that engages all individuals and communities,
- Enhancing use of technology to increase service efficiency and effectiveness,
- Educating, empowering, and deploying a highly skilled workforce.

Commissioner of the Department for Community Based Services

Director of the Division of Protection and Permanency

Service Region Administrators Regions: Purchase, Pennyrile, Green River, Barren River, Lincoln Trail, KIPDA Jefferson, KIPDA Rural, Northern Kentucky, Bluegrass, Fayette, Fivco, Big Sandy, Gateway/Buffalo Trace, Kentucky River, Cumberland Valley, Lake Cumberland

Service Region Administrator Associates (SRAA)

Family Services Office Supervisors (FSOS)

Social Service Specialist (SSS)

Social Service Worker (SSW) or R & C Worker (SSW)

Support Services Aids (SSA)

Transportation Aids

Secretaries, Clerks

Kentucky Department for Community Based Services Regions and Corresponding Counties

Barren River Region: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, and Warren.

Big Sandy Region: Floyd, Johnson, Magoffin, Martin, and Pike.

Bluegrass Region: Anderson, Bourbon, Boyle, Clark, Estill, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, and Woodford

Cumberland Valley Region: Bell, Clay, Harlan, Jackson, Laurel, Knox, Rockcastle, and Whitley

Fayette Region: Fayette

Fivco Region: Boyd, Carter, Elliott, Greenup, and Lawrence.

Gateway/Buffalo Trace Region: Bath, Bracken, Fleming, Lewis, Mason, Menifee, Montgomery, Morgan, Robertson and Rowan

Green River Region: Daviess, Hancock, Henderson, McLean, Ohio, Union, and Webster

Kentucky River Region: Breathitt, Lee, Knott, Leslie, Letcher, Owsley, Perry, and Wolfe

KIPDA Jefferson Region: Jefferson

KIPDA Rural Region: Bullitt, Henry, Oldham, Shelby, Spencer, and Trimble

Lake Cumberland Region: Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, and Wayne

Lincoln Trail Region: Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, and Washington

Northern Kentucky Region: Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, and Pendleton

Pennyrile Region: Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd, and Trigg

Purchase Region: Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall, and McCracken

Recruitment and Certification Supervisors

Barren River	Michelle Jones	(270) 746-7447
Big Sandy	Kathy Bohr	(606) 789-4373
Bluegrass East	Rita Barlow	(859) 986-8411
Bluegrass West	Vacant	
Cumberland Valley	Leslie Davis	(606) 878-6228
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	Latesia Morris	(502) 595-4049
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Introduction

Recruiting and training potential foster and adoptive parents are responsibilities of the Recruitment and Certification (R&C) workers. R&C workers, Regional Management, and Central Office staff work to ensure that there are a sufficient number and appropriate type of foster and adoptive homes available to meet the unique needs of Kentucky's children receiving out of home care services. The prospective resource parent's strengths should be consistent with the needs of the children served by the agency.

Diligent Recruitment

SOP 3.12

Each service region develops an annual plan for diligent recruitment and retention of resource families, which is reviewed and updated on a semi annual basis. The plan is based on the region's assessment of their current and projected placement needs and considers the Multi-Ethnic Placement Act and Inter-Ethnic Placement Act (MEPA/IEPA) requirements. The plan includes the following components:

1. An Overview of the region's basic principles regarding the plan;
2. Accurate descriptions of the characteristics of children coming into out of home care and children awaiting adoptive homes;
3. Accurate descriptions of the approved Resource Homes in the region;
4. Targeted Demographic/Geographic and General Recruitment strategies that are aimed at all parts of the State's communities;
5. Diverse methods for disseminating both general and child specific information;
6. Strategies for assuring that all prospective parents have access to the home study process, including location and hours of information meetings and pre-service training;
7. Strategies for retention of approved homes, including descriptions of support services and other resources;
8. Strategies for training and preparing agency staff to work with diverse cultural, racial and economic communities in a culturally competent manner.

Role Expectations of Resource Parents

SOP 3.7

1. Unless specified in a contract between the Cabinet and a child welfare agency that provides foster care services, a Resource Home parent only accepts a child for foster care from the Cabinet.
2. Resource families provide temporary supplemental care to a child and prepare the child for movement into a permanent home.
3. The Resource Home parents participate in case planning conferences concerning a child placed by the Cabinet.
4. The Resource Home parents cooperate with the implementation of the permanency goal established for a child placed by the Cabinet.
5. Resource families provide structure and daily activities designed to provide affection and promote the individual physical, social, intellectual, spiritual and emotional development of the children in their home. This may include:
   (a) Age-appropriate opportunities for activities, which stimulate the growth and development of the child;
   (b) Assisting the children to develop skills and to perform tasks, which will promote independence and the ability to care for themselves;
   (c) Cooperating with the Cabinet to help the children maintain an awareness of their past, a record of the present, and a plan for the future; and
   (d) Work responsibilities reasonable for the child's age and ability and commensurate with those expected of the resource family's own children.
6. Resource Home parents should recognize that most children in out-of-home care have been abused, neglected, emotionally maltreated, or sexually exploited. Resource Home parents can expect that some children may anticipate harsh treatment based on previous life experiences and may misbehave to test the boundaries. Resource Home parents are expected to use the discipline techniques described in the Pre-Service Training process. Appropriate discipline considers the age and developmental needs of the child. The Resource Home parents may not:
   (a) Use any form of corporal punishment;
   (b) Deny food, shelter, or clothing;
   (c) Interfere with implementation of the child's case plan;
   (d) Deny visits or contact with family members;
   (e) Have the child engage in extremely strenuous work or exercise; or
   (f) Act in bizarre, severe, cruel or humiliating ways (e.g. verbal abuse, derogatory remarks to the child or about the child's family, or make threats of removal from the foster home).

7. Resource Home parent(s) treat all children placed into a Resource Home with dignity.
8. Resource Home parent(s) arrange for Respite Care services as described in SOP 3.10.
9. Resource Home parents are to cooperate with the Cabinet in the medical and dental care planning for the child by:
   (a) Scheduling appointments as needed;
   (b) Keeping immunizations current;
   (c) Reporting to Cabinet all encounters with medical providers and any corrective or follow-up medical or dental care the child needs;
   (d) Maintaining the Medical Passport with all medical information relating to the health history and ongoing medical care of the child;
   (e) Assisting DPP in obtaining an initial health screening within 48 hours of placement of the child; and
   (f) Assisting DPP in transporting children to necessary health-related (e.g. mental health, medical, dental, vision) appointments as needed.
10. Resource Home parents are to give a child's prescribed medications described in Procedure #9 only with a physician's prescription or authorization, and are to dispense the exact amount of any medication prescribed for a child by a physician or dentist and may not stop medication without a physician's orders.
11. Resource Home parent's facilitate the delivery of

medical care to a child placed by the Cabinet as needed, including:

(a) Administration of medication to the child and daily documentation of the medication's administration on the DPP-106A-5 Medication Administration History form (found in the Medical Passport). Due to the potential severity of any adverse reaction, ALL medication (over-the-counter and prescription) are to be documented.

(b) Annual physicals and examinations for the child.

12. Resource Home parents are to inform the agency within one (1) working day of any psychotropic medication prescribed for a child.
13. A Resource Home providing foster care provides a child placed by the Cabinet non-medical transportation (922 KAR 1:350 (12)(1)(g)).
14. The resource family is to treat personal or protected health information shared by the Cabinet concerning a child placed by the Cabinet, or the child's birth family, in a confidential manner, disclosing confidential information only to personnel who are directly assisting the child (e.g. worker, mental health professionals, school counselor, etc.).
15. Resource Home parents are not to utilize foster children as babysitter for any children, including birth, adopted, or foster.
16. The Resource Home parents cooperate with the Cabinet when a contact is arranged by Cabinet staff between a child placed by the Cabinet and the child's birth family including:
    (a) Visits;
    (b) Telephone calls; or
    (c) Mail
17. The Resource Home parent(s) supports and promotes family connections for children in their care including the involvement of fathers and their family members. Attachment should be promoted through:
    (a) Regular and frequent visitation with all family members;
    (b) Phone calls;
    (c) Mail; and
    (d) Inclusion of the parent in other various activities in which the child is involved.
18. The Resource Home parent(s) provide positive processing of all contact (phone, visitation, etc.) with family members, including fathers.
19. The Resource Home parents support an assessment of the service needs of a child placed by the Cabinet.
20. Resource Home parents encourage family connections through their assistance in developing the child's Lifebook.
21. If the Resource Home parents have cared for a child for more than thirty (30) days or the child parents/caretaker have had their rights terminated (TPR) by the court, the Resource Home parent may make decisions regarding haircuts and hairstyles for foster children. The Resource Home parent ensures with the R&C worker that the foster child does not meet special circumstances for religious or cultural exemption. For example, in Native American and certain Apostolic Christian faiths, cutting the hair may be a violation of their religious rights and cultural traditions.
22. Resource Home parents are to provide well-balanced daily meals and are encouraged to eat together as a family. Resource Home parents are to have snacks available for children, and are to provide for any special dietary needs of children placed in their home.
23. The Resource Home parent maintains a record of clothing expenditures.
24. Resource Home parents are to provide each child with their own clean, well-fitting, attractive and seasonal clothing appropriate to age, sex and individual needs, and comparable to the clothing of their own children and community standards. The children should be included in the choosing of their own clothing when possible. Resource Home parents are to allow children to bring and acquire personal belongings. Resource Home parents send all personal age-appropriate clothing and belongings with the children when they leave the Resource Home.
25. Resource Home parents of adolescents are to establish and enforce age-appropriate curfews.
26. Children under age fourteen (14) are not to be left without responsible supervision.
27. The Cabinet may require adult supervision of the developmentally disabled child age fourteen (14) and over at all times as a part of the child's Case Plan.
28. Resource Home parents are to:
    (a) Ensures that a child in the custody of the Cabinet provides the child's designated per diem allowance for the child's discretionary spending at the rate set by the Cabinet in the Foster Home Contract; and
    (b) Encourage children to establish savings accounts.
29. Resource Home parents are **NOT** to:
    (a) Demand that allowance money be spent on family activities initiated by the Resource Home parents; or
    (b) Accept any part of a child's earned or unearned income without prior, written agreement of Cabinet and the child.
30. Provide opportunities for development consistent with the child or child's families religious, ethnic, and cultural heritage, the Resource Home parent is to:
    (a) Recognize, encourage and support the religious beliefs, ethnic heritage and language of a child and the child's family;
    (b) Arrange transportation (whenever possible) to religious services or ethnic events for a child whose

beliefs and practices are different from their own.

31. Resource Home parents are **not** to coerce or force children to participate in religious activities or ethnic events against their will or beliefs.
32. Regarding education, Resource Home parents are to:
    (a) Enroll each child of school age in school within three days of the placement of the child (exceptions may be made by the FSOS);
    (b) Cooperate with Cabinet in the selection and arrangements for educational programs appropriate for the child's age, abilities, and Case Plan;
    (c) Problem-solve (with school personnel) when there are any problems with the child in school;
    (d) Obtain SRA or designee approval to enroll a child in a state or federally accredited home school or a private school and not in public school; and
    (e) Report to the SSW or R&C worker any serious situations that may require their involvement.
33. Resource Home parents are to provide opportunities and transportation for recreational activities, which are appropriate to the age and abilities of the child, and are to encourage children to take part in community services and activities both with the family and on their own.
34. Regarding a child's family, the Resource Home parents are to:
    (a) Present a positive image of the child's family to the child;
    (b) Demonstrate respect for the child's own family;
    (c) Agree to work with the child's family members as indicated in the Child's Case Plan; and,
    (d) Participate in the development of the Visitation Agreement and allow children and their family members to visit and communicate in accordance with the Visitation Agreement.
35. Resource Home parents permit Cabinet staff to visit the child.
36. The Resource Home parents provide the SSW with all pertinent information about a child placed in their home by the Cabinet.
37. Resource Home parents provide Independent Living soft skills for a child age twelve (12) and older.
38. Surrender a child or children to the authorized representative of the Cabinet upon request.
39. Comply with the general supervision and direction of the Cabinet concerning the care of a child placed by the Cabinet.
40. The Resource Home parent(s) report immediately to the Cabinet if there is a:
    (a) Change of address;
    (b) Medical condition, accident or death of a child placed by the Cabinet;
    (c) Change in the number of people living in the home;
    (d) Significant change in circumstance in the Resource Home;
    (e) An absence without official leave (AWOL);
    (f) A suicide attempt; or
    (g) Criminal activity by the child requiring notification of law enforcement.
41. The Resource Home parent(s) notify the Cabinet if
    (a) Leaving the state with a child placed by the Cabinet for more than two (2) nights;
    (b) A child placed by the Cabinet is to be absent from the Resource Home for more than three (3) days.
42. Resource Home parents notify the Cabinet at least ten (10) calendar days in advance of the home becoming certified to provide foster care or adoption services through a private child-placing agency in accordance with 922 KAR 1:310.
43. Report suspected incidents of child abuse, neglect, and exploitation in accordance with KRS 620.030.

KRS 620.030 Duty to report dependency, neglect, or abuse

(1) Any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report ot be made to a local law enforcement agency or the Kentucky State Police; the cabinet or its designated representative; the Commonwealth Attorney or County Attorney; by telephone or otherwise. Any supervisor who receives from an employee a report of suspected dependency, neglect or abuse shall promptly make a report of abuse or neglect allegedly committed by a person other than a parent, guardian, or person exercising custodial control or supervision, the cabinet shall refer the matter to the Commonwealth Attorney or county attorney and the local law enforcement agency or the Kentucky State Police. Nothing in this section shall relieve individuals of their obligations to report.

(2) Any person, including but not limited to a physician, osteopathic physician, nurse, teacher, school personnel, social worker, coroner, medical examiner, child-caring personnel, resident, intern, chiropracter, dentist, optometrist, emergency medical technician, paramedic, health professional, mental health professional, peace officer or any organization or agency for any of the above, who knows or has reasonable cause to believe that a child is dependent, neglected or abused, regardless of whether the person believed to have caused the dependency, neglect or abuse is a parent, guardian, person exercising custodial control or supervision or another person, or who attended such child as a part of his professional duties shall, if requested, in addition to the report required in subsection (1) of this section, file with the local law enforcement agency or the Kentucky State Police or the Commonwealth attorney or county attor-

ney, the cabinet or its designated representative within forty-eight (48) hours of the original report a written report containing:

(a) The names and addresses of the child and his parents or other persons exercising custodial control or supervision;
(b) The child's age;
(c) The nature and extent of the child's alleged dependency, neglect or abuse (including any previous charges of dependency, neglect or abuse) to this child or his siblings;
(d) The name and address of the person allegedly responsible for the abuse or neglect; and
(e) Any other information that the person making the report believes may be helpful in the furtherance of the purpose of this section.

(3) The cabinet upon request shall receive from any agency of the state or any other agency, institution or facility providing services to the child or his family, such cooperation, assistance and information as will enable the cabinet to fulfill its responsibilities under KRS 620.030, 620.040, and 620.050.

Effective: April 10, 1988

Home Environment Prerequisites

SOP 3.3
KAR 2:100
KAR 2:090
KAR 1:145
KAR 2:070
KAR 20
KRS 189:125

PROCEDURE:

1. Upon approval as a Resource Home, the Resource Home parent(s) may request written approval from the SRA or designee to provide services as a certified:
   (a) Provider of supports for community living in accordance with 907 KAR 1:145; or
   (b) Family child care home in accordance with 922 KAR 2:100 that provides care for preschool children, school-age children, or both inside his/her own home for less than twenty-four (24) hours a day, provided that the certified child care home does not exceed the number authorized on the publicly displayed "certificate of operation."
2. Except as described in Procedure 1, an approved Resource Home does not simultaneously:
   (a) Provide day care center services as regulated with 922 KAR 2:090;
   (b) Provide licensed or certified health care or social services.
3. If the Resource Home adjoins a place of business open to the public, potential negative impact on the family and the child are examined, including the:
   (a) Hours of operation;
   (b) Type of business; and
   (c) Clientele.
4. If the Resource Home maintains an in-home business, potential safety and negative impact on the child are to be examined, including the:
   (a) Hours of operation;
   (b) Type of business;
   (c) Clientele; and
   (d) Safety of hazardous materials (chemicals, tools, etc., used in the business).
5. The Resource Home parent is required to have access to:
   (a) Reliable transportation;
   (b) School;
   (c) Recreation;
   (d) Opportunities for religious, spiritual, or ethical development in the faith of the child or the faith of the child's family.
   (e) Medical care, including but not limited to physical, dental, and mental health; and
   (f) Community facilities
6. A Resource Home parent who drives should:
   (a) Possess a valid driver's license;
   (b) Possess a proof of liability insurance; and
   (c) Abide by passenger restraint laws (KRS 189.125).
7. Each child is to have a separate bed.
8. Each child under age one (1) is to have a crib that:
   (a) Meets Consumer Product Safety Commission standards;
   (b) Is age and size appropriate for the child.
9. Up to four (4) children, including the Resource Home parents' own children may share a bedroom. When children share a bedroom, thorough consideration is given to age, gender and background. Children of different genders over the age of 5 do not share a bedroom.
10. Except for approval by the SRA or designee, a Resource Home parent or other household adult does not share a bedroom with a child under the custodial control of the Cabinet.
11. A bedroom used by a child under the custodial control of Cabinet is to be comparable to each bedroom in the house.
12. The physical condition of the Resource Home may not present a hazard to the safety and health of a child, and should:
    (a) Be well heated and ventilated;
    (b) Comply with state and local health requirements regarding water and sanitation; and
    (c) Provide indoor and out-of-door recreation space appropriate to the developmental needs of a child placed in the Resource Home.

13. The following items are to be inaccessible to a child:
    (a) Alcoholic beverages;
    (b) Poisonous or cleaning material;
    (c) Ammunition and Firearms are each locked and stored in separate locations; and
    (d) Medication (prescription and non-prescription) is to be locked.
14. A dangerous animal is not to be allowed near the child. All household animals are appropriately vaccinated for rabies as required by 902 KAR 2:070. Farm livestock are vaccinated as required by 302 KAR 20.
15. First aid supplies with unexpired dates are to be available and stored in a place easily accessible to an adult or caregiver. This includes:
    (a) Bandaging of all sizes: adhesive strips, sterile gauze pads, and adhesive tape;
    (b) Children's aspirin;
    (c) Children's non-aspirin pain reliever;
    (d) Angled tweezers (to help remove glass or splinters);
    (e) An oral thermometer;
    (f) Good quality scissors;
    (g) Cotton balls and cotton tip applicators;
    (h) Painless disinfecting ointment antibiotic cream for minor cuts;
    (i) Antihistamine cream for insect bites and itching pain relief tablets; and
    (j) An "instant ice" cold pack compress;
16. A working telephone is to be available.
17. The home is to be equipped with a working smoke alarm within ten (10) feet of each bedroom.

Ongoing Requirements for a Resource Home

SOP 3.6
KAR 1:350

PROCEDURE:

1. A Resource Home parent or waiting adoptive parent is required to complete, before the anniversary date of approval, at least six (6) hours of annual Cabinet-sponsored ongoing training or training approved in advance by Cabinet. This is documented in the Resource Home parent's file.
2. The R&C worker conducts an Annual Reevaluation in the home, during the anniversary month of initial approval and completes a new Resource Recommendation. This is documented in the Resource Home parent's file.
3. The R&C worker completes a Resource Home Review within thirty (30) days of notification of a factor that may place unusual stress on the Resource Home family or create a situation that may place a child at risk.
4. The Resource Home parents follow guidelines associated with Role Expectations.

Number of Children in Resource Homes

SOP 3.16
KAR 1:350

PROCEDURE:

1. No more than five (5) children (including children under the custodial control of the Cabinet and the parent's own children living at home), are to reside in a Resource Home.
2. No more than two (2) children under age two (2) (including children placed in out-of-home care by the Cabinet and the parent's own children), may reside at the same time in a Resource Home.
3. A Resource Home that provides only foster care services who:
    (a) Are in compliance with Family Preparation SOP;
    (b) Currently have additional children in their home; and
    (c) Will not further exceed the current number of children in the home;

    Are not required to comply with SOP 3.16 Procedures 1 and 2 until December 31, 2004.
4. A medically fragile Resource Home provides care for:
    (a) No more than one (1) medically fragile child in a one-parent medically fragile Resource Home;
    (b) No more than two (2) medically fragile children in a two-parent medically fragile Resource Home;
    (c) No more than four (4) children, including the medically fragile Resource Home's own children, reside in a medically fragile home unless:
        (1) An exception is granted as required in SOP 3.17; and
        (2) The medically fragile Resource Home has daily support staff to meet the needs of the medically fragile child.
5. A specialized medically fragile Resource Home provides care for:
    (a) No more than one (1) specialized medically fragile child in a one-parent specialized medically fragile Resource Home;
    (b) No more than two (2) specialized medically fragile children in a two-parent specialized medically fragile Resource Home;
    (c) No more than four (4) children, including the specialized medically fragile Resource Home's own children, reside in a specialized medically fragile home unless:
        (1) An exception is granted as required in SOP 3.17; and
        (2) The specialized medically fragile Resource Home has daily support staff to meet the needs of the medically fragile child.
6. A Care Plus Resource Home provides care for:
    (a) No more than one (1) Care Plus child in a one-parent

case plus Resource Home;
(b) No more than two (2) Care Plus children in a two-parent Care Plus Resource Home;
(c) No more than four (4) children, including the Care Plus Resource Home's own children, reside in a Care Plus Resource Home unless;
(1) An exception is granted as required in SOP 3.17; and
(2) The Care Plus Resource Home has daily support staff to meet the needs of the Care Plus child.

7. All exceptions follow procedures in SOP 3.17.

Exceptions to the Number of Children in Resource Homes

SOP 3.17
KAR 1:350
KAR 1:310

PROCEDURE:

1. The placing SSW requests to the FSOS, prior to placement, to exceed the number of children the Resource Home is approved.
2. Upon FSOS approval, the FSOS completes DPP-112A, Placement Exception Request.
3. The FSOS submits the DPP-112A form for SRA approval.
4. The SRA may approve or deny the request.
5. If the SRA approves of the Placement Exception Request, the following form is submitted to the SRA within ten (10) working days of placement:
   (a) DPP-112-B, Resource Exception Plan with:
   (1) The reason the placement is in the best interest of the child; and
   (2) Specific support services to be provided.
6. The SRA or designee consults, upon request documented on a DPP 112-A, with a PCP on the exception of a PCP home. The PCP is required to submit the DPP 112-B to the SRA in the Region where the child is to be placed, for all children committed to the Cabinet.
7. The SRA or designee may approve, deny, or request additional supportive services be added to the plan.
8. The SSW files the completed DPP 112-A and DPP 112-B in the case of the foster parent, as well as that of each child placed in the home.

Resource Home Reviews

SOP 3.6.3

PROCEDURE:

1. The R&C worker completes a review within thirty (30) days of notification of a factor that may place unusual stress on the family or create a situation that may place a child at risk.
2. The R&C worker conducts a review of the Resource Home if:
   (a) A family member dies;
   (b) A family member becomes disabled;
   (c) A parent's ability to provide care for a DCBS child due to sudden on-set of health condition;
   (d) Change in marital status: When an approved Resource Home parent marries, the new spouse, within six (6) months, meets the requirements and be approved as a Resource Home parent in order for the home to remain open. If there are concerns about the new spouse's ability to care for children, but there is a child currently placed in the home, intake is closed until there is resolution of the concern;
   (e) Loss of income or a substantial and sudden decrease in income;
   (f) Birth of a child;
   (g) Use of a prohibited form of punishment, which includes:
   (1) Cruel, severe, or humiliating actions;
   (2) Corporal punishment inflicted in any manner;
   (3) Denial of food, clothing, or shelter;
   (4) Withholding implementation of the child's case plan;
   (5) Denial of visits, telephone or mail contacts with family members, unless authorized by a court of competent jurisdiction.
   (6) Assignment of extremely strenuous exercise or work.
   (h) Resource Home parent is cited with, charged with, or arrested due to a violation of law other than a minor traffic offense;
   (i) Other factors that jeopardize the emotional, mental, physical well-being of the child as defined by Cabinet; and
   (j) A substantiated abuse or neglect report or a report where there is potential concern regarding the care of the child.
3. The narrative of the review contains:
   (a) Identifying information;
   (b) Current composition of the household;
   (c) Description of the situation that initiated the review;
   (g) An evaluation of the family functioning to determine if the child's needs are met; and
   (h) A plan for corrective action that may include a recommendation for closure of the Resource Home.
4. The R&C worker submits the narrative to the SRA or designee for review and approval. A copy of a review on a medically fragile Resource Home is also submitted to the SRA or designee and Division of Protection and Permanency Registered Nurse.

NOTE: *Examples could include siblings being placed together or child returning to out-of-home care.*

Ongoing Training

SOP 3.6.1

PROCEDURE:

1. The annual ongoing training requirement for a Resource Home prior to the homes certification anniversary date are:
   (a) Basic – six (6) hours, including awaiting adoptive homes;
   (b) Advanced – twelve (12) hours;
   (c) Emergency Shelter – ten (10) hours;
   (d) Care Plus – twenty-four (24) hours;
   (e) Medically Fragile – twenty-four (24) hours, in addition to maintaining current certification in CPR and first aid; and
   (f) Specialized Medically Fragile - twenty-four (24) hours, in addition to maintaining current certification in CPR and first aid, and a current Kentucky license as a LPN, RN, or Physician.
2. Cabinet may provide training or through community resources, such as colleges and universities, adult education centers, comprehensive care centers, county agencies, hospitals and libraries. Training may include:
   (a) Participation in support groups or other associations related to foster care and adoption and approved in advance by the FSOS;
   (b) Attendance at workshops or course work receiving prior approval of the FSOS;
   (c) Individualized professional training in the field from which the child needs specialized care, with prior approval of the FSOS;
   (d) Workshops that are relevant to foster care or adoption, provided proof of attendance is given to the R&C worker;
   (e) Sessions with a doctor, therapist, school or other professional to learn a specific skill, provided families provide a signed statement from the individual who provided the training indicating the skill that was taught and the time spent;
   (f) Those necessary to maintain certifications for CPR and First Aid as required for Medically Fragile and Specialized Medically Fragile Resource Homes;
   (g) College courses that are relevant to foster care or adoption, provided the Resource Home parent provides a copy of their final grade for the course;
   (h) Credit for Learning courses related to foster/adoptive children and parenting;
   (i) Training tapes (audio and video) or Internet training on a topic relevant to foster care or adoption, provided the Resource Home parent provides a written report or summary;
   (j) Tapes from previously held DBCS-approved training events, provided the Resource Home parent provides a written report or summary;
   (k) Books, articles, pamphlets that are non-fiction and are topics relevant to foster care or adoption, provided the Resource Home parent provides a written report or summary.
3. At least fifty percent (50%) of all training should be in a group setting. An individualized curriculum may be developed for a resource or adoptive parent who is unable to participate in annual group training because of employment or other circumstances. The SRA or designee may approve such arrangements.
4. The SRA or designee may grant an exception to closure for not meeting annual training requirements to where the child in their care has developed significant emotional attachment to the Resource Home parents and whose best interest is served by preserving the placement. In such circumstances, additional children are not to be placed in the home until the training requirement has been satisfactorily met.
5. The R&C worker or FSOS terminates the Resource Home's reimbursement rate for Advanced, Emergency Shelter, Medically Fragile, and Care Plus if the Resource Home fails to meet the ongoing training requirements for their type of home. In these instances, the Resource Home's rate reverts to the regular basic rate (922 KAR 1:350 (13))
6. The FSOS approves reimbursement for the following expenses, to the extent the funds are available, of a Resource Home parent who is participating in ongoing training:
   (a) Mileage;
   (b) Babysitting; and
   (c) Lodging, if training extends to the next day.
   (d) Tuition or fees (pre-approved by the R&C FSOS) up to the amount of:
      (1) One hundred dollars ($100) per family per year; or
      (2) Two hundred dollars ($200) per year for an Advanced, Medically Fragile, Specialized Medically Fragile, or Care Plus home.

NOTE: *The Cabinet is not able to reimburse adoptive Resource Homes pre-finalization of the adoption. The Cabinet does not reimburse families who have finalized adoptions. The Cabinet is not able to reimburse adoptive parents for training expenses unless they are also active foster parents with the Cabinet.*

7. If the Resource Home parent's request to attend training is denied, the Cabinet provides written notice of the Resource Home parent's right to a fair hearing and a copy of the DPP-154, Service Appeal Request.
8. The R&C worker verifies that the training requirements are met annually, on the same due date each year.
9. The R&C worker completes the FP-TRIS 1 on all training

received by Resource Home parents. The R & C worker submits the form to the TRIS office by the first of the month.

10. The R&C worker does not count toward the required training hours the following:
    (a) Attendance at the child's case planning conference;
    (b) School conference; and,
    (c) Other child-specific activity that does not meet the on-going training requirement.

Tuition Assistance

SOP 3.6.1 (A)
KAR 2:006
KAR 1:350

PROCEDURE:

1. The Cabinet may provide tuition assistance, to the extent funds are available, to a Resource Home parent who:
    (a) Has served as an approved Resource Home parent for the Cabinet for at least three (3) years;
    (b) Has a child in the home under the custodial control of the Cabinet;
    (c) Has a positive evaluation on their annual strengths/needs assessment;
    (d) Is current in their training hours;
    (e) Does not have a substantiated child abuse or neglect finding;
    (f) Are not actively working on plan of correction (i.e. policy violation).
2. A Resource Home parent who meets the required criteria for tuition assistance may obtain the CFC-33 (Educational Assistance Authorization Form found in the forms section of this handbook) from the University of Kentucky Resource/Adoptive Support and Training (F.A.S.T.) Center at:
    1 Quality St., Suite 700
    Lexington, KY 40507
    Phone: (859) 257-2690 or 1 (877) 440-6376
    Fax: (859) 257-3918
3. The Resource Home parent completes the CFC-33, including appropriate R&C FSOS signature, and returns it to the F.A.S.T. Center no later than three weeks prior to the start of a course for Appointing Authority's authorization. Note: No request for educational assistance will be process if submitted for approval after the start data of the course.
4. F.A.S.T. Center staff will notify the Resource Home parent of approval and mail a copy of the CFC-33 with the Appointing Authority's signature.
5. A Resource Home parent participating in the tuition assistance program is obligated to:
    (a) Maintain a "C" average;
    (b) Complete the course (grade of Incomplete may not be carried beyond 30 days of completion of course);
    (c) Not drop the course without prior approval from F.A.S.T. and the Cabinet;
    (d) Not accept duplicated payment for the course from any other source (scholarships, veteran's educational system, etc.);
    (e) Within 30 days of completion of the course(s), forward a copy of the official grade report to the F.A.S.T. Center; and
    (f) Repay the Cabinet for failure to meet any requirements.
6. The maximum number of semester hours, including correspondence courses, that may be taken is:
    (a) Nine (9) during regular semester;
    (b) Six (6) during summer semester; or
    (c) Three (3) for each inter-session or interim session.
7. Non-college studies such as those taken through vocational, accredited correspondence or secondary schools are limited to nine (9) classroom hours per week.
8. The Cabinet may limit the number of hours taken by individual Resource Home parents to ensure that funds are available for other Resource Home parents.
9. Educational assistance is granted for tuition only. Assistance does not apply to parking, transportation, graduation fees, late fees, texts, exam fees, basic and normal costs charged for actual instruction, and previously taken courses that the Resource Home parent did not receive a passing grade without proper approval for tuition assistance.
10. All Resource Home parent who live in Franklin or surrounding counties must take courses at Kentucky State University (KSU) unless the course or required degree program is not offered at KSU.
11. Bachelor's or Master's degree programs must have a direct relationship to the work of the agency and to the improvement of the Resource Home parent's effectiveness as a Resource Home parent. All courses that are the requirement of a degree program and have a direct relationship to the work of the agency, such as social work, may be approved.
12. The tuition for a Master's degree program participant is granted only for the Bachelor cost per semester hour. The remaining Master's degree program tuition is the responsibility of the participant.
13. Private or out of state colleges and universities will not receive full tuition when the same or substantially the same course and degree programs are offered at in state public colleges and universities. The highest in state public rate will be offered.

The Foster and Adoptive Parent Training Record Information System

The Training Record Information Systems (TRIS) main-

tains a computerized database of all Cabinet for Health and Family Services' staff training records and training activities conducted by the Cabinet's Division of Professional Development Training and other providers. A similar information system of training records and training activities are also maintained for the Cabinet's 2,600 approved foster and adoptive parents (FAP-TRIS). The tracking system was designed and implemented by the former Department for Social Services (DSS) in 1991 and expanded to include over 6,000 Cabinet for Families and Children personnel in the areas of Protection and Permanency, Family Support, Child Support and Quality Central administrative and programmatic staff effective January 1, 1999. In January 2003, the FAP-TRIS system began capturing training data for the state's adoption assistance parents.

The customized training tracking system can capture both scheduled and unscheduled training events and participant attendance hours for Cabinet employees and foster/adoptive parents. The records maintained in the system are used to establish training needs and provide certified documentation of an individual employee's and foster/adoptive parent's training activity. TRIS and FAP-TRIS can also generate training registration and participant lodging requests which can be tracked for the large numbers of diverse training sessions throughout the state. Participant evaluations of scheduled training events are generated and summarized with feedback provided to the CFC Training Division.

The TRIS system provides comprehensive data for customized and special reports for the Cabinet. Dependent upon the need, training reports are generated on a monthly, quarterly and annual basis for the Cabinet. The system provides aggregate data on training hours, training participants, budgetary information in relation to training events, tracking of mandated training requirements, training needs assessment, prerequisite notification, staff demographics, and other related information.

The Regional Training Coordinator (RTC) for each region has a "mini" TRIS system (RTC-TRIS) which maintains an update of training records for all active staff and foster/adoptive parents in a particular region. The system also provides the RTC with the ability to generate training reports using a variety of parameters in order to better assess their regional training needs. The database currently houses both active and historical files accounting for more than 451,000 TRIS training records and 242,500 FAP-TRIS training records.

Annual Re-evaluation

SOP 3.6.2

PROCEDURE:

1. The R&C worker, prior to or during the anniversary month of initial approval, interviews the Resource Home parents regarding:
   (a) Any change in the family;
   (b) The ability of the individual family to meet the needs of a child placed in the home;
   (c) Continued compliance with the Ongoing Requirements for a Resource Home and Home Environment Prerequisites in SOP 3.0 Family Preparation;
   (d) Continued compliance with the Home Environment Requirements of a Resource Home in SOP 3.3;
   (e) Information from the required annual background checks; and
   (f) Documentation that ongoing training requirements have been met.
2. The R&C worker interviews the children in the home (both biological and foster) to assess needs and assistance in adjusting to their environment.
3. The R&C worker interview all adults in the home to assess needs and assistance.
4. The R&C worker discusses any referrals that have been reported on the Resource Home during the last year and develops a program improvement plan for the upcoming year.
5. The interviewer completes the DPP-1289, Annual Strengths/Needs Assessment for Resource Home Families during the interview and enters it into the case record.
6. The R&C worker completes the Resource Recommendation in TWIST
7. The R&C worker informs waiting adoptive families about the SNAP program and gives them an opportunity to revise their DSS-83, Acceptance Scale.
8. Upon completion and FSOS approval of the Annual Strengths and Needs Assessment, the R&C worker prepares an annual approval letter to the Resource Home parent for the SRA's signature. A copy is given to the CBW and also placed in the Resource Home file.

Closure of a Resource Home and Re-opening

SOP 3.14
KAR 1:100
KAR 1: 350

PROCEDURE:

1. The Resource Home is closed if an approved Resource Home parent:
   (a) No longer meets the prerequisites to be approved as a Resource Home;
   (b) Has not had a child placed by the Cabinet in the home within the preceding two (2) year period;
   (c) Develops serious physical or mental illness to the extent that care of a child is impaired;
   (d) Commits:
      (1) Sexual abuse or exploitation pursuant to KRS 600, which is substantiated by the Cabinet, by

the Resource Home parent or by another resident of the Resource Home ; or

(2) Physical abuse or neglect of a child pursuant to KRS 600, which is substantiated by the Cabinet, by the Resource Home parent or by another resident of the Resource Home and is serious in nature or warrants removal of the victim;

(e) Allows a situation to exist that is not in the best interest of the child;

(f) Is determined by the Cabinet to not be in the best interest of a child;

(g) Violates the terms of the contract between the Cabinet and Resource Home;

(h) Is convicted or pleads guilty to a sexual offense (under KRS 510, 529, 530, or 531);

(i) Is convicted or pleads guilty to any Class A or Class B felony offense;

(j) No longer meets the needs of the children in care;

(k) Do not meet the role expectations of Resource Home parents; or

(l) Requests that their home be closed.

2. Additionally, the R&C worker follows guidelines for Closure of a Resource Home if an approved adoptive parent does not receive or accept a placement for two (2) years (unless an indefinite extension is granted for a family awaiting a non-special needs child).
3. If closure is necessary for a resource family who has a child placed, but the adoption is not finalized, the child is removed from the home.
4. Except for the referral of a sibling of a child previously placed with the resource family, the status of a non-foster adoptive family placed on the register of waiting families changes to inactive and subsequent referrals for adoptive placement are not to be made until finalization has occurred.
5. If it is necessary to close an approved Resource Home, the reason is to be stated by Cabinet staff in a personal interview with the family.
6. The Cabinet confirms, in a written notice to the parent, the decision to close a home. The notice is delivered within thirty (30) days of the interview with a Resource Home parent.
7. The written notice for closure of a resource or adoptive home includes:
   (a) Notice that Cabinet will not place a child in the home;
   (b) The reason why the Resource Home is being closed;
   (c) The Resource Home must be made inactive and the case closed in TWIST; and
   (d) A 154 for Service Appeals.
8. A former Resource Home parent whose home was closed without a deficiency may reapply.
9. A former Resource Home parent may be considered for reapproval if the deficiency has been resolved.
10. If a former Resource Home parent's home was closed pursuant to Procedure 1, (a) through (l), consideration for reapproval may be assessed if the cause of closure has been resolved.
11. To reapply, a former Resource Home parent:
    (a) Attends an information meeting;
    (b) Submits the:
        (1) Profiles;
        (2) Names of three (3) personal references;
        (3) Two (2) credit references; and
        (4) Authorization for criminal records release; and
        (5) Background check.
12. A reapplying former Resource Home parent re-enrolls and completes Pre-Service Training, unless the former Resource Home parent:
    (a) Has previously completed Pre-Service in the past five (5) years; and
    (b) Is considered a placement resource for children.
13. An adoptive family may be reconsidered for adoptive placement. The family may reapply and receive approval for adoptive placement:
    (a) If previously closed in good standing; or
    (b) Following finalization of an adoption.
    (c) The inactive TWIST case should be re-opened.

Service Appeals

SOP 1.5
KRS 13.5
KAR 1:320

PROCESS OVERVIEW:

Only in the following circumstances are service appeals eligible for an administrative hearing:

1. A parent may request a review through an administrative hearing:
   (a) Upon denial, reduction, modification, suspension, or termination of child welfare services provided by the Cabinet;
   (b) Closure of a child protective services case in accordance with 922 KAR 1:330 and 922 KAR 1:430;
   (c) Failure by the Cabinet to:
       (1) Respond with reasonable promptness to a request for child welfare service provided by the Cabinet;
       (2) Complete a case plan;
       (3) Provide or refer for services as specified in the case plan; or
       (4) Meet the mandated timeframes for child protective services specified in 922 KAR 1:330.
2. A Resource home parent may request a review through an administrative hearing if the Cabinet:
   (a) Fails to:
       (1) Process reimbursement to a resource home with

reasonable promptness;
(2) Provide information required by KRS 605.090;
(3) Advise an adoptive parent of availability of adoption assistance in accordance with 42 U.S.C. 673 and 922 KAR 1:050.
(4) Provide an adoptive parent, except as otherwise noted by law, with known facts regarding the:
a. Child;
b. Child's background prior to finalization to adoption; and
c. Child's biological family.
(b) Determines the ineligibility for adoption assistance upon execution of an adoptive placement agreement under 922 KAR 1:050;
(c) Denies a request for a change in payment level due to a change in an adoptive parent or child's circumstances at the time of renewal of an adoption assistance agreement under 922 KAR 1:050;
(d) Closes a resource home under 922 KAR 1:350, Family Preparation except as noted.
(e) Denies or delays placing a child for adoption with a family outside the jurisdiction of Kentucky.

3. A Kinship caregiver may request an administrative hearing if the:
(a) Cabinet denies supportive services to facilitate the child's placement with the kinship caregiver;
(b) Cabinet denies a request for start-up costs to facilitate the child's adjustment to the new environment with the kinship caregiver;
(c) Kinship caregiver is dissatisfied with an action or inaction on part of the Cabinet relating to financial assistance under the Kinship Care Program. NOTE: Once the KIM-78KC is completed, any matter regarding appeal of ongoing financial assistance would be appealed through Division of Family Support.

4. An applicant may request an administrative hearing if the Cabinet determines the applicant:
(a) As ineligible for a tuition waiver; or
(b) As ineligible for an educational and training voucher.

5. An adult may request an administrative hearing if the Cabinet:
(a) Denies a general adult service or protective service to an adult identified as a victim of abuse, neglect, or exploitation; or
(b) Fails to respond within reasonable promptness to a request for General Adult or Protective Adult services.

6. An applicant for child care certification or a certified family child care home provider may request an administrative hearing if:
(a) Denial of certification;
(b) An intermediate sanction;
(c) Suspension of certification for a non-emergency situation; or
(d) Revocation of certification.

7. An applicant for child care assistance or the parent of a child receiving assistance may request an appeal for the denial, reduction, suspension, or termination of benefits under 922 KAR 2:160.

8. An applicant for childcare certification or a certified family child care provider may request an appeal for denial or termination of a child care provider's registration.

9. An individual aggrieved by an action of the Cabinet may request review of the following through an administrative hearing if:
(a) Any other matter by which state law or 922 KAR Chapters 1 though 6 expressly permit the appeal of a Cabinet action or alleged act;
(b) The Cabinet denies, reduces, suspends, or terminates services or federal-funded benefits, payments, or financial assistance to which an individual may be entitled under 922 KAR Chapters 1 through 6; or
(c) The Cabinet fails to act with reasonable promptness to a request for a federally funded benefit, payment, or financial assistance to which an individual may be entitled under 922 KAR Chapters 1 through 6.

10. An individual found by the Cabinet to have abused or neglected a child may appeal the cabinet's finding through an administrative hearing in accordance with 922 KAR 1:480, as further specified in SOP 1.5.1, CAPTA Appeals.

PROCEDURES:

1. The SSW provides a copy of the Service Appeal Request form (DPP-154) to an individual:
(a) At each case planning conference;
(b) Upon application for approval as a certified family child care home provider;
(c) Upon denial, reduction, modification, suspension, or termination by Cabinet of:
(1) Child welfare services provided by the Cabinet;
(2) A general adult or protective service, if notification does not present a risk of harm to the victim;
(3) Adoption assistance;
(4) Other federally-funded program benefit described in Title 922 KAR; or
(5) Upon determination that a student is not eligible for tuition waiver or education and training voucher.

2. The SSW hand-delivers or mails a Notice of Intended Action, form DPP-154A, at least (10) days prior to the denial, reduction, modification, suspension, or termination of a service.

3. A request for appeal is in writing by the individual appealing the decision, with the assistance of the Cabinet or contract agency if the individual is unable to comply without assistance.
4. The request is submitted to the Cabinet no later than thirty (30) calendar day from the date:
   (a) That the DPP-154A was issued; or
   (b) Of the occurrence of the disputed action.
5. The Hearings Branch will notify the appellant in writing if the matter is subject to review through an administrative hearing.

The SSW, FSOS or other named staff in the complaint attends the hearing if requested by a representative of Office of Legal Services (OLS).

Preparing Birth Children

The role of the birth children of resource parents is a special one, whether the birth children are young or adults who live away from home. This role must be recognized by resource parents and Department staff for its importance to the success of placements of children in out-of-home care. The following suggestions may help resource parents include birth children in the family foster care experience:

✔ Prepare birth children for the placement of each child. Until you are an experienced resource parent, you may want guidance from other resource parents or Department staff. Placement of children in your home will be different each time, even when the same child is placed in your home for the second time.

✔ Give enough information to birth children without breaking confidentiality. There are specific pieces of information that children in care consider to be confidential. This information may not be known to anyone but the child. When you develop a relationship with a child, you will learn which pieces of information are sensitive to that child.

✔ Involve birth children in the initial placement of a child with activities such as helping the child in out-of-home care to unpack, if this is an age appropriate activity.

✔ Birth children can introduce the child in care into the community, school or church. Birth children can make a child feel welcome and a part of the family. Resource parents may want to commend their birth children for their success in accomplishment of these tasks.

✔ The resource home experience can be made easier by making the child in out-of-home care a part of the family immediately, instead of treating him or her as a guest.

✔ Remember that every child is an individual and needs special time with parents. This is true of both children in out-of-home care and birth children.

✔ Adult birth children should be given an explanation of their parent's new role as resource parents. These adults should be allowed to express their opinions regarding their parents' participation in the foster care program. However, the ultimate decision belongs to the resource parents.

Requirements for Specialized Foster Care Services

Specialized Foster Care Services

SOP 3.8
KAR 1:350

PROCEDURE:

1. A Resource Home parent does not have an entitlement to provide Specialized Foster Care services.
2. Specialized Foster Care services include:
   (a) Emergency Shelter foster care;
   (b) Medically Fragile child;
   (c) Specialized Medically Fragile child; or
   (d) Care Plus child.
3. A Resource Home parent requests the recommendation of the R&C worker prior to enrolling in specialized training (922 KAR 1:350, 11(a)).
4. The R&C worker provides to the FSOS the recommendation for a Resource Home parent, if deemed appropriate, to receive specialized foster care training.
5. The FSOS determines if the Resource Home parent possesses the aptitude for fostering a child in a specialized placement. If the FSOS believes that the Resource Home parent possesses the aptitude for fostering a child needing:
   (a) Emergency Shelter foster care;
   (b) Medically Fragile care;
   (c) Specialized Medically Fragile care; or
   (d) Care Plus care.
6. The FSOS provides written notification of a decision to the Resource Home parent(s) who are requesting specialized training within thirty (30) calendar days of the request.
7. A Resource Home may receive a specialized foster care per diem reimbursement rate only if:
   (a) The needs of the individual child warrant the rate; and
   (b) The Resource Home has successfully completed the required specialized training for the type of services to meet the needs of the child.

Advanced Resource Home Approval

SOP 3.8.1
KAR 1:350

PROCEDURE:

1. The Resource Home parent completes twenty-four (24) hours of training, including training on child sexual abuse, in addition to the required Pre-Service training. Completion of the twenty-four (24) hours of training requirement does not automatically grant approval as an advanced Resource Home.
2. Upon completion of the additional training, the R&C worker recommends approval or denial to the FSOS, to classify the Resource Home as advanced. The request includes an evaluation of the Resource Home's participation in and knowledge gained from training, with consideration given to the following: trainer evaluation, on-site observation by the R&C worker, or formal discussion with the family documented by the R&C worker.

3. Upon decision by the FSOS, the R&C worker sends a letter to the Resource Home informing the home of its approval/disapproval.
4. Prior to the anniversary date of advanced Resource Home's approval, the R&C worker ensures that the advanced Resource Home completes twelve (12) hours of ongoing Cabinet-sponsored training or training approved in advanced by Cabinet.
5. The R&C worker copies the Regional Billing Clerk on all approvals. Reimbursements for the advanced rate are made to a Resource Home who:
   (a) Completed the twenty-four hours of advanced training, including child sexual abuse, beyond the Pre-Service training; and
   (b) Completes twelve (12) hours of ongoing Cabinet sponsored training or Cabinet approved training each year.

Emergency Shelter Home Approval

SOP 3.8.2
KAR 1:350

PROCEDURE:

1. The R&C worker determines whether or not the applicant Resource Home or existing Resource Home is interested in providing emergency shelter foster care services. Emergency shelter foster care services are provided to a child age twelve (12) and above who needs immediate, unplanned care for less than fourteen (14) days unless the SRA or designee approves:
   (a) An exception to the minimum age of twelve (12) for a child over age eight (8); or
   (b) An extension to the fourteen (14) days of planned care, not to exceed an additional period of sixteen (16) days.
2. The R&C worker verifies and documents whether the applicant home or existing Resource Home meets requirements.
3. The R&C worker verifies and documents that prior to approval as an emergency shelter Resource Home, the applicant Resource Home or existing Resource Home:
   (a) Completes ten (10) hours of ongoing Cabinet-sponsored training or training approved in advance by Cabinet, beyond the pre-service training requirement; and
   (b) Has a working telephone in the home.
   (c) If approved, documentation is completed in TWIST by the addition of a new Resource Recommendation, which assures payment at the Emergency Shelter Rate for the emergency shelter placement.
4. Prior to the anniversary date of approval, the R&C worker verifies that the emergency shelter Resource Home completes ten (10) hours of ongoing Cabinet-sponsored training or training approved in advance by the Cabinet, beyond the annual six (6) hours of training required for all Basic Resource Homes.

Medically Fragile Home Approval

SOP 3.8.3
KAR 1:350

PROCEDURE:

1. The R&C worker determines whether the applicant home has the aptitude and desire to provide medically fragile foster care services. Such services would be provided to a child who meets medically fragile criteria, as determined by the Medical Support Section in the Division for Protection and Permanency.
2. The R&C worker verifies and documents that the applicant medically fragile Resource Home meets requirements in SOP 3.8.
3. The R&C worker ensures that the primary caretaker in the applicant medically fragile Resource Home is not employed outside the home. The R&C worker obtains permission (through supervisory channels) from the Director of the Division of Protection and Permanency for an exception to this requirement.
4. The R&C worker helps arrange for (and documents that) the applicant medically fragile Resource Home has completed:
   (a) A medically fragile curriculum approved by the Cabinet;
   (b) An additional twenty-four (24) hours of the Cabinet-sponsored training; or
   (c) Training approved in advance by the Cabinet (beyond the pre-service training requirements) in the areas of growth and development, nutrition, and medical disabilities.
5. Health care professional experience related to the care of a medically fragile child may substitute for the training requirement if:
   (a) Approved by the Medical Support Section in the Division for Protection and Permanency; and
   (b) The Resource Home parent is a:
      (1)Health professional;
      (2)Registered nurse; or
      (3)Licensed Practical Nurse.
6. The R&C worker documents that the applicant medically fragile Resource Home receives training from a health professional in how to care for the specific medically fragile child and maintains current certification in CPR and first aid.
7. The R&C worker ensures that any respite provider has:
   (a) Current CPR and First Aid certification; and
   (b) Training on child-specific care needs.
8. The R&C worker ensures that the applicant medically fragile Resource Home is located within one (1) hour of a medical hospital with an emergency room and thirty (30) minutes of a local medical facility.
9. The medically fragile Resource Home demonstrates access to available supportive services, unless an exception is granted by the SRA as described in SOP 3.17.
10. An approved medically fragile Resource Home cooperates in carrying out the child's health plan.
11. An approved medically fragile Resource Home receives re-approval by the Cabinet as a medically fragile Resource Home if the parent:
    (a) Annually completes twenty-four (24) hours of ongoing Cabinet sponsored training or training approved in advance by the Cabinet before the anniversary date of the approval as a medically fragile home; and
    (b) Continues to meet the requirements as a Medically Fragile Resource Home.
12. The R&C worker documents that prior to the anniversary date of approval as a medically fragile Resource

Home, the medically fragile Resource Home parent completes twenty-four (24) hours of ongoing Cabinet-sponsored training or training approved in advance by the Cabinet.

13. The R&C worker authorizes:
    (a) The basic medically fragile rate to a Resource Home approved to care for a child who is determined to be medically fragile by the Medical Support Section in the Division for Protection and Permanency;
    (b) The advanced medically fragile rate to a Resource Home with a parent who has an active and current Kentucky license as a Licensed Practical Nurse and is approved to care for a child who is determined to be medically fragile by the Medical Support Section in the Division of Protection and Permanency; or
    (c) The degree medically fragile rate to a Resource Home with a parent, who has a current Kentucky license as a physician (MD) or registered nurse (RN) and is approved to care for a child, who is determined to be medically fragile by the Medical Support Section in Division of Protection and Permanency and requires physician or registered nurse supervision.
14. If approved, documentation is completed in TWIST by the addition of a new Resource Recommendation.

Specialized Medically Fragile
SOP 3.8.4
KAR 1:350

PROCEDURE:

1. The R&C worker determines whether the applicant Resource Home parent is actively licensed in Kentucky as a:
    (a) Physician;
    (b) Physician's Assistant;
    (c) Advance Registered Nurse Practitioner;
    (d) Nurse Clinician under the supervision of a Physician;
    (e) Registered Nurse; or
    (f) Licensed Practical Nurse.
2. The R&C worker determines whether or not the applicant home has the aptitude and desire to provide specialized medically fragile foster care services.
3. The SRA or designee may approve the specialized medically fragile rate if the applicant:
    (a) Is a primary caretaker who is not employed outside the home, except as approved by the Director of Protection and Permanency;
    (b) Completes all requirements for an Advanced and Degreed Medically Fragile Resource Home;
    (c) Receives individual documented training from a health professional in how to care for specific specialized medically fragile child who is place in the Resource Home;
    (d) Cooperates with the Cabinet in carrying out the child's health plan.
4. If approved, documentation is completed in TWIST by the addition of a new Resource Recommendation.
5. The determining factor in figuring the per diem reimbursement for each Specialized Medically Fragile child *is the level of extra professional care required by that child daily and the level of licensure of the Specialized Medically Fragile paren*t. Consultation regarding these decisions may be obtained from the Medical Support Section.

Care Plus
SOP 3.8.5
KAR 1:350

PROCEDURE:

1. The R&C worker determines whether or not the applicant Resource Home or existing Resource Home is interested and possesses the aptitude to provide Care Plus resource services.
2. It is strongly recommended that Care Plus applicant has:
    (a) Previously completed the child sexual abuse training, and
    (b) One year of experience as a foster parent.
3. The R&C worker verifies that the primary caretaker:
    (a) Is not employed outside the home; and
    (b) Is willing to maintain a daily record of a child's activities and behaviors;
    (c) Is willing and able to attend all case planning conferences;
    (d) Demonstrates access to available support services; and
    (e) Coordinates designated therapeutic needs provided by community resources.
4. The R&C worker documents the applicant Care Plus Resource Home parent(s) completes and receives a certificate of completion for the twenty-four (24) hours of Care Plus training, beyond the pre-service training requirement. NOTE: Professional experience related to the care of a child in Care Plus home may substitute for the training requirement if the Care Plus Resource Home parent is a qualified mental health professional (QMHP).
5. Upon completion of the additional training, the R&C worker recommends approval or denial to the FSOS, to classify the Resource Home as Care Plus. The request includes an evaluation of the Resource Home's participation in and knowledge gained from training, with consideration given to the following: trainer evaluation, on-site observation by the R&C worker, and formal discussion with the family documented by the R&C worker.
6. Upon a decision by the FSOS, the R&C worker sends a letter to the Resource Home informing the home of its approval/disapproval.

7. Unless approved by the SRA or designee, the Care Plus home has live-in or daily support staff to meet the needs of the child:
   (a) A one-parent Care Plus home does not care for more than one (1) Care Plus child;
   (b) A two-parent Care Plus home does not care for more than two Care Plus children;
   (c) No more than four (4) children (including the Care Plus home parent's own children) may reside in Care Plus home. (Exceptions may be granted for a sibling group or with the approval of the SRA).
6. The R&C worker ensures that any respite provider is verified by the Cabinet to have completed Care Plus training and has been trained on any child-specific care needs.
7. Unless the Resource Home is closed pursuant to SOP 3.14, an approved Care Plus Resource Home may receive annual approval if the R&C worker documents that prior to the anniversary date of approval as a Care Plus home, the Care Plus home parent:
   (a) Completed twenty-four (24) hours of ongoing Cabinet-sponsored training or training approved in advance by Cabinet; and
   (b) Submits to an annual review, by the child's SSW and R&C worker, of the Care Plus home parent's:
      1. Strengths and needs;
      2. Records kept by the Care Plus home parent(s);
      3. Ability to meet the goals established for a child.
      4. Ability to continue to meet the requirements for a Care Plus Resource Home.

Note: Upon the effective date of 922 KAR 1:350, June 16, 2004 a Family Treatment home where a child was placed by the Cabinet within twelve (12) months prior to the effective date are classified as Care Plus Resource Homes.

Reimbursement Rates, Payments, Special Expenses

Resource Home Reimbursements

SOP 3.9
KAR 1:350

PROCEDURE:

1. The SSW specifies the daily rate (per diem) for care of a child placed in the Resource Home. The Resource Home rate structure is designed to give foster parents flexibility and autonomy to decide how to spend money for the children in their homes. R&C worker approval is not necessary for services included in the per diem. (See Rate Methodology Spreadsheet in the forms section)
2. The SSW ensures that a DPP-111A Resource Home Contract Supplement is provided to the Resource parent(s) upon the Resource Home's acceptance of a child. The FSOS or designee signs the completed DPP-111A, including any known history and risk factors regarding the child being placed and the SSW obtains the signature of the Resource Home's parent(s). In an emergency situation, the DPP-111A is signed within three (3) working days of placement. As with any other type of substitute care placement, the SSW is to inform the resource parent of any history of inappropriate sexual acts or other behaviors of the child that indicates a safety risk for placement. If such information is not known at the time of placement, the SSW is mandated to inform the resource parent as soon as practical, but no later than seventy-two (72) hours after receiving the information. A copy of the signed DPP-111A Resource Home Contract Supplement is provided to the:
   (a) Resource Home; and
   (b) Regional Billing Clerk.
   The SSW files the original DPP-111A in the Resource Home's case file.
3. The SSW completes a new DPP-111A, Resource Home Contract Supplement if:
   (a) A child's placement changes;
   (b) A child's age qualifies him/her for a higher rate; or
   (c) The placement type is reclassified.
4. Per diem rates are as follows.

	Basic	Advanced	Degree
Regular Foster Care			
Birth to age 11	$19.70	$21.90	N/A
Age 12+	$21.70	$23.90	N/A
Emergency Shelter Home	$30.00	N/A	N/A
Care Plus	$37.00	$42.00	N/A
Medically Fragile	$37.00	$42.00	$45.00
Specialized Medically Fragile	N/A	$53.40	$88.55

5. A medically Fragile Resource Home is paid the specified rate in the above table only for children designated by the Medical Support Branch of the Division of Protection and Permanency as a Medically Fragile Child.
6. A current active Kentucky licensed nurse receives an add-on of $11.40 per day to the ADVANCED rate for professional services for a specialized medically fragile child and the SRA has approved this rate based on the level extra professional care required by that child's daily needs and the extra professional certification of the specialized medically fragile Resource Home parent; total payment is $53.40 daily.
7. A current active Kentucky registered nurse or licensed physician receives an add-on of $43.55 per day to the DEGREED rate for professional services for a specialized medically fragile child and the SRA has approved this rate based on the level extra professional care required by that child's daily needs and the extra professional certification of the specialized medically fragile Resource Home parent; total payment is $88.55 daily.
8. A Care Plus Resource Home is reimbursed the basic rate upon successful completion of training and FSOS approval. The advanced rate may be reimbursed upon completion of a positive annual re-evaluation and one year's experience as Care Plus Resource Home.
9. The R&C worker and/or the SSW require the Resource Home parents to submit receipts for reimbursement of expenses regardless of the amount.

10. The SSW or Regional Billing Clerk authorizes an initial clothing allowance to a child for whom DCBS is legally responsible and who is being placed in out-of-home care. The initial clothing allowance does not exceed the following amount:

Child's Age	Amount
Birth to 1 year of age	$100.00
1 to 2 years of age	$120.00
3 to 4 years of age	$130.00
5 to 11 years of age	$180.00
12 years of age and older	$290.00

11. The SSW may authorize special purchases above and beyond the per diem and initial clothing allowance, up to $100 with FSOS approval, and up to $250 with SRA approval.
12. Monthly clothing, allowance and incidentals are included in the per diem. The following chart shows the minimum to be spent on a monthly basis for clothing, diapers, incidentals, and allowance:

Child's Age	Clothing	Incidentals	Allowance
0-4	$25.00	$6.00	N/A
5-11	$35.00	$5.00	$7.50
12+	$40.00	$10.00	$20.00

13. Clothing expenses include children's apparel such as diapers, shirts, pants, dresses, suits, footwear, and clothing services such as dry cleaning, repair and alterations, and storage.
14. The SSW reviews the Resource Home parent's clothing record quarterly.
15. The SSW may transfer unspent money to the child's next placement or return by check made payable to the child and mailed to the Resource Management Section of the Division of Protection and Permanency.
16. The SSW approves an annual supplemental school clothing allowance to a child age three (3) or above, who has been in care more than thirty (30) days, has used the amount allotted for clothing allowance, is enrolled in school, and is placed in a DCBS Resource Home. The supplemental school clothing allowance for children ages 3-10 is $50 and for children age 11 and above is $100.
17. The child's routine hair care is included in the per diem rate, at an average of $12 per month.
18. Incidentals include medicine chest supplies, baby oil and powder, deodorants, sanitary napkins, and other personal toiletries.
19. Housing expenses, food-related expenses, and school expenses are included in the per diem rate. All foster care children are eligible for free lunch programs and may participate upon completion of the appropriate school form. The R&C worker notifies the Director of the Division of Protection and Permanency, within three (3) working days, of any request by a school for DCBS to pay school lunches and breakfasts.
20. Those items that a child needs in other areas of life, such as glasses, wheelchairs, hearing aids, etc. are the responsibility of Medicaid, if the child is Medicaid eligible, with DCBS being the last alternative for payment.
21. When a child remains in a Resource Home less than thirty (30) days, the rate amount for per diem, clothing, incidentals, and allowance is prorated for the number of days the child was in the home.
22. The per diem includes money for social and/or school-related activities (e.g. clubs, ballgames, participation in dance class, gymnastics, karate, church, team sports, etc.). This allows all foster children to participate in normal activities and empowers the foster parent to make these decisions.
23. The non-medical transportation expense is included in the per diem at an average cost per child across all ages of $103.75 or 346 miles per month per child. This rate is reduced for the children age eleven (11) and under, and is increased for children age twelve (12) and older.
24. For all children receiving Medicaid, the cost of non-emergency medical transportation is supported by the Department of Medicaid Services, either through the regional transportation broker or managed care provider. The R&C worker provides the Resource Home parent with the broker or managed care provider's information, to ensure the Resource Home can provide/arrange the child's transportation to necessary medical appointments.
25. The SSW obtains the approval of the FSOS to reimburse the child's bus fare for school transportation.
26. Respite care is available for every child in foster family care except those in temporary emergency shelter placements. The purpose of respite care is to provide relief to foster parents who are meeting the extraordinary demands of children in out-of-home care. Foster parents are eligible for one day of respite care per month per child. This day is included in the per diem. Foster parents of medically fragile and Care Plus home children are eligible for two additional days of respite care per child per month. Regional Billing Clerks pay for these additional days when processing the board payments from the Foster Parent Invoice/Billing Statement as submitted monthly. The cost of respite care does not exceed the per diem rate for the child.
27. The Regional Billing Clerk may authorize medical bills for $100 or less without special approval after verifying that no other source (such as Medicaid or private health insurance) has primary responsibility for the medical bills.
28. The SSW obtains an itemized statement for medical bills between $100 and $500 and obtains the approval of

the FSOS prior to authorization for payment.

29. The SSW obtains an itemized statement for medical bills exceeding $500 and obtains the approval of the SRA prior to authorization for payment.
30. The SSW authorizes a reimbursement amount not to exceed $500, without prior approval, for graduation expenses, including senior class ring, cap and gown rental, senior pictures, yearbook, prom ticket, graduation invitations and name cards. The $60 of school allowance, if unspent, may be applied to the graduation reimbursement, bringing the total graduation allowance to $560.
31. The SSW authorizes reimbursement to a Resource Home parent $60 for Christmas gifts for a child.
32. The SSW authorizes reimbursement to a Resource Home parent $25 for birthday gifts for a child.
33. The SSW facilitates DCBS payment of childcare services for working Resource Home parents. These requests for childcare services are reviewed every six (6) months. For non-working Resource Home parents, the R&C worker submits a request for childcare to the SRA that includes documentation from a qualified professional of the therapeutic need for the service. The SRA conducts a special review of these approved requests quarterly. Approved childcare rates can not exceed the rates established by the Division of Childcare.
34. The SSW requests the SRA approval for special expenses not specified in SOP that support the child's goal towards permanency.
35. The R&C worker authorizes reimbursement, to the extent funds are available, for Resource Home parents for mileage, babysitting of the foster child, and tuition or fees to assist the Resource Home parents with meeting ongoing training requirements. The maximum reimbursement for tuition or fees to meet this goal is:
    (a) One hundred dollars ($100) per family per year; or
    (b) Two hundred dollars ($200) per year for an Advanced, Medically fragile, or Care Plus Resource Home.

NOTE: All requests for Resource Home training expenses must be pre-approved by the R&C FSOS, and an approval memo copied to the Regional Billing Clerk. This does not apply to adoption-only parents.

36. The R&C worker authorizes reimbursement for Resource Home parents' mileage and babysitting of foster children, to facilitate their attendance in local and state foster care association meetings or training.
37. Lifebooks are reimbursed up to $70 for start-up costs per child. An additional $25 per child every six months may be reimbursed for maintenance of the lifebook. The lifebook follows the child through their placement history.

Foster Parent Liability Insurance and Property Damage Claims

SOP 3.11

PROCEDURE:

1. The Resource Home parent may submit claims for property damage perpetrated by a child in foster care directly to the insurance company for payment.
2. If requested by the resource parent, the R&C worker submits disallowed damages, under the insurance policy, to the SRA for consideration. The R&C worker submits the following documentation to the SRA to support the claim:
    (a) Notarized affidavit of the resource home verifying damage;
    (b) Witness statements, if possible;
    (c) Statement from the SSW, regarding the incident, response from the child to the claim, denial of the claim by the liability insurer, or other statement that the claim is otherwise not covered by the insurance;
    (d) Relevant police reports;
    (e) Two (2) estimates of the cost to repair the damage or replacement costs, if the property is totally destroyed; and
    (f) Current book value of vehicle for damage to an automobile may be required.
3. The SRA may grant approval on a case by case basis. If approved, the appropriate billing documentation is submitted to the Regional Billing Clerk for payment.

The Key to Success is Partnership

It is obvious that foster parenting is more than providing a home for children. It is parenting at its most critical level. It is an acceptance of the total child, his/her problems and fears, as well as the child's ability or inability to love. It is working in partnership with the Department in healing the child's wounds (whether physical or emotional) and caring for his/her daily needs. And when the time comes, it is preparing the child for return to his/her birth parents or relatives, for adoption or independent living. Foster parenting is the work of parenting a child and caring for him/her until plans can be made for the child's future.

As a resource parent, you are a continuing presence in the child's life. You are familiar with the child's personality and emotional and intellectual development since you care for him or her 24 hours a day.

Therefore, you can contribute valuable information about the child as you work closely with the Social Service Worker and the Department, participate in meetings about the child, and communicate with the birth parents. Resource parents are often the main source of information about how a child is adjusting to the separation from home, interacting with other children, and performing in school.

Even more important, you are a primary source of support for the child. When you have positive, healthy relationship with your foster children, you help build their trust in adults. This helps prepare them for changes in their living situation that might be necessary to achieve their permanency goal.

Partnership with the Birth Parent

Unless the courts have terminated parental rights, the birth parents have certain responsibilities in planning and decision-making for their child. Some, but not all, of the rights and responsibilities of the birth parents identified by law are:

- The right to visitation
- The right to consent to adoption
- The right to determine religious affiliation and,
- The responsibility to provide support.

Many birth parents work with the Department during the removal and return of their child to their home. During that period, birth parents are encouraged to maintain regular contact with the social worker and actively work to improve the conditions that led to the child's placement. Parental cooperation and participation in the placement of their child in foster care is essential in helping to relieve the child's

fears, anger, and guilt about separation from them.

The following may be beneficial in helping your foster children plan for their future.

Building a Relationship with the Child's Parents

Here are some examples how you can create and maintain a working relationship with your foster child's parents:

1. Praise and recognize decisions and activities related to positive parenting.
2. Create a lifebook for the child.
3. Help the child buy/make and send their parents a birthday or holiday card.

Some suggested topics for discussion between resource parents and birth parents include:

- School conferences, functions and PTA meetings
- The child's clothing and shopping plans
- The child's health, behavior, or school experience
- The child's social activities, relationships (including siblings), social development, and special needs
- The child's visits to the doctor or dentist
- Plans for holidays that are special to the child, e.g. birthday parties, graduations and holiday celebrations

The intent of these activities is to engage the child's parents in the lives of their children. Be sure, however, not to

promise that you will keep from the social service worker information given by the parents.

Role in Parent-Child Visits

Resource parents can play an important role in visits between a child and his/her parents. If the visits take place in the parent's home or at the local office, resource parents can help the child adjust before and after contact. Your role is to help make the visit experience one that satisfies the child and strengthens the child-parent relationship.

Keep in mind that visiting is an important part of the child's adjustment to his or her situation. Regular, constructive visits help lessen a child's separation anxiety.

Visiting is also crucial to successful family reunification. Parents who have frequent, regular, and meaningful visits have the best chance for reunification with their children. As time approaches when a child will return home, the frequency and duration of visits will increase.

When There are Problems With Visits

It is important to keep in mind that for many parents, visiting their children in foster care is an experience that may heighten their sense of personal failure and inadequacy. Their anxiety causes some parents to make unrealistic promises or to agree to plans that have little chance of success.

At times, a specific problem may arise. Contact the social worker as soon as possible. This may include any incidents, observations, feelings about something that has occurred, or the child's reactions. Because every situation is different, the social worker is in the best position to advise you on how to handle different issues.

Helping the Child With the Visits

- Remember, children and birth parents experience, again and again, the grief of separation. It is very important that children maintain a connection with their birth parent in order to help them through this grief process.
- If the child is upset after a visit, allow them to have those feelings. Sometimes visits can be upsetting. Saying goodbye is difficult. It helps the child to know when the next visit is scheduled.
- Don't conclude that it is a mistake for the foster child to visit their family. Even if it is occasionally upsetting, in general there are more advantages than disadvantages to such visits for most children. Visits help children maintain a sense of reality about their family.
- If something unusual happens during a visit, or if the child always returns upset or unhappy, report this to the SSW. Always report any suspected abuse.
- If children are allowed to talk freely about their parents and their situation, they may feel less anxious. Answer their questions clearly, simply, and sensitively if they are confused about why they are in foster care. NEVER PROMISE THEM THAT IT WILL BE OK.
- Children often continue to love their parents no matter how they are treated or what problems the parents have. Be careful about what you say and how you say it. If you are negative about their parents, children may respond defensively, and this could have a negative effect on their self-esteem. It could also force them to take sides.
- It is important to be honest in acknowledging parental behavior that is not in the child's interest. Putting behavior in terms of "choices the parent made" is more objective and non-blaming.

Partnership with the Social Service Worker

It is the Social Service Worker's job to represent the child, birth family, resource parent(s), and DCBS. The SSW functions as a facilitator in meeting the needs of the child and all who are involved in helping the child. The Worker understands that the nature of the work is to develop a partnership that works.

Ideally, the SSW and resource parents will develop a team relationship. This benefits the child and makes your life easier as well.

Partnership with the R&C Worker

Per SOP 3.1, procedure 24, the R&C worker visits the Resource Home quarterly and verifies and documents an approved Resource Home's compliance with ongoing requirements including ongoing training before the anniversary date of the Home's approval. The R&C worker provides information, education, and support to the Resource Home in any identified area of need.

The Key to Maintaining Success is . . . Support

"Support" is defined as (1) giving strength or courage to, (2) help or assist, or (3) to maintain, keep up, or keep going. Being part of a support group is highly recommended as a valuable resource for resource parents. Local support groups may be available by county or region. Call your R&C Worker or Permanency Specialist for information in your area. A support group may enable resource parents to build relationships and companionships. They can provide training, education, advice and supportive information that might not be available otherwise. A support group can also identify problems that are not limited to an individual situation and can suggest approaches to problem-solving.

Support groups are an essential part of foster care. They are a means to provide connections to community support, community awareness and teamwork. Collectively, foster parents can bring about positive change to better serve children in care.

** American Public Welfare Association. Standards for Foster Family Services Systems for Public Agencies. Children's Bureau, Administration for Children, Youth and Families, Department of Health, Education and Welfare. DHEW Publication No. (OHDS) 79-30231.*

<u>The National Foster Parent Association</u>

The National Foster Parent Association is the only national organization which strives to support foster parents, and remains a consistently strong voice on behalf of all children. Their purpose is

- To bring together foster parents, agency representatives and community people who wish to work together to improve the foster care system and enhance the lives of all children and families
- To promote mutual coordination, cooperation and communication among foster parents, Foster Parent Associations, child care agencies and other child advocates.
- To encourage the recruitment and retention of foster parents.
- To inform the membership and general public of current issues.

Membership in the NFPA is open to anyone interested in improving the foster care system and enhancing the lives of children and families, regarding foster care. Affiliate memberships are open to local or state foster parent associations, local or state agencies, social workers, foster parents and all other individuals interested in the foster care program.

The NFPA provides an annual education conference, a

quarterly newsletter, a speaker's bureau, scholarships, awards, legislative input, Internet Web page, and a variety of other activities to help and inform people who are involved in the foster care system.

**Information found at http://www.nfpainc.org/*

<u>The Kentucky Foster/Adoptive Care Association</u>

The Kentucky Foster/Adoptive Care Association formed in October 1987 and has been striving to grow and serve families in Kentucky through the years. Members of the Kentucky Foster/Adoptive Care Association help unite foster and adoptive families, social workers and interested citizens across Kentucky. The KFACA enables members to have a voice for the children placed in foster care in Kentucky and across the Nation. KFACA members were the driving force behind the establishment of the Kentucky Foster/Adoptive Parent Training Support Network which serves foster and adoptive parents all over the state.

As a current member of the Kentucky Foster/Adoptive Care Association, you are:

- Able to collectively advocate for the needs of foster and adoptive families at both a state and national level;

- Able to network in a group that offers a wealth of information on how to partnership with your child's worker to activate services for children;

- Able to attend quarterly membership meetings and hear what other foster and adoptive parents are involved in across the state as well as, the most up to date information from the Department for Community Based Services concerning foster and adoptive families; and

- Attend quality training in conjunction with quarterly membership meetings on a wide variety of topics addressing current issues facing foster and adoptive families and their children. The Cabinet is able to reimburse foster parents for mileage and babysitting to attend these trainings.

Individuals or families may become members of the KFACA with a membership fee paid annually and renewed each January. Local foster/adoptive care associations are also eligible for chapter membership. Look in your F.A.S.T. Track magazine for membership information.

Local Foster/Adoptive Care Associations

Most regions have at least one local foster/adoptive care association and some have several. Check with your R&C worker to find out where one is located near you so that you can find the support you need from the resource parents in your area.

The Kentucky Foster & Adoptive Parent Training Support Network

The Network, as it is generally called, is made up of 16 teams throughout the state whose primary objective is to offer training and free, confidential peer support by parents for parents. Each team has four to five experienced resource parents who are available to answer questions, to offer a "listening ear" by people who have "been there," and to offer one-on-one and group training. Teams also generally have a community resources specialist who can offer information about local services and providers. DCBS staff and other community partners assist teams and help with coordination of activities and provision of up-to-date policy information.

Parent members of the Network receive specialized training in Critical Incident Stress Management from the Kentucky Crisis Response Board. Utilizing the SAFER model developed by Jeffrey Mitchell at the University of Maryland, parents are trained to provide short-term crisis intervention for other resource parents in times of stress, frustration, and difficulty. The Network can be especially helpful/supportive when a resource home is going through a child protective services investigation. The overall goal is to help retain good parents and minimize placement disruptions.

Each regional team has a toll-free phone number that is regularly posted in FAST Track. Parents are free to call this number whenever they wish and a member of their local team will return their call.

❖ *Program Coordinator Contact Information:*
1 (877)70HEART

The Resource Parent Mentor Program

The goal of the Resource Parent Mentor Program is to provide emotional and practical support to those being newly approved as resource parents through a one-on-one coaching relationship.

Upon completion of the required pre-service training, the Resource Parent Mentor Program will match you with a veteran resource parent in your area that will make a weekly contact with you for a period of six months. During this mentoring period, participants will share practical pointers on the day-to-day workings of out-of-home care. Your mentor will also be available for those "as needed" calls that you may want to make when questions, concerns or crises arise. Imagine being able to tap into years of experience and training by simply dialing the phone!

❖ *Program Coordinator Contact Information:*
1 (866) 440-6376

Adoption Support for Kentucky

Through your journey of foster care and adoption you will need to lean on other parents for support. Adoption Support for Kentucky (A.S.K.) provides parent-led support groups for adoptive parents. The groups are open to any family formed through adoption—at any stage in the process. You may choose to adopt through the state, privately, internationally or through kinship care, or you may simply be considering adoption. Regardless of the type of adoption or stage in the process, A.S.K. is here for you.

The groups are facilitated by an adoptive parent who understands the needs, joys and challenges of an adoptive family. A.S.K. also offers mentoring with an experienced adoptive family, information on policies and procedures, educational/training programs, statewide resource referral and advocacy assistance.

❖ *Program Coordinator Contact Information:*
1 (877) 440-6376

F.A.S.T. Track

This is an official publication of the Department of Community Based Services. F.A.S.T. Track is published four times a year in collaboration with the University of Kentucky Training Resource Center Resource Parent Training Program. It is designed specifically for resource parents and is distributed to all resource parents, Central Office Managers and Specialists, and Regional Administrators and

Supervisors. F.A.S.T. Track includes updates from specific support programs such as the Resource Parent Mentor Program, Kentucky Foster & Adoptive Parent Training Support Network, Adoption Support for Kentucky and Kentucky Foster/Adoptive Care Association. There are also articles related to adoption, medically fragile parenting and youth in foster care. Every issue "spotlights" resource families in each region. These "spotlights" are written and submitted by an R & C worker. F.A.S.T. Track also shares upcoming training and events information.

Tuition Assistance for Resource Parents

What is it?
The CHFS Education Assistance Program is a program established to provide tuition assistance to eligible resource parents across the state.

Who is eligible?
A resource parent who is eligible to receive Educational Assistance through the Cabinet must, at the time of application:

- Have served as a resource parent for the Cabinet for at least three years;
- Have a child in the home under the custodial control of the Cabinet; and
- Be in good standing with the Cabinet,
  - ❇ Positive evaluation on their annual strengths/needs assessment;
  - ❇ Current in their training hours;
  - ❇ No substantiated abuse or neglect findings;
  - ❇ Not actively working on plan of correction due to policy violation

What classes can be taken?
Bachelor or Master's degree programs must have direct relationship to the work of the agency and to the improvement of the resource parent's effectiveness as a resource parent. All courses that are the requirement of the degree program and have a direct relationship to the work of the agency may be approved.

***The tuition for a Master's degree program participant is granted only for the Bachelor cost per semester hour. The remaining Master's degree program tuition is the responsibility of the resource parent.*

What schools are approved for this program?
All resource parents who live in Franklin or surrounding counties must take courses at Kentucky State University (KSU) unless the course or required degree program is not offered at KSU.

Private out-of-state colleges and universities will not receive full tuition when the same or substantially the same course and degree programs are offered at in-state public colleges and universities. Instead, they will receive the highest in-state public rate.

What expenses does this program cover?
The following expenses are approved for this program:

- Educational assistance may be granted to pay for **tuition only**.
- Educational assistance may **not** be granted for:
  1. Specific course taken previously by the resource parent for which he/she received a passing grade, without proper approval for tuition assistance
  2. Registration and laboratory fees
  3. Basic and normal costs charged by the institution for actual instruction
  4. Required texts and other required course supplies
  5. Examination fees required by the institution
  6. Late registration fees
  7. Graduation fees
  8. Parking and transportation

How many hours/number of classes can be taken?
Agency-paid tuition for resource parents cannot exceed the following:

For undergraduate studies: nine (9) semester hours, six (6) hours for each summer semester, three (3) semester hours for each intensive session (e.g., inter-session, interim-session, etc.). This includes correspondence classes taken through colleges.

For non-college studies (such as accredited correspondence schools, vocational schools, and secondary schools: nine (9) classroom hours per week.

The Cabinet may limit the number of hours taken by individual resource parents to ensure that money is available for other resource parents.

What is the deadline for requesting tuition assistance?
To receive educational assistance, the resource parent must make application with the agency and receive approval from the Cabinet before entering the course. Therefore, ample time must be allowed for approval to be obtained. Please allow at least three (3) weeks prior to the semester start date. No request for educational assistance will be processed if submitted for approval after the start date of the course.

Are resource parents under any obligation to the Cabinet once they have participated in this program?

A resource parent who receives educational assistance is obligated to:

- Complete the course which was paid for by the agency;
- Provide the Cabinet with proof of a satisfactory grade for completion of the course within the established deadline. A satisfactory grade is a "C" or above in undergraduate studies. Grades of "I" (incomplete) may not be carried beyond thirty (30) working days of the scheduled completion date of the course. Such grades will be regarded as unsatisfactory;
- Not drop the course without prior approval from the Cabinet;
- Not receive duplicate payment for the same course from any other source (such as scholarships or veteran's educational payments,etc.); and
- Repay the Cabinet for failure to meet any requirements.

What are the penalties for failing to meet these obligations?
In the event the resource parent fails to meet the obligations outlined above, the Cabinet will work with the resource parent to set up a repayment plan. In the instance of an incomplete grade carried past the time stated above, the Cabinet might require the resource parent who received the incomplete to repay the tuition from that particular course.

How do resource parents apply for this program?
Applications for this program can be received from:

Foster/Adoption Support and Training Center
Attention: Educational Assistance Program
1 Quality St., Suite 700
Lexington, KY 40507
Phone: (859) 257-2690
1 (877) 440-6376
Fax: (859) 257-3918
Email: fostrng@uky.edu

A packet of information will be sent out within three working days of receiving the request. This application may be found in the forms section of this handbook.

Respite Care
SOP 3.10
KAR 1:350

PROCEDURES:
1. The R&C worker makes available and encourages the use of respite care for every child in foster care. The purpose of respite is to provide relief to Resource Home parents who are meeting the extraordinary demands of children in out-of-home care. The SSW includes the provision of respite care in all case plans.
2. If a Resource Home parent chooses a respite provider who is not an approved Resource Home, the R&C worker:
   (a) Completes SOP 3.1, Procedure #2 regarding age;
   (b) Completes SOP 3.1, Procedure #11 through #13 regarding health;
   (c) Completes SOP 3.2 regarding background checks;
   (d) Completes SOP 3.3 regarding home environment;
   (e) Completed confidentiality form.
3. If a Resource Home parent chooses a respite provider who is not an approved Resource Home meets one of the following training criteria:
   (a) Attends Pre-Service training or;
   (b) Has Professional Experience (see definition) working directly with children, if providing respite for a child in basic or advanced Resource Home and follows Procedures #4, #5, and #6; or
   (c) Has Professional Experience (see definition) or training in the mental health treatment of children or their families, if providing respite for a child in a Care Plus Resource Home; or
   (d) Is a health professional, if providing respite care for medically fragile and specialized medically fragile child.
4. If a Resource Home parent has a current respite provider that was utilized prior to July 1, 2004 that was not an approved Resource Home, the parent evaluates the respite provider:
   (a) Using the Respite Provider Evaluation form. The Resource Home parent evaluates every respite provider upon receipt of the Evaluation form, as well as annually to correspond with the Cabinet's strengths/needs assessment;
   (b) Discusses the Resource Home parent's experience with the respite provider and the skills and/or needs of the provider with the R&C worker during quarterly Resource Home updates.
   (c) Discusses any items marked "no" on the Evaluation with the R&C worker. The R&C worker also discusses with the FSOS to determine continued appropriateness of the respite provider.
5. If a Resource Home parent does not have a current respite provider as of July 1, 2004, a Resource Home parent provides experiential training to the Respite Provider. The Resource Home parent utilizes the Experiential Training Guide to assist in the development of knowledge and skills of the respite provider. Once the R&C worker determines that the respite provider has been provided sufficient experience, the Resource Home evaluates the respite provider as outlined in SOP 3.10 Procedure #3, described above.
6. The R&C worker documents during quarterly contact with the Resource Home how continued supervision of the respite provider is being conducted, including but not limited to strengths, needs, and any training assistance that is needed to ensure the appropriate level of care is

provided to the child when in respite care.

7. The R&C worker provides the respite provider preparation for placement of a child, including information in accordance with KRS 605.090(1)(b) regarding the child's behaviors.
8. If the child is medically fragile, the respite provider receives training from a health care professional in how to care for the specific medically fragile child.
9. If the child is specialized medically fragile, the respite provider receives individual documented training from a health care professional in how to care for the specific specialized medically fragile child.
10. When the respite care is to be provided in the Resource Home, the R&C worker meets with the potential respite care provider and documents the provider's appropriateness.
11. The R&C worker verifies that a respite care provider for a medically fragile child is trained in the specific care needs of the child and is currently certified in CPR and First Aid.
12. The R&C worker ensure that a respite care provider for a Care Plus child completes the Care Plus home training or any child-specific training that the Care Plus home receives.
13. When respite care is purchased from a licensed agency authorized to provide respite care services, the R&C worker does not have to complete an evaluation, home visit, or records check.
14. Resource Home parents are eligible for one day of respite care per month per child. Resource Home parents of a medically fragile child or a child in a Care Plus home are eligible for two (2) additional days of respite care per month per child.
15. Respite care for basic and advanced Resource Homes are included in the per diem. The R&C worker may request extended respite care for a Resource Home, for up to fourteen (14) days, with written approval of the SRA, when there is a family need or other emergency.
16. The Specialized Medically Fragile Resource Home with a medically fragile child receives three (3) respite care days per month. None of these days are included in the per diem and must be added to the Resource Home parent(s) invoice/billing statement to receive payment.
17. A respite home does not exceed the number of children as required in SOP 3.16 unless an exception is granted as described in SOP 3.17.
18. A medically fragile child may qualify for some Medicaid waiver services through a local Home Health agency. The R&C worker contacts the agency to determine eligibility criteria and procedures.
19. The Resource Home, with the worker's assistance, determines the most appropriate use of when to access respite time.
20. The R&C worker maintains a complete listing of approved respite care providers in the region.

Recruitment Bonus

SOP 3.12
KAR 1:350

PROCEDURES:

1. When an applicant, who becomes approved as a resource home to provide foster care services, names a current resource home parent as the referral source on the TRIS Intake Form, the referring resource home parent receives a $100 bonus for each resource home that is approved for the first of two new resource homes, a $150 bonus for the third and fourth new resource home, and $200 for the fifth and sixth resource home. After the sixth resource home, the bonus is $250 for each newly approved resource home.
2. The R&C worker:
   (a) Completes the DPP-110;
   (b) Obtains the approval of the FSOS;
   (c) Obtains the signature of the referring resource home parent, the one receiving the bonus, on the P&P-110;
   (d) Attaches a copy of the Foster and Adoptive Parent TRIS Intake Form, showing the referring resource home parent as the referral source, and a copy of the approval letter sent to the new resource home; and
   (e) Submits the P&P-110 and attachments to the Service Region's billing clerk.

Getting Support When A Child Leaves Your Home

Loving and letting go are very real parts of resource parenting. Resource parents are asked to welcome a child into their home, to treat them as their own, to love them, advocate for them, and then to help the child move back to his/her parents or to a permanent home. When the actual time comes, resource parents' feelings of loss are often not given enough attention during and after the transition process.

Loving and letting go are very real parts of resource parenting. Resource parents need to learn to do so in the healthiest way. Saying goodbye, taking and keeping pictures, developing family rituals, a special family dinner prior to the child leaving, are all ways of acknowledging loss and sadness while giving permission to move on. What would help your family the most? Focus on everyone's needs at this difficult time.

It is necessary to acknowledge these feelings of grief and loss. Expressing feelings of loss is neither a sign of weakness nor an indication of inadequacy as a resource parent. Resource parents can become very attached to children in

their home. They may also have ambivalent feelings when a child leaves who was very difficult to parent or with whom they were unable to establish a positive relationship. Exploring your feelings at the end of a placement is a necessary part of preparing to accept another placement.

Seek support from other resource parents. You may be angry and feel it is too soon for a child to go home. You may be fearful of the parenting that the child will receive. Talk about these concerns with your child's social worker, your R&C worker, a Resource Parent Mentor, and/or with a member of your regions Foster & Adoptive Parent Training Support Network. Local Foster/Adoptive Care Associations are another great resource for support. Resource parenting can be a challenging experience and it is helpful to share your sadness and failure, as well as your success and happiness with other resource parents.

Allegations of Child Abuse and Neglect in the Resource Home

Reports of Maltreatment

SOP 3.15

PROCEDURE:

1. When a report of abuse, neglect or exploitation is made with regard to a resource home, guidelines for Intake and Investigation are followed.
2. The R&C worker may inform the resource parent of peer support services available through the Foster Adoptive Support Network.

Specialized Investigations Process Overview

SOP 7B.8
KAR 1:330 Section 5

1. Specialized investigations or FINSAs pertain to Foster or Adoptive Resource Homes (DCBS or Private Child Placing Agency):
2. Specialized investigations pertain to:
   (a) Private Child Caring Facilities;
   (b) Certified Family Child Care Homes or Licensed Child Care Facilities;
   (c) Registered (Subsidized) or Family Child Care Providers;
   (d) Cabinet Employees;
   (e) School Employees;
   (f) DJJ Facilities;
   (g) Crisis Stabilization Units;
   (h) SCL/CMHC Facilities;
   (i) Psychiatric Hospitals;
   (j) Camps; and
   (k) Day Treatment Facilities.
3. Referrals for specialized investigations are entered under the alleged perpetrator name and referenced back to the facility.
4. When an allegation of abuse or neglect is made with regard to a Foster or Adoptive Resource Home (DCBS or Private Child Placing Agency), the SSW uses the CPS Multiple Response Matrix to determine whether to conduct an investigation or FINSA; for all other types of specialized settings, the SSW conducts an investigation.
5. A DCBS resource home or PCP foster home will require a Familial CQA. All other Specialized Investigations will require a Non-Familial CQA which includes only the Maltreatment, Underlying Causes, Adult Patterns of Behavior and Summary screen of the CQA
6. The SRA or designee may request assistance from an identified DPP staff member at Central Office when consultation is needed, including when:
   (a) A home, facility, or program is not cooperative;

   (b) There is difficulty in obtaining information;
   (c) There are concerns involving other agencies' participation in the FINSA or investigation; or
   (d) Consideration is being given to:
      (1) Closing a home, facility, or program;
      (2) Suspending DCBS referrals; or
      (3) Terminating an agreement or contract.
7. When there is an allegation of abuse or neglect that involves one of the above settings, the SSW distributes a copy of the DPP-115, Confidential Suspected Abuse, Neglect, Dependency or Exploitation Reporting Form, to the:
   (a) Out-of-Home Care branch, Division of Protection and Permanency, 275 E. Main St., 3C-E, Frankfort, KY 40621, via fax at (502) 564-5995 for:
      (1) DCBS and Private Child Placing Agency Foster/Adoptive Resource Homes;
      (2) Private Child Caring Facilities;
      (3) Crisis Stabilization Units;
      (4) SCL/CMHC Facilities;
      (5) Psychiatric Residential Treatment Facilities;
      (6) Psychiatric Hospitals; or
   (b) Child Safety branch, Division of Protection and Permanency, 275 E. Main St., 3E-B, Frankfort, KY 40621, via fax at (502) 564-5995 for:
      (1) Certified Family Child Care Homes or Licensed Child Care Facilities;
      (2) Registered (Subsidized) Family Child Care Providers;
      (3) Cabinet Employees;
      (4) School Employees;
      (5) DJJ Facilities;
      (6) Camps;
      (7) Day Treatment Facilities; and

(c) Other appropriate parties, per the Distribution Chart.

8. The SSW assigned an Investigation or FINSA involving a DCBS Foster or Adoptive Resource Home distributes a copy of the DPP-115, Confidential Suspected Abuse, Neglect, Dependency or Exploitation Reporting Form to the Regional Recruitment and Certification (R&C) Supervisor.
9. Each Service Region may establish a centralized point of distribution of information to other staff, resource family, agencies or license holder, as appropriate.
10. Requests for information regarding the final report by those outside the Cabinet are to be handled through Open Records Procedures.
11. The SSW provides an update to the SRA or designee on the status of the Investigation/FINSA no less than once per week, and when completed, submits the Investigation/FINSA to the SRA or designee for review.
12. At the beginning of the Investigation/FINSA, the SSW conducts an unannounced visit to the site of the abuse or neglect.
13. The SSW notifies the alleged perpetrator subject to an investigation of the allegations during the initial face-to-face contact with the alleged perpetrator by:
    (a) Verbally informing the alleged perpetrator of the basic allegations, void of any specifics that may compromise the investigation;
    (b) Verbally informing the alleged perpetrator that they will be provided notification of the findings upon completion of the investigation;
    (c) Providing the alleged perpetrator a copy of the DPP-155, Request for Appeal of Child Abuse or Neglect Investigative Finding explaining the alleged perpetrators rights to appeal a substantiated finding; and
    (d) Documenting the verbal notification of the allegations in the service recording of TWIST.

If the identity of the alleged perpetrator is unknown at the outset of an investigation the aforementioned procedures are conducted during the initial face-to-face contact with the adult caretaker(s) or facility Director.

14. The SSW negotiates a Prevention Plan with the family to address immediate safety concerns when the SSW believes the child(ren)'s safety may be compromised and the child remains in the home or in the temporary care of a relative. Those who may be involved in the preparation of the plan may include:
    (a) The Child;
    (b) Parent(s);
    (c) The Investigating SSW;
    (d) The R&C SSW;
    (e) Facility or program administrator;
    (f) Private Agency staff who serve the child or foster/adoptive resource home;
    (g) The child's SSW;
    (h) The resource parent's SSW;
    (i) The alleged perpetrator; and
    (j) The SRA or designee and identified DPP staff at Central Office if:
        (1) The child is at a significant level of risk;
        (2) There is a risk of removal of the child from the setting; or
        (3) The parties are unable to agree upon the Prevention Plan's contents.
15. If the child and his parents have not participated in the Prevention Plan's preparation, the investigating SSW or the family's SSW explain the plan's contents to them, and document the explanation and the family's response.
16. When it is determined that a child in the legal custody of the Cabinet is at risk or is in imminent danger and it is necessary to remove the child or take other action regarding a home, facility or program, the investigative worker immediately verbally notifies the appropriate agencies as described in the specific type of facility SOP.
17. If the investigative SSW is unable to complete the FINSA or investigation within thirty (30) working days, a request may be submitted in writing to the SRA or designee for an extension of ten (10) additional working days. The justification for the extension is documented in TWIST.
18. When the alleged abuse involves the use of child restraint, the investigative SSW:
    (a) Reviews applicable procedure, training material, incident reports, and any other written information on child restraint that applies to the home, facility or program; and
    (b) Considers:
        (1) Events leading to the use of restraint, including whether de-escalation techniques were used to avoid restraint;
        (2) Specific reasons for the use of restraint;
        (3) The type of restraint that was chosen and whether it is the least restrictive, based on the size of the child and adult;
        (4) How the child's behaviors were addressed in his treatment plan;
        (5) Use of restraint with regard to this child prior to the incident;
        (6) Whether there is agency monitoring of the use of child restraint;
        (7) The child's medical condition; and
        (8) The type and number of hours of training and/or re-certifications the facility employees have completed.
19. Substantiations are made against an individual as a rule, however on rare occasions, the SSW may substantiate

maltreatment by the license holder of the facility or Director, if there is a systemic pattern of child abuse or neglect. Some factors or conditions which may show that there is a systemic pattern include conditions that show that there is a lack of supervision by management over a period of time or lack of training which creates a risk of harm to children in care. When the SSW has a question as to whether there is a systemic problem, the SSW:

(a) Consults with their FSOS; and
(b) Contacts the regional attorney for advice prior to substantiating the investigation against a facility.

When consensus cannot be reached on how to proceed, direction may be requested from DPP Central Office specialists and the Office of Legal Services.

20. No later than ten (10) working days after the CQA has been completed and approved, the investigative SSW convenes an exit conference with the home, facility or program director and license holder, and others, regardless of the finding. During the exit conference, the SSW facilitates development of an Aftercare Plan (if appropriate), and all participants are asked to participate and sign. If an Aftercare Plan is needed, the plan can include non-protective issues such as licensing regulations as well as protective issues that are either child-specific concerns or general concerns that affect the home or entire facility or program.
21. Upon FSOS approval of the CQA, the SSW sends, within ten (10) working days:
    (a) Notification of a substantiated finding via the DPP-152, Substantiated Investigation Notification Letter to the:
        (1) Perpetrator, along with the DPP-155, Request for Appeal of Child Abuse or Neglect Investigative Finding by;
            - Certified, Restricted Mail; or
            - Hand delivery, with a witness signing a written confirmation that the perpetrator received the notice; and
        (2) Victim's parent or guardian by;
            - Certified Mail; or
            - Hand delivery, with the parent or guardian and a witness signing a written confirmation that the parent or guardian received the notice;
    (b) All other notification of the finding to the alleged perpetrator via the:
        (1) DPP-152A, Unsubstantiated Investigation Notification Letter;
        (2) DPP-153, Family In Need of Services Notification Letter; or
        (3) DPP-153A, Family Not In Need of Services Notification Letter;
    (c) All other notification of the finding to the alleged victims parents or guardian when the investigation involves a:
        (1) Certified Family Child Care Home or Licensed Child Care Facility;
        (2) Registered (Subsidized) Family Child Care Providers;
        (3) School Employees;
        (4) DJJ Facilities;
        (5) Camps; or
        (6) Day Treatment Facilities;

        Via the:
            - DPP-152A, Unsubstantiated Investigation Notification Letter;
            - DPP-153, Family In Need of Services Notification Letter; or
            - DPP-153A, Family Not In Need of Services Notification Letter
    (d) Notification of the finding, to all involved other parties, via the:
        (1) DPP-152, Substantiated Investigation Notification Letter;
        (2) DPP-152A, Unsubstantiated Investigation Notification Letter;
        (3) DPP-153, Family In Need of Services Notification Letter; or
        (4) DPP-153A, Family Not In Need of Services Notification Letter.

NOTE: The SSW sends a notification to the victim's parents or guardian only when an investigation has been substantiated involving:

- DCBS and Private Child Placing Agency Foster/Adoptive Resource Homes;
- Private Child Caring Facilities;
- Crisis Stabilization Units;
- SCL/CMHC Facilities;
- Psychiatric Residential Treatment Facilities; or
- Psychiatric Hospitals.

If the investigation or FINSA (for DCBS and PCP Agency Foster/Adoptive Resource Homes only) in one of the aforementioned settings is unsubstantiated the SSW sends no notification of findings to the victim's parents or guardian.

22. Upon FSOS approval of the CQA, the SSW sends, within ten (10) working days notification of the findings of an investigation or FINSA involving a DCBS Foster or Adoptive Resource Home to the Regional Recruitment and Certification (R&C) Supervisor.
23. The Aftercare Plan is monitored by those who participated in the aftercare planning process. The SSW does not include monitoring of any portion of an aftercare plan without the provider's explicit knowledge and consent. Monitoring usually consists of the following:
    (a) The R&C SSW, for a DCBS resource home;

(b) The Children's Review Program and the Office of Inspector General's Division of Regulated Child Care, for Private Child Placing agency foster homes or Private Child Caring facilities;
(c) The Office of Inspector General, Division of Health Care Facilities and Services (DHCFS);
(d) The DCBS Division of Child Care, for certified family child care homes or licensed child care facilities;
(e) The DMHMR Division of Mental Retardation for Supports for Community Living (SCL)/ facilities and
(f) The program or agency director and license holder or school superintendent or board, for unlicensed facilities (e.g. YMCA day camps, summer camps and schools);
(g) The person identified on the plan, if the issue is child-specific;
(h) Identified DPP staff, as a contract performance indicator, when appropriate; and
(i) The Children's Review Program, when conducting annual agency reviews, and through program-specific monitoring when requested by a DPP specialist in Central Office.

PROCEDURE:

1. The SSW contacts the Service Region Administrator (SRA) or designee, who assigns staff to conduct the investigation. The SSW assigned to investigate the home is not to have current case responsibility for a child placed in the home.
2. The SSW may conduct interviews with a random sample of children of appropriate age who have previously been in the home. If other children are interviewed as collaterals, the worker may first obtain the parents' permission. If the parent is not contacted prior to the interview, the SSW informs the parent as soon as possible after the interview. It is explained to the parent that his/her child is not the alleged victim.
3. The SSW assesses the risk to all children in the resource home, and determines if all children in the legal custody of the Cabinet are to be removed during the investigation. The decision of whether or not to move children who were not named in the allegations are to be made in conjunction with the SRA and Regional Staff, and in consultation with Central Office Specialists as needed, based on the assessed level of risk.
4. The SRA or designee may approve regional suspension of referrals to a home. Should that occur, the SRA notifies all other service regions of the action.
5. The SSW considers whether conditions or factors were present over a period of time that would have suggested to the agency administrator that there were identified problems in a particular foster/adoptive resource home, and whether or not a plan was instituted to rectify the problems.
6. If abuse, neglect, or dependency is substantiated in a foster/adoptive resource home, an R&C review of the home is completed, unless the home is being closed.
7. The decision to close or continue using the foster/adoptive resource home is made by the SRA or designee.
9. The SSW notifies the alleged perpetrator subject to an investigation of the allegations during the initial face-to-face contact with the alleged perpetrator by:
   (a) Verbally informing the alleged perpetrator of the basic allegations, void of any specifics that may compromise the investigation;
   (b) Verbally informing the alleged perpetrator that they will be provided notification of the findings upon completion of the investigation;
   (c) Providing the alleged perpetrator a copy of the DPP-155, Request for Appeal of Child Abuse or Neglect Investigative Finding explaining the alleged perpetrators rights to appeal a substantiated finding; and
   (d) Documenting the verbal notification of the allegations in the service recording of TWIST.

If the identity of the alleged perpetrator is unknown at the outset of an investigation the aforementioned procedures are conducted during the initial face-to-face contact in the child's home with the adult caretaker(s).

10. The SSW sends a copy of the DPP-115 to the Out-of-Home Care branch via fax at (502) 564-5995.
11. The SSW sends copies of the DPP-115, 72-hour law enforcement notification and any recommendations immediately upon completion to:
    (a) Regional Recruitment and Certification (R&C) Supervisor; and
    (b) SRA or designee.
12. The SSW follows procedures outlined in SOP 7B.8 Specialized Investigations Process Overview when sending notification of a substantiated or unsubstantiated findings to:
    (a) The Alleged perpetrator (sent to each perpetrator via Certified, Restricted Mail and the DPP-155, Request for Appeal of Child Abuse or Neglect Investigative Finding of the substantiation);
    (b) Parent or guardian;
    (c) Regional Recruitment and Certification (R&C) Supervisor; and
    (d) All other involved parties.
13. The SSW follows additional procedures when investigating a Private Child Placing (PCP) agency as outlined in SOP 7B.8.1(A) Investigation of a PCP Foster or Adoptive Resource Homes.

❖ *Please refer to The Foster and Adoptive Parent Training Support Network on page 37 for additional information/ support.*

The Child in Out-of-Home Care

Introduction

Out-of-home care (OOHC) is one of the many protective services offered to children and families. It consists of the provision for children placed in the custody of CHFS to receive supplemental care in an approved placement for a planned period of time when it is necessary for a child to be separated from his own parents or relatives.

Court orders grant approval for initial removal of a child from the parents, continuation of care out of the parents' home, establishment of a permanency goal and other actions taken by CHFS. CHFS staff works in cooperation with District, Family and Circuit Courts to make decisions that follow the removal. These decisions are guided by the following principles:

1. The importance of parents, extended family members, and significant others to a child;
2. The physical, social, emotional, cultural, spiritual, legal and financial rights and responsibilities of parents to their child; and
3. The value of timely permanency in the life of a child.

CHFS supports and encourages the establishment of a "Family Team" for each family with a child in OOHC. The team may consist of parents, children, extended family, caregivers, community partners, worker and other agency staff. The team's purpose is to assess the child and family's strengths and needs, develop plans to meet identified needs on a continuing basis, and work toward timely accomplishment of objectives and tasks, to meet family and permanency goals.

OOHC services are provided to children in the legal custody or commitment of the Cabinet, and are time-limited and provided in an approved safe environment until a child is reunited with his family, or until another permanent living arrangement has been secured. The Adoption and Safe Families Act (ASFA) and Council on Accreditation for Children and Family Services (COA) standards have governed the development of these Standards of Practice (SOP). In addition, the crucial principles of child and family safety, permanency and well being are an integral part of the training and supervision received by CHFS staff implementing these SOP.

Initial Placement Considerations

CHFS provides an array of out of home care placements with services and locations that are designed to meet the special

needs of each child and family. Specialized placements include emergency shelter care, family foster home, care plus homes, medically fragile homes, and residential treatment facilities.

Prior to a child's initial removal and placement in out of home care, CHFS and the Court make a determination that the child is:

1. In danger of serious physical injury or is being sexually abused;
2. A victim of physical or emotional injury (as confirmed by a Qualified Mental Health Professional) inflicted by a parent, or injury that was allowed to be inflicted by other than accidental means; or
3. In immediate danger due to the parents' failure or refusal to provide for the safety or needs of the child.

The SSW plans for and prepares a child for initial placement, even when that placement is an emergency. Services are based on the family assessment, case planning, and service consultation with the Family Team.

A child in the custody of CHFS shall only be in a placement that is approved or licensed; with a parent, when the parents' care/home has been determined to be safe (with permission from the court), or an approved relative placement.

The SSW places each child in a setting that is:
1. The most family-like;
2. The least restrictive placement that meets the child's needs; and
3. Closest in proximity to his home, community, school, relatives or significant attachments.

Factors that have a bearing on selection of a child's placement include:
1. Available appropriate relatives;
2. Ability to place siblings together;
3. Age, physical, cognitive, mental and emotional level of development;
4. Any special condition (including need for medical and behavioral treatment) that may require individualized services;
5. Probable options for timely achievement of legal permanency;
6. Any placement history that may indicate the need for a placement that provides certain characteristics or services;
7. Resources and coping strategies that the child and caregiver possesses;
8. Physical health needs/screening and acute treatment if needed;
9. Educational needs;
10. Mental health needs;
11. History of abuse or neglect;
12. Maintaining contact with parents and other individuals with whom the child has significant attachment; and
13. Social, cultural and environmental factors such as the child's language, religious preference, geographic location and parent and child circumstances.

Process Overview—Initial Actions After Commitment

SOP 7E.1.1
KRS 605
KRS 620
KAR 1: 140
KAR 1:310
KAR 1: 490

PROCEDURE:

The Cabinet provides an array of out of home care placements with services and locations that are designed to meet the special needs of each child and family. Specialized placements include emergency shelter care, family foster home, Care Plus homes, medically fragile homes, and residential treatment facilities.

Prior to a child's initial removal and placement in out of home care, the Cabinet and the Court make a determination that the child is:
1. In danger of serious physical injury or is being sexually abused;
2. A victim of physical or emotional injury (as confirmed by a Qualified Mental Health Professional) inflicted by a parent, or injury that was allowed to be inflicted by other than accidental means; or
3. In immediate danger due to the parents' failure or refusal to provide for the safety or needs of the child.

The SSW plans for and prepares a child for initial placement, even when that placement is an emergency. Services are based on the family assessment, case planning, and service consultation with the Family Team. Under "**no circumstances**" is a child in the custody of the Cabinet allowed to stay overnight in the residence of the SSW or other Department for Community Based Services (DCBS) staff providing protection and permanency services without prior approval from the Commissioner pursuant to 922 KAR 1:350.

When placing a child in foster care, the initial placement plan should be to place siblings together, unless circumstances exist that would not be in the child's best interest. The sibling bond is irreplaceable. Connections between siblings and significant others should be maintained to preserve the child's emotional well-being and self-esteem.

The SSW seeks a placement for a child in the:
- Most family-like, least restrictive setting;
- With the child's siblings;
- That is in closest proximity to the family's home; and
- Promotes continued contact with the child's family, friends, community, and other primary connections.

The SSW consults with the Family Services Office Supervisor (FSOS) and uses the Placement Decision Making Matrix as a guide to document legitimate reasons for not placing siblings together at the time of initial placement. One of the conditions listed on the placement matrix must be met to justify separating siblings. The SSW documents the reasons for not placing siblings together in the case record. Efforts will be made to reunite siblings in the same resource home who are separated during the initial placement, unless exceptional reasons exist that prevent reunification.

A child in the custody of the Cabinet shall only be in a placement that is:
1. Approved or licensed;
2. With a parent, when the parents' care/home has been determined to be safe; or
3. An approved relative placement.

When placing a child that is in the custody of the Cabinet, a Relative Placement is normally the first option considered

as it is deemed the least restrictive Out-of-Home Care setting.

Procedures in locating viable relatives, both maternal and paternal are outlined in:
SOP 7C.3.1 Use of Genogram / Family Tree;
SOP 7E.1.1(B) Involvement of Fathers and Paternal Family Members; and
SOP 7E.1.13 Absent Parent Search

Factors that have a bearing on selection of a child's placement include:
1. Available appropriate relatives;
2. Ability to place siblings together;
3. Age, physical, cognitive, mental and emotional level of development;
4. Any special condition (including need for medical and behavioral treatment) that may require individualized services;
5. Probable options for timely achievement of legal permanency;
6. Any placement history that may indicate the need for a placement that provides certain characteristics or services;
7. Resources and coping strategies that the child and caregiver possesses;
8. Physical Health needs/screening and acute treatment if needed;
9. Educational needs;
10. Mental Health needs;
11. History of abuse or neglect;
12. Maintaining contact with parents and other individuals with whom the child has significant attachment; and
13. Social, cultural and environmental factors such as the child's language, religious preference, geographic location and parent and child circumstances.

Home Placement

SOP 7E.1.2
KRS 605:090

PROCEDURE:
1. Placement in the home is a rare occurrence and is generally initiated by the committing court. If the SSW wishes to place a committed child back in the home, the SSW notifies the committing court in writing within fourteen (14) days of the move.
2. The SSW consults with the FSOS and SRA, or designee, to determine what action steps are necessary to conform to KRS 605.090(b)(1).
3. The SSW follows the guidelines for OOHC, as CHFS is the legal custodian of the child, even though the parent has physical custody.

Relative Placement

SOP 7E.1.3
KRS 605.090

PROCEDURE:
1. The SSW initiates a criminal records check, a domestic violence check, and a child registry check, and completes the relative home evaluation.
2. In some cases, the FSOS approves placement in the relative's home after completing the records checks and home visit but prior to completion of the written home evaluation. If this occurs, the SSW completes the home evaluation within thirty (30) working days of the placement.
3. The decision to place the child with a relative is based on the child's needs and which setting is most suited to meet those needs. Criteria for the SSW's assessment of whether it is appropriate to place a child with relatives may include, but are not limited to the:
   (a) Child's relationship with the relatives;
   (b) Relative's ability to meet the child's basic needs;
   (c) Relative's ability to meet the child's medical, emotional, educational, or treatment needs;
   (d) Relative's understanding of the risk factors that led to the child's removal and his ability to appropriately protect the child; and
   (e) Possibility of placing siblings together.
4. If the child is being placed with a relative, the SSW offers the Kinship Care program.
5. Placement of a child in a relative foster home may also be considered.
6. When placing a child with relatives living in another state, the SSW follows Out of State Placement guidelines.

As with any other type of substitute care placement, the SSW informs the individual having physical custody of the child of any history of inappropriate sexual acts or other behaviors of the child that indicates a safety risk for placement. If such information is not known at the time of placement, the SSW is mandated to inform the placement resource within seventy-two (72) hours after receiving the information.

Placement in a DCBS Resource Home

SOP 7E.1.4
KRS 199.011
KAR 1:140
KAR 1:350

PROCEDURE:
The SSW seeks placement for a child in an approved DCBS resource home only when an appropriate relative home is not available. A resource home must have a current DPP-111, Foster Home Contract, which has been signed by the

resource parents and Cabinet officials.

1. Prior to making a decision to place a child in a DCBS resource home, the SSW reviews:
   (a) Information about the child and family found in the CQA;
   (b) The child's level of care assignment, if available;
   (c) Any available documents regarding the child's physical, mental health and educational background; and
   (d) The Case Plan.
2. The SSW seeks consultation from members of the Family Team, especially the child, regarding placement decisions.
3. The SSW ensures that a DPP-111A Resource Home Contract Supplement is provided to the Resource parent(s)upon the Resource Home's acceptance of a child. The FSOS or designee signs the completed DPP-111A, including any known history and risk factors regarding the child being placed and the SSW obtains the signature of the Resource Home's parent(s). In an emergency situation, the DPP-111A is signed within three (3) working days of placement. As with any other type of substitute care placement, the SSW is to inform the resource parent of any history of inappropriate sexual acts or other behaviors of the child that indicates a safety risk for placement. If such information is not known at the time of placement, the SSW is mandated to inform the resource parent as soon as practical, but no later than seventy-two (72) hours after receiving the information. A copy of the signed DPP-111A Resource Home Contract Supplement is provided to the:
   (c) Resource Home; and
   (d) Regional Billing Clerk.

The SSW files the original DPP-111A in the Resource Home's case file.

4. If the child has a physical condition (documented by a physician) which may become unstable or change abruptly and result in a life-threatening situation, or meets other criteria for medically fragile status, the SSW explores placement in a medically fragile resource home. This category of service allows the eligible child to remain in the least restrictive setting, and allows the resource parent to be reimbursed for additional and/or more intensive care.
5. If the child displays aggressive, destructive, or especially disruptive behaviors, the SSW may explore placement in a Care Plus Home.
6. In situations when a child is age twelve (12) or older and needs an immediate placement for less than thirty (30) calendar days, the SSW may consider placement in a DCBS Emergency Shelter Resource Home, only after all other resources have been exhausted.

Placement in a DCBS Care Plus Resource Home

SOP 7E.1.4(A)
KAR 1:350

PROCEDURE:

1. If the child displays aggressive, destructive, or especially disruptive behaviors, the SSW may explore placement in a Care Plus Home.
2. If a SSW believes that a child is appropriate for a Care Plus Home, the SSW prepares a request for the child to be accepted for placement, and submits it to the SRA, or designee, for approval. The request includes the following information:
   (a) Level of Care assignment;
   (b) Medical history;
   (c) Current psychological evaluation;
   (d) Educational Passport, if the child will change schools;
   (e) Social History;
   (f) Court reports;
   (g) Detailed description of the child's behavior;
   (h) Reason for referral;
   (i) Current placement information; and
   (j) Permanency goal.
2. Upon approval by the SRA or designee, the SSW makes a referral to the R&C team, and includes a copy of the SRA approval to place the child in Care Plus Home care.
3. The R&C team identifies an approved Care Plus Home for the child, and schedules a pre-placement visit for the child with the family and the respite provider. More than one pre-placement visit may be needed to successfully transition the child into the home.
4. A pre-placement conference is held to prepare a plan for management of the child's behaviors in the home, at school, and in other settings. This is the Care Plus Home Plan. This conference does not replace a Periodic Review or Permanency Hearing, but can be held jointly if all requirements are met. Conference participants are to include:
   (a) The child;
   (b) Child's family;
   (c) SSW;
   (d) R&C SSW;
   (e) Resource parents; and
   (f) Respite provider.

If there is an emergency move, the conference takes place after the placement.

5. A plan is developed which specifies methods for measuring the child's progress. The child's response to the plan is recorded on a daily log maintained by the resource parent.
6. When the permanency goal is Return to Parent, ongoing contact between the resource family and the child's birth family is encouraged during Periodic Reviews and visita-

tion. The resource family is to act as a role model for the birth family, assisting them to implement components of the Care Plus Home plan prepared for the child.

7. While the number of contacts is determined by the needs of the child, the SSW is to visit the home a minimum of twice per month. The purpose of these visits is to determine whether the child's needs are being met, provide supportive services to the resource parents, review the daily logs, prepare weekly summary of the child's behavior and activities with the resource parents, and determine when further services are indicated. Because of the excessive demands and stresses related to caring for a child in a Care Plus Home, weekly phone calls by the SSW are also encouraged.

Placement of a child in a Medically Fragile Resource Home

SOP 7E.1.4(B)
KAR 1:350

Procedure:

1. The Social Services Worker (SSW) considers a child for a possible medically fragile designation if the child has a:
   (a) Medical condition (documented by a physician) that may become unstable and change abruptly resulting in a life-threatening situation;
   (b) Chronic and progressive illness, including (but not limited to):
      (1) Renal problems requiring dialysis;
      (2) Organ transplants;
      (3) Open heart surgery;
      (4) Cancer;
      (5) Severe chronic respiratory disease;
      (6) Terminal illness; or
      (7) Head injuries;
   (c) Severe disability that requires medical technological assistance;
   (d) Need for a special service or ongoing medical support, including (but not limited to):
      (1) Nasal-gastric tube feeding;
      (2) Continuous nasal oxygen administration;
      (3) Intravenous lines;
      (4) Intravenous medication therapy;
      (5) Deep inter-muscular injections; or
      (6) Tracheotomy;
   (e) Need for 24-hour care by a physician or nurse with a current and active Kentucky license for the child to survive; or
   (f) Health condition stable enough to be in a home setting only with frequent monitoring by an attending physician with a current and active Kentucky license or care of a nurse with a current and active Kentucky license, including (but not limited to):
      (1) Uncontrollable diabetes, which means the diabetes cannot be effectively controlled through medication or diet and makes the child vulnerable to diabetic coma;
      (2) Neurological or physical impairments to a degree that the child is non-ambulatory and requires 24-hour medical care;
      (3) Feeding problems that require nasal gastric or gastronomy tubes;
      (4) Tracheotomy requiring frequent suctioning and changing; or
      (5) Neurological/behavioral difficulties related to prenatal substance abuse.
2. The SSW obtains documentation of the child's medical condition from a physician and other healthcare providers.
3. The SSW obtains the approval of the Family Services Office Supervisor (FSOS) prior to proceeding with a formal request to consider the child for medically fragile status.
4. The SSW prepares Request for Approval as Medically Fragile and includes, the following information about the child:
   (a) Identifying information, e.g., name, race, date of birth, commitment date, DCBS number, Social Security Number, and county of origin;
   (b) Comprehensive health history;
   (c) Current medical evaluation that identifies major medical problems and the care needs of the child with a copy of all professional evaluations attached; and
   (d) Documentation regarding the current placement type, the name and qualifications of the foster parents identified to care for the child, and the proposed date of placement.
5. The SSW submits the request for regional approval, through supervisory channels. Some Service Regions have within their framework a designated group that monitors and reviews the cases of prospective and current medically fragile children. The Service Region Administrator may request that the Director of the Division of Protection and Permanency grant an exception to the approval procedures.
6. After regional approval by the SRA or designee, the Service Region's Medically Fragile Services Liaison submits the request to the Medical Support Section of DPP for review and approval. The medically fragile determination is made by the Medical Support Section of DPP or method approved by the DPP Director for that Service Region.
7. The Medical Support Section of DPP provides the SRA with written notice confirming whether the child meets the criteria for medically fragile status. The SRA forwards the written notice to the SSW and the Region's Medically Fragile Liaison.

8. The SSW places a medically fragile child in an approved medically fragile foster home. The medically fragile approval does not replace or substitute for the need to obtain a Level of Care Assignment.
9. If a medically fragile placement does not occur after a medically fragile determination has been made, the SRA documents for the Commissioner:
   (a) That the home in which the child is placed meets the child's medical needs; and
   (b) The reason(s) for a non-medically fragile placement.
10. The SSW, in coordination with the Regional Medically Fragile Services Liaison, schedules a Medically Fragile Regional Health Services Management Team meeting prior to the child's placement in a medically fragile resource home or within thirty (30) days of the child's placement. Additional meetings are held quarterly.
11. The SSW visits the child in placement a minimum of two (2) times per month, or more often if necessary for the child and the placement's stability. During the monthly home visit, the SSW:
   (a) Ensures the child's needs are met;
   (b) Provides supportive services to the resource parent(s);
   (c) Identifies upcoming service needs;
   (d) Reviews the Child/Youth Action Plan and Individual Health Plan with the child (if appropriate) and resource parents; and
   (e) Documents in the TWIST contact screens:
      (1) The child's weight;
      (2) Alertness of the child;
      (3) Physical condition of the child;
      (4) Any illness or medical change (of the child) since the last visit;
      (5) Current medical supervision the child is receiving;
      (6) A review of the child's current diet and eating pattern; and
      (7) A review of the child's medication log.
12. The SSW submits the Medically Fragile Monthly Report, completed by the resource home parent, to the Region's Medically Fragile Liaison and the Medical Support Section of DPP.
13. The SSW makes additional contacts with the medically fragile child and resource parents as determined by the needs of the child. The SSW is encouraged to make weekly phone calls to the resource parents.
14. Medical services are provided pursuant to SOP 7E.4.10.
15. The SSW makes a re-evaluation of the child's medically fragile status every six (6) months.
16. The SSW follows guidelines for discontinuing a child from medically fragile status or Aftercare Planning.
17. At any time, the SSW, Medically Fragile Services Liaison, or resource parent may request consultation with the Medical Support Section of DPP regarding a medically fragile child.
18. Upon request, consultation may include a visit by the Medical Support Section of DPP to the medically fragile child and/or placement.
19. If the Medical Support Section of DPP determines a condition that warrants additional attention, a representative of the Medical Support Section of DPP notifies the FSOS responsible for the child.

Lifebook Development

What is a lifebook? It is a simple, truthful story written through the child's eyes. It is a record of the child's life from birth that uses words, photos, the child's artwork, and other meaningful memorabilia that convey information about a child's personal history. A lifebook is even more than a life story, it is a way to honor every minute of a child's life.

It is the responsibility of the SSW, R&C worker, resource parent and birth parent to provide a life book for each child in out of home care. The SSW should take the lead in assuring that the child has a life book and should initiate the work with the birth family in gathering information on an ongoing basis. And, according to SOP 3.7, "Resource Home parents encourage family connections through their assistance in developing the child's Lifebook."

Lifebooks help children:

- Make sense of the past and prepare to go forward;
- Become aware of their strengths and needs and gives them an opportunity to build on them; and
- Develop new perspectives on the past and hope for the future.

The team approach to lifebooks may be the most rewarding. Many people should partner with the child in creating a life book. When resource parents work with the child, it brings them closer together by creating a natural bridge to talking about being in foster care. The resource parent can offer to take pictures of the birth families while visiting the child and ask the birth family to share stories of the child's life. A social worker may use lifebooks to assist in preparation of a child for adoption. A therapist may work with a child to help them put into words the painful experiences that brought them into the foster and/or adoptive home.

Lifebook development can begin at any age. Therefore, resource parents are encouraged to begin collecting materials and memories as soon as a child enters out-of-home

care. Many items may be collected and saved for infants and young children. Children can begin to participate in lifebook development once they reach preschool age by drawing pictures or answering questions with a resource parent's help in recording.

Lifebook tips:

- Help your child feel proud of their own strengths of their birth parents.
- Allow the child to express views of himself, other persons and parents without discouragement or judgment.
- Do not lead the child to make certain responses.
- If the child can verbalize, then lifebook information should be in the child's words.

Some Key Components

Information about the child's birth
You may not have much information about a child's birth, so you might want to say something like, "I'll bet that your birth mother was happy to have given birth to such a beautiful baby but she may have felt sad and confused too because of the problems she was having."

A copy of the child's birth certificate
Official documents such as a birth certificate provide much needed factual information. Kids like to see important pieces of paper that validate their existence. Like most of us, they want to know answers to important questions such as, "how much did I weigh?," "how long was I?," and "what time was I born?"

Birth family information
Much of our identity comes from being part of the generations that came before us. Children who live with their birth family can see traits they share with relatives. They also hear and relive family stories that are told by parents, grandparents, and other relatives.

Many children in foster care haven't had those experiences. They may only have short "clips" of memories, some good and some bad. It is important to help them piece together their story by using photos and written information.

Why the child entered foster care
One of the most critical parts of life books answers the question: Why don't I live with my birth family? The best answer to this question is the truth. It is important for children to be able to place the responsibility with the birth parent(s) so that they do not carry this burden of guilt that they somehow are the cause of being in foster care.

A history of different placements
Try to gather as much information about past placements as possible, especially ones that are significant to the child. Start with the child's current placement, school, activities, favorite hobbies, etc. and work backwards. Get as many photos as you can—even if that means that you have to drive to a previous home, school or town to take them. This will be very meaningful to the child down the road.

A worker's blessing page
Workers can write about how that child is special and unique. It can include their strengths or some memories through the eyes of the social worker. This page should be at the end of the lifebook. It is important to give a child permission to move on and be happy. This is a powerful message for the years to come.

Some information for this section came from an article called **"Kids and Lifebooks: Tips for Social Worker" by Beth O'Malley in Adoptalk, Winter 2003 edition.*

Some things to include in the Lifebook:

- ✔ Photos
- ✔ Birth information and / or birth certificate
- ✔ Growth chart and milestones
- ✔ Family tree
- ✔ Information and photos of brothers and sisters
- ✔ Places the child has lived
- ✔ Hand and foot prints
- ✔ Special adults in the child's life
- ✔ Best memories
- ✔ Funniest times
- ✔ Letters and birthday cards
- ✔ Holiday memories
- ✔ School pictures and memories
- ✔ List of favorite classes and teachers
- ✔ Awards
- ✔ Report cards
- ✔ Sports and holiday mementos
- ✔ Favorite music, television shows and movies
- ✔ Personal thoughts such as:
  - How I handle my emotions...
  - The way I see myself...
  - What I want to be when I am an adult...
  - My plan for the future...
  - Things I want people to know about me....

SOP 2.1.4 states that "At minimum, a Lifebook should include":

1. Information relating to the loss of the child's birth family;
2. Photographs of the child at regular intervals and special occasions (holidays, birthdays, school, etc.) beginning at infancy or entry into care. Request baby pictures and other birth family photos at the time of the child's entry into care;
3. Photographs of persons and places that are significant in the child's life prior to adoption;
4. Information from the birth parents or other caretakers (letters, video, cassette tape, or mementos) on the child's life with them;
5. Permission messages to the child from as many important adults as possible (but especially from the birth parents and foster parents) signaling permission for the child to move into an adoptive family, to do well, and to love them;
6. Summary of significant events that have occurred in the child's life.

When a child leaves a resource home, the lifebook should accompany him. Resource parents should request assistance form Department staff in assuring that the receiving care provider understands the purpose and importance of the book. A lost lifebook may mean that a child's memories of his past are lost forever.

Native American Child

SOP 7E.1.10
25 U.S.C. 1901 et seq.

PROCEDURE:

1. For all children, the SSW asks both birth parents whether or not one is of Native American or Alaskan Native heritage or is an enrolled member of an Indian tribe or Alaskan Native Village. The parents' responses are to be documented in the CQA under Family Developmental Stages and Tasks.
2. If either parent is reported to be of Native American heritage or is a member of a tribe, the SSW consults with the Service Region Administrator or designee, through supervisory channels, regarding steps that are taken in order to comply with the Indian Child Welfare Act (ICWA).
3. The SSW may consult with the Regional Attorney and Quality Central after consulting with the Service Region Clinical Associate.

When you are parenting a child of Native American heritage, please work with the SSW, R & C worker and birth family in meeting the child's individual cultural needs.

Consideration of Race or Ethnicity

SOP 7E.1.12
KRS 199.471
42 USC 671 (a)(18)
45 CFR 1355.38

PROCEDURE:

1. The SSW considers race or ethnicity in selecting a foster or adoptive home for a child only in rare circumstances when:
   (a) The special or distinctive needs of a child require it; and
   (b) Those needs can be documented or substantiated.
2. The SSW consults with the Service Region Administrator or designee, through supervisory channels, regarding the needs related to race, color, or national origin of the child. The SSW documents discussion of:
   (a) The risk of harm of delaying placement;
   (b) The ability of a prospective foster or adoptive parent who does not share the child's racial or ethnic background to meet the special needs;
   (c) The child's other important needs; and
   (d) Conformity to the provisions of the Multi-Ethnic Placement Act (MEPA).

Changes in Placement

SOP 7E.2

The child's first OOHC placement is crucial, because it is intended to be the child's only placement until legal permanency is achieved. Thorough deliberation in the choice of the child's initial placement and sufficient support of the Family Team, especially the child and caregiver, after placement is made prevent the need for a change in placement in the majority of circumstances.

A placement change may be another loss, rejection, and possible trauma for a child, and may impact the child's ability to form positive attachments in the future. Therefore, the SSW does not make unplanned placement changes without careful consideration of all available alternatives for support of the current placement. The FSOS, Recruitment and Certification staff, and Regional Placement Coordinator may assist the SSW in reassessment of the child's placement and possible alternatives to change in placement.

The SSW continually assesses the child's adjustment to the placement, the resource parents' relationship with the child, and special circumstances, which include the child's permanency goal, the likely timeframe for its achievement, and placement of siblings. If removal becomes necessary, this information is to be used to facilitate the child's planned placement into another setting.

The SSW documents efforts to maintain the placement, justification for planned and unplanned changes in placement, and plans to support the child's adjustment to the new setting.

If, under exceptional circumstances, a placement change appears to be necessary, the change is to be well planned and the child is to be prepared. Appropriate placement changes include those that lead to timely accomplishment of legal permanency, such as reuniting siblings or placing a child with a relative.

Moving a child from one type of OOHC placement to another is considered to be a placement change. This includes moving from an emergency shelter to a foster home, from a foster home to the home of a relative, or between placements connected with one private child caring or child placing agency. Placement change also includes a child's move from OOHC to a DJJ-contracted foster home or private child caring facility, or the child's return from one of those placements to any OOHC placement.

Process Overview for Placement Changes

SOP 7E.2.1
KRS 620.130

PROCEDURE:

1. The SSW makes placement changes only after careful consideration of all available alternatives for support of the current placement (unless the placement is deemed NOT to be in the best interest of the child's safety, permanency and well being). The FSOS, Recruitment and Certification (R&C) staff and Regional Placement Coordinator (RPC) may assist the SSW in reassessment of the child's placement and possible alternatives to change in placement.
2. The SSW documents, in the case record, efforts to maintain the placement, and rationale justifying that placement changes, planned or unplanned are in the child's best interest. A plan is developed to support the child's adjustment to the new setting.
3. Upon a request from a child, parent, or caregiver to remove a child, the SSW is to explore and document the concerns that led to the request and attempt to resolve the concerns in a timely and comprehensive manner.
4. If parental rights are intact, the SSW sends the parent a DPP-154 Notice of Intended Action, ten (10) days prior to the move. In an emergency, the SSW attempts to notify the parent of the placement change by the next working day. When it is determined that movement of the child from a DCBS Resource Home is necessary in order to accomplish timely legal permanence, or if a situation exists that poses a risk of harm to the child, the SSW follows additional guidelines.
5. The SSW arranges a pre-placement visit.
6. If the child's placement change results in a change of health care providers, the SSW or caregiver locates appropriate providers near the new placement. The SSW facilitates transfer of the child's health records to the child's new providers and assists the new caregiver and providers in meeting their responsibilities regarding the child's health care needs.
7. If the child's placement change results in a change in school, the SSW shall request that the child's Educational Passport be sent to the child's new school.
8. The SSW completes the DPP-111A Resource Home Contract Supplement, or DPP-114, Level of Care Schedule, as appropriate.
9. Within seven (7) days of placement, the SSW gives the new caregiver a copy or original of the child's medical card and Passport Health Plan card (if appropriate) and the P&P-1282, Family Case Plan (including the Visitation Agreement and Child/Youth Action Plan.)
10. Using the DSS-1251A, Child Placement History Log and the DPP-1263, Title IV-E and Child Support Change of Status, the SSW notifies the Children's Benefits Worker within ten (10) working days of the change or temporary interruption of placement (including runaway).
11. Within fourteen (14) working days of any placement change (including runaway), the SSW sends the court of competent jurisdiction written notice of the child's new placement or the child's status as a runaway.
12. The SSW updates the DPP-1251A, Child Placement History Log.
13. Prior to a child's exit from OOHC, the SSW develops an Aftercare Plan or Prevention Plan to ensure the child's safety in the home.

Movement from a DCBS Resource Home

SOP 7E.2.2

PROCEDURE:

1. When it is determined that movement of the child from a DCBS Resource Home is necessary in order to accomplish timely legal permanence, the SSW follows guidelines found in the Process Overview, in addition to the following procedures.
   (a) The SSW sends the resource parent the DPP-154A, Notice of Intended Action, ten (10) days prior to the move. A copy of the written notice is also placed in the resource parent's record. The SSW includes the following in the notice:
      (1) CHFS's intention to remove the child from the resource home;
      (2) The reason for the intended removal;
      (3) The actual or estimated date when the child will be removed from the resource home; and
      (4) Notice of the resource parent's right to appeal

the decision.

(b) If the resource parent requests a hearing within ten (10) calendar days of receiving the written notice, the child is not removed until a decision is rendered after a hearing, unless the SRA or designee determines that continuation in the resource home endangers the safety, permanency or well-being of the child. The SSW documents the reasons for the child's immediate removal in TWIST enter/exit screens in the child's case and the resource parent's record in the provide case.

2. When it is determined that movement of the child from a DCBS Resource Home is necessary because a risk of harm to the child exists, the SSW:
   (a) Discusses the situation with the resource parent to determine if the risk of danger to the child can be removed, unless CHFS determines that such discussion would endanger the child's physical, mental, or emotional well-being.
   (b) The SSW sends the resource parent the DPP-154A, Notice of Intended Action, ten (10) days prior to the action, if risk of danger cannot be removed or the situation resolved. A copy of the written notice is placed in the resource parent's record. The SSW includes the following:
      (1) CHFS's intention to remove the child from the resource home;
      (2) The reason for the intended removal;
      (3) The actual or estimated date when the child will be removed from the resource home; and
      (4) Notice of the resource parent's right to appeal the decision.
   (c) If staff determines that prior notice endangers the safety or well-being of the child, the DPP-154A, Notice of Intended Action is given to the resource parent on the date of action.
   (d) If the resource parent requests a hearing within ten (10) calendar days of receiving the written notice, the child is not removed until a decision is rendered after a hearing, unless the SRA or designee determines that continuation in the resource home endangers the safety, permanency or well-being of the child. The SSW documents the reasons for the child's immediate removal in TWIST enter/exit screens in the child's case and the resource parent's record in the provide case.

Important Questions To Ask At Placement

Here are some important questions to ask when you are contacted to accept the placement of a child in foster care. Often the social worker will be unable to answer some of these questions at placement so you might want to remember to ask them at the initial family team meeting.

The Basics

- What is the child's name?
- How old is the child?
- What sex is the child?
- What is the child's religion?
- Are there any cultural needs or considerations?
- Are there any linguistic needs?
- Are there any likes or dislikes?
- Does the child have siblings?
  - ❍ Are they in the custody of the Cabinet?
  - ❍ If so, where? Are there visits with siblings?
  - ❍ How often do the visits occur?
  - ❍ Where will they take place?
  - ❍ Who is expected to provide transportation?

Health Concerns

- Does the child have any allergies?
- Is the child on any medications? If yes what?
- Are there any special dietary concerns?
- Are there any medical records?
  If not, who can the pediatrician contact to get such records?
- Does the child have a Medical Card?
  If no, please get the medical number.

Education Needs

- Have any/all arrangements been made for the child to start to school?
  Have records been transferred?
- Is the child classified?
- Is there an Individual Education Plan (IEP) in place?
- Are there any special arrangements necessary for the child's education?
- Is the child involved in any extracurricular activities at school?

Developmental Concerns

- Is the child on schedule developmentally?
  If not, explain.
- If the child is older, does he/she have a history of violence, drug or alcohol use?
- Is the child sexually active?

Emotional Considerations

- Does the child receive any therapy or counseling?
  If so, what kind?
  How often are the sessions? Where do they take place?
  Who is expected to provide transportation?
- Has this child been sexually and/or physically abused?
  If so, does the child exhibit behaviors (i.e. act out) as a result of this abuse?
- Does the child have any fears (i.e., cats, dogs, the dark)?
- Are there any behavioral issues?

Family History

- What visitation schedule has been established?
  How often do the visits occur?
  Where will they take place?
  Who is expected to provide transportation?
- If the birth parents have more children, will I be called to take them?
- Does the child require any religious instructions?
- If so, where? When? Who is expected to provide transportation?

Involving DCBS

- When was the child brought into foster care?
- How many placements has he/she had?
- Who is the social worker?
  What is his/her telephone number? Pager?
- Who is the supervisor?
  What is his/her telephone number? Pager?
- Who is the GAL?
- Is the child coming from another resource home?
  Why is the child being removed from that home?
  May I contact the former resource parents concerning the child?
- What is the per diem for this child?
  When will I receive the first payment?
- Is there a current case plan?
  If yes, will you bring a copy with the child?
  If no, when is the first case planning conference?
- What is the permanency plan for the child?
- What is the anticipated length of stay for this child?
- Does the child have clothing or any other belongings with him/her?
- Is there anything special I should know about this child?
- Is a car seat available, if needed?

Preparing the Child for a Move

When the day comes that your foster child is moving, it is important that the departure not cause further trauma to the child. Regardless of the reason for the move, each move tends to support the child's feelings of being a "throw away kid". Even very disruptive adolescents may be angry that you were not tough enough to withstand their efforts to push you away.

The child or youth and your family members need time for closure. Perhaps you can find a snapshot or piece of memorabilia not already in the child's life book that you can share with the child about their stay in your home. It is important that you find at least one thing about the child that you will be able to affirm and share it with the child. Give the child your permission to move on.

Working Through Feelings

Whether the child returns home, moves to another resource home or private child care setting, or is placed for adoption, both child and resource family must deal with a variety of feelings. These may range from sadness to anger, fear or anxiousness, as well as eagerness, happiness, or relief.

The separation process is often an emotionally conflicting experience for both child and resource family. When a child returns home or moves into an adoptive family, parents and workers tend to focus on the pleasant aspects of the placement and ignore the fact that the child has ambivalent feelings.

Children may feel happy about moving back to their own home, yet sad about leaving the resource home and angry about being powerless. By recognizing the child's mixed feelings, acknowledging their appropriateness, and allowing their expression, parents and workers can help children handle the move.

When children leave your home in a disruptive way, it often leaves you and your family in a state of chaos. Some children revert to old behaviors. Many children, regardless of how well they did in your home, tend to deal with separations by acting out towards you. As a parent, you are caught off guard. You may react by becoming frustrated and angry.

Most likely you have good reasons for feeling the way you do! However, personalizing the child's acting out and allowing these feelings to dictate how you will interact with the child during a transition may result in missed opportunities to say good-bye in a positive manner.

What the child needs from you is to know that while you are upset, angry, or disappointed, you will not let those feelings interfere with your role as the caring and understanding parent. It is not an easy task to rise above how you are feeling about a child who is acting out towards you. It is critical that you not become part of the child's dysfunctional behavior pattern.

It is a good idea to prepare yourself for a rough transition by having a plan on how you and your family will respond to the child. This way you won't be caught off guard and can respond in a way that benefits everyone. Remember the child's motivation for acting out has nothing to do with you. Rather, it is due to the child's underlying treatment issues.

You, your family, and the foster child need support through this process.

Entering the Adult World

If the youth in your home is leaving care after reaching age 18 and completing high school, you have probably been actively involved with the youth's worker and/or the Independent Living Coordinator to prepare the youth with the skills needed to make a smooth transition. However, here a few helpful hints:

- Work together to fill in any gaps that still remain in the life book;
- Identify supports—people who will be there for the youth;
- Gather last minute household/personal items; and
- Discuss if you can be a "home to come home to."

Moving to Another Resource Home

There are some situations where the child may have to be moved to another resource home. This can be challenging to your self-esteem and you may again feel as though you have failed.

Even if you and the child come to what appears to be irreconcilable differences, you will need to talk with the child's worker and your R&C worker about ways to address whatever triggered the child's move. It is important that you not give up the idea of being a resource parent. Seek support. Seek training. And, take a break.

Moving to an Adoptive Home

Your home may be the transition from the birth home to an adoptive home and is a very special place for children in care. You may not be the "forever" home, but you are the home that made the moving on possible.

In preparing a child for adoptive placement, you can help the child understand the move, answer questions, and alert the worker to potential problem areas for the child. You may be very instrumental in helping the children identify what they dream their family would be, and can be there for them as they are doing pre-adoptive visits with their new family.

It is crucial for you to give permission for the child to be happy and to give your blessing for the building of the child's "forever family." Depending on the situation, you may be able to continue contact with the child on some level. However, it is important to talk with the child's worker and adoptive family regarding this issue.

Transitioning a Child to an Adoptive Home

Once a prospective adoptive home is selected, the child's worker will begin making plans to transition the child to this new home. There will likely be a series of visits established between the child and the prospective adoptive home.

It is hard to describe the many emotions and needs that a child may have during this time of transition. It will vary between cases and will be dependent upon a number of variables, such as the child's age, length of time they have been with you and how well they know the prospective adoptive parents.

One of the most important things you can do for children during this time is to help them identify and express their feelings. It is also very important that you give permission to the child to begin caring about their new parents and to be very honest with the child. The child's worker can offer advice and support to you in this area.

It is also important that you recognize your own feelings of loss as you anticipate the child's departure from your home. This can be very difficult time for you and your children and you may benefit from talking about this with your worker or other resource parent who have had this experience. Adoption Support for Kentucky could be a great asset to you.

Case Planning

Introduction

The Case Planning process, which assists the family to achieve safety, permanency and well-being is based on strengths and needs identified by the family and the Social Service Worker (SSW) using the Continuous Quality Assessment (CQA) and family engagement. The SSW involves, to the fullest extent possible, the participation of the family. The family includes all children, ages six (6) and older and other significant persons in the child's life not living in the family unit, such as legal and/or biological parents. The Case Plan matches the intensity of the service with the intensity of need and:

1. Is based on family strengths and needs;
2. Includes all services;
3. Describes how the services will be provided;
4. Specifies community partners;
5. Includes service goals and their:
   (a) Objectives;
   (b) Task;
   (c) Scope;
   (d) Timing;
   (e) Expected duration of each service element; and
6. Specifies anticipated outcomes.

A Family Team Meeting (FTM) refers to an array of conferences such as Case Planning Conference, Five (5) Day Conference, Family Case Plan Meeting, Family Unity Meeting, Family Group Decision Making, Case Reviews and Periodic Reviews. Through the Family Team Meeting, members implement the Comprehensive Family Services (CFS) approach for the provision of services to achieve desired outcomes, pursuant to KRS 194B.010, Cabinet for Health and Family Services Functions. The Cabinet's goal over the next two (2) years is to promote and utilize Family Team Meetings for all Child Protective Service (CPS) case conferences.

A Family Team Meeting requires participation of family member(s), SSW (including internal Cabinet partners, if warranted) and community partners. Attendance by community partners that perform a service in attainment of the family's desired objectives as documented in the Case Plan qualify as an FTM. The SSW makes a concerted effort with the family to promote and explain the necessity for community partner involvement in case planning for successful attainment of desired outcomes. A Family Team Meeting is required based on the Cabinet's Program Improvement Plan (PIP):

1. On all second (2nd) referrals substantiated on children age three (3) and younger;

2. At reunification, adoption finalization and relative placement;
3. On all placement disruptions, including Private Child Caring (PCC) resource homes;
4. Prior to case closure on all Out-of-Home Care (OOHC) cases; and
5. At minimum, one of the following OOHC case reviews:
   (a) Five (5) Day Conference; or
   (b) Three (3), Six (6), or Nine (9) month case reviews.

Use of a Family Team Meeting is encouraged at the opening of all new On-going In-Home cases when the families need warrants the services of community partners and the family agrees to their participation. For all cases except OOHC, case planning participants are optional based on the family's request. Families have the right to choose whom to involve in their case planning, but are encouraged by the SSW to involve friends, family members and community partners that have the potential to be beneficial. A Family Team Meeting may be used throughout the duration of the case until services to the family conclude.

In partnering with families, the SSW and other staff use engagement skills that focus on strengths of the family to build consensus about the Case Plan. The Case Plan is based on a partnership with the family and others. The SSW documents in service recordings and contacts how the partnership is carried out in case planning and service

delivery. To encourage co-ownership and family engagement, the SSW explores the family's vision for a safe future, which may be included in the Case Plan. There is a greater probability of success in goal achievement when the family members are equal participants of the team and empowered to make a significant contribution to their Case Plan. The Department for Community Based Services (DCBS) encourages families served to participate fully in the process and to retain as much personal responsibility for case planning as possible.

Supports and Services Provided by Community Partner

SOP 7C.1
KRS 620.180
KAR 1:140
KAR 1:430

PROCEDURE:

1. The SSW, with the family and others, as appropriate, identifies the needed supports and services.
2. The SSW includes in the Case Plan all services offered to assist the family to improve the:
   (a) Safety;
   (b) Care;
   (c) Relationship with their children; and
   (d) Parent's ability to fulfill their roles to promote child and family safety, well- being and permanency, whenever possible.
3. The SSW through the CQA, Case Plan and the Comprehensive Family Services approach may arrange for services from community partners, which may include but are not limited to:
   (a) Child Care;
   (b) Family Preservation and Reunification;
   (c) Home Health;
   (d) Mental Health;
   (e) Physical Health;
   (f) Education;
   (g) Housing; and
   (h) Clothing.

Maintaining Cultural Connections

SOP 7C.3
KRS 620.180
KAR 1:140
KAR 1:430
25 USC Chapter 21
42 USC 1996

PROCEDURE:

1. The SSW assesses culture, which consist of all the ideas, objects, and ways of doing things in terms of describing the family's entire way of life, defined or observed by the family members and community partners.
2. The SSW uses positive aspects of the family's culture to motivate behavior changes.
3. The SSW assesses the needs of children, biological families and caregivers for cultural issues that will need to be addressed to maintain connections to a child's culture.
4. At the time of removal the SSW inquires of both parents whether or not either is of Native American heritage or a member of an Indian tribe.
5. Upon finding a child is a member of an Indian tribe or eligible for membership in an Indian tribe the SSW consults with the Family Services Office Supervisor (FSOS) or designee on case planning and adheres to the Indian Child Welfare Act (ICWA) which regulates placement proceedings involving Indian children to include:
   (a) The family's rights to protection under the ICWA;
   (b) The family's rights apply to any:
      (1) Child protective case;
      (2) Adoption;
      (3) Guardianships;
      (4) Termination of parental rights action;
      (5) Runaway or truancy matter; or
      (6) Voluntary placement of children;
   (c) Placement cases involving Indian children be heard in tribal courts, if possible;
   (d) Permitting a child's tribe to be involved in state court proceedings;
   (e) Requiring testimony from expert witnesses who are familiar with Indian culture before a child can be removed from the home (except during an emergency situation or approval by the FSOS); and
   (f) If a child is removed, either for foster care or adoption, be placed with:
      (1) Extended family members;
      (2) Other tribal members; or
      (3) Other Indian families.
6. The SSW consults with the FSOS or designee on any concerns relating to the Multiethnic Placement Act and Interethnic Adoption Provisions (MEPA-IEP) in case planning and placement considerations for the purpose of:
   (a) Removing barriers to permanency for children in the child protective system;
   (b) Ensuring that adoption or foster placements are not delayed or denied based on race; color or national origin; and
   (c) Not assuming that needs based on race, color or national origin can only be met by a racially or ethnically matched parent.
   (d) The FSOS researches the procedures with a Quality Central specialist when questions arise concerning ICWA or MEPA-IEP.

Required Objectives for Case Plan for Child/Youth in OOHC

SOP 7C.4.12
KRS 620.180
KAR 1:140

PROCEDURE:

1. The SSW negotiates and documents the permanency objective in the Case Plan, P&P-1282 to relate to the Permanency Goal given to the child and include services to the caregiver to ensure safety and stability in the placement. Respite care for the caregiver is to be addressed as a task under this objective.
   (a) An example of a permanency objective would be: To ensure a permanent home through adoption or other permanency goal for the child in a timely manner and ensure safety and stability in placement during the next six (6) months.
   (b) Examples of tasks to accomplish the permanency objective include:
      (1) Family will make progress on the Family and Individual Level Objectives beginning (date); or
      (2) Parents will sign voluntary TPR agreements by (date);
      (3) SSW will conduct an Absent Parent Search or relative search by (date);
      (4) SSW [R&C SSW] will arrange respite for the caregivers once a week beginning (date); and
      (5) Caregivers will support parents in their efforts by allowing the mother to take part in "special feeding classes" in their home once each week from (date to date).
2. The SSW address the physical health need/ well-being objectives of the child and negotiates and documents in the Case Plan accordingly, such as:

- Any acute or chronic medical diagnosis or conditions immediately;
- Getting medical, (Early Periodic Screening, Diagnosis and Treatment, if possible), visual and dental assessment and examination;
- Following medical assessment recommendations;
- The physical health needs, if needs exist; and
- Maintaining wellness through examinations no less than annually, and treatment as indicated.

   (a) Examples of physical health objectives include:
      (1) To improve current health condition by treating injuries from maltreatment in accordance with medical professionals directives and timeframes; or
      (2) To promote continued health by assessment and regular examinations during the next six (6) months.
   (b) Examples of tasks to accomplish physical health objectives include:
      (1) Parents will supply medical information and records by (date);
      (2) Parents will attend doctor visits with the child and caregivers as scheduled;
      (3) SSW will keep parents informed of child's medical progress at least weekly by phone;
      (4) Caregivers will change dressings daily and follow all other medical recommendations;
      (5) SSW continues to assess medical needs and well being by seeking care for any illness and ensuring regular checkups at least yearly; and
      (6) Caregivers will seek emergency care if needed, transport child for checkups and continue to assess health needs and notify SSW of any problems.
3. The SSW addresses the mental health needs/well-being objectives of the child and negotiates and documents in the Case Plan accordingly. The Early Periodic Screening, Diagnosis and Treatment (EPSDT) and other forms of assessment by a Qualified Mental Health Professional (QMHP) may be used depending on the assessment and observation of the child. This objective addresses:

- Emotional issues;
- Behavioral issues;
- Socialization issues; and
- Self-esteem issues.

   (a) Examples of mental health objectives include:
      (1) To improve the child's attention span, control outbursts of anger and crying during the next six (6) months; or
      (2) To maintain good mental health and promote socialization during the next six (6) months.
   (b) Examples of tasks to accomplish mental health objectives include:
      (1) Parent(s) will support child by continuing to assure the child that they are not at fault for their problems, (beginning date);
      (2) SSW and caregiver will continue to assess signs of emotional stress from (date to date);
      (3) SSW will arrange initial assessment (EPSDT) and continued observation by (date);
      (4) SSW will refer the child to a QMHP for physiological testing by (date); and
      (5) Caregivers will transport child to afternoon "play group" to promote socialization and all other appointments beginning (date).
4. The SSW addresses the educational (development) needs/ well-being objectives of the child and negotiates and documents in the Case Plan accordingly, such as:

- Education assessment and follow-up;
- Developmental Issues;
- Involvement in extra-curricula activities; and
- Steps toward graduation.

(a) Examples of educational (development) objectives would include:
  (1) To improve educational performance during the next six (6) months; or
  (2) To obtain a high school diploma or General Equivalency Diploma (GED) by (date).
(b) Examples of tasks to accomplish educational (development) objectives include:
  (1) SSW will request an Educational Assessment by (date);
  (2) SSW will refer to Head Start by (date);
  (3) Caregivers will arrange tutoring or extra help with homework by (date);
  (4) Child will try to get more involved in school activities by joining school Pep and Beta Clubs by (date); and
  (5) Caregivers will take child to home ballgames beginning (date).

5. The SSW addresses the attachment needs/well-being objectives of the child and negotiates and documents in the Case Plan accordingly, such as:

- Focusing on the relationship with the family of origin and/or bonding with other caregivers;
- Contacts and visitation with extended family and siblings;
- Maintaining cultural bonds and addressing cultural issues;
- Assembling and maintaining a lifebook;
- Preparing child for a new family;
- Consideration of visits between the child and the family in settings other than the office, when possible; and
- Visitation Agreement, including comments concerning activities or tasks to do during visits.

(a) Examples of attachment objectives would include:
  (1) Maintaining a close relationship between the child and the biological family during the next six (6) months; and
  (2) Maintaining the cultural connections during the next six (6) months.
(b) Examples of tasks to accomplish attachment objectives include:
  (1) SSW will obtain pictures and favorite personal items and toys from the parents and deliver to the foster home by (date);
  (2) SSW will arrange supervised and unsupervised visitation with siblings, grandparents and parents and keep child informed of progress from (date to date);
  (3) Caregivers will transport child to visitation, allow telephone calls to grandparents and to friends at least weekly;
  (4) Caregivers will assist child in sending cards and pictures to parents monthly;
  (5) Parents will supply pictures of extended family and other items for lifebook;
  (6) Caregivers and parents will work together with child on lifebook; and
  (7) Grandparents will transport child to and from the foster home to attend Sunday morning worship service every week and to Scouts each Wednesday afternoon.

6. The SSW addresses independent living needs/well-being objectives of the child and negotiates and documents in the Case Plan accordingly, such as:

- Children twelve (12) and older having soft skills provided by the caregivers such as:
- Behavior management;
- Personal growth;
- Problem solving; and
- Responsibility.
- Children sixteen (16) and older having hard skills provided such as:
- Education;
- Employment; and
- Financial management.
- Details of the Independent Living plan are documented in the task section, not just as a referral for Independent Living classes.

(a) Example of an independent living objective for the child is:
  Improve the child/youth's ability to live independently during the next six (6) months.
(b) Examples of tasks to accomplish independent living objectives include:
  (1) Child will plan menus for the family and helps shop for needed items by (date);
  (2) Child will demonstrate balancing a checking account, submitting job applications and obtaining a job etc. by (date);
  (3) Caregivers will assign small chores (pick up toys, take out trash, set the table) and assess progress by (date); and
  (4) SSW will observe and document progress at least monthly.

7. If a child has specific court orders to fulfill, the SSW includes these in the OOHC section of the Case Plan, such as:
  (a) Attend school daily;
  (b) Stay away orders;
  (c) Curfew; and
  (d) Restitution.
  (e) When the court orders CHFS or the biological parents to take certain action, the SSW includes these actions in the Family section of the Case Plan

Timeframes for all OOHC Case Planning

SOP 7C.7

Introduction:

The SSW convenes an initial Family Team Meeting, within five (5) working days, exclusive of weekends and holidays, from the date of the Temporary Removal Hearing (TRH) to develop a Case Plan. For voluntary commitments, which do not involve a Temporary Removal Hearing a Family Team Meeting is to convene within five (5) working days of placement. The Case Plan is to address issues of family safety, well-being and/or child permanency and identify who will have visitation with the child including parents, siblings, relatives and others as appropriate. The Cabinet's goal is that every Child Protective Services (CPS), Out-of-Home Care (OOHC) case conference will be conducted through a Family Team Meeting (FTM) at the:

- Three (3) and nine (9) month case reviews; and
- Six (6) and twelve (12) month periodic reviews to revise the Case Plan.

A certain percentage of children entering OOHC for a variety of reasons will never return to their families of origin. The Cabinet will begin no later than the Three (3) Month FTM case review to petition the Court to waive "reasonable efforts" in these cases and proceed with Termination of Parental Rights (TPR). Additionally a certain percentage of children entering OOHC will be reunified with their families of origin. Beginning with the initial Five (5) Day Conference, FTM, the Division of Protection and Permanency will develop with those families, precise and comprehensive plans for reunification to occur no later than the Nine (9) Month FTM case review. The remaining children in OOHC will, at the Three (3) Month FTM Case Review or Six (6) Month FTM Periodic Review become concurrent planning cases. Although many of these children will be reunified, alternative permanency planning will also be pursued to assure that all children have a permanent family as expeditiously as possible.

The SSW:

1. Convenes a Family Team Meeting (FTM) within five (5) working days of the TRH or placement if commitment is voluntary as outlined in 7C.7.1 Five (5) Day Conference, Family Team Meeting SOP;
2. Considers concurrent planning when negotiating/developing a Case Plan during the Five (5) Day Conference FTM and the Three (3) Month FTM Case Review, however by the Six (6) Month FTM Periodic Review the case is converted to a concurrent planning case if the child is still in OOHC as outlined in 7C.7.1(A) Consideration/Implementation of Concurrent Planning For Permanency;
3. Convenes the first review of the Case Plan within three (3) months of the TRH or placement and within every six (6) months thereafter (e.g., Nine (9) Month FTM case review) until permanency is achieved as outlined in 7C.7.2 Three (3) Month FTM Case Review SOP;
4. Convenes the first periodic review of the Case Plan within six (6) months of the TRH or placement and within every six (6) months thereafter (e.g., Twelve (12) Month FTM Periodic Review) until permanency is achieved as outlined in 7C.7.3 Six (6) Month FTM Periodic Review SOP;
5. Request a Pre-Permanency Planning Conference prior to pursuing an involuntary TPR, during or before the eighth (8th) month in care;
6. Convenes the second periodic review within twelve (12) months of the TRH or placement and prior to the Permanency Hearing as outlined in 7C.7.5 Twelve (12) Month FTM Periodic Review and Permanency Hearing SOP;
7. Request a Permanency Hearing within twelve (12) months of the TRH or placement and every twelve (12) months thereafter until permanency is achieved as outlined in 7D.28 Permanency Hearing SOP;
8. Completes a new/revised Case Plan within thirty (30) calendar days of a significant change in the family's circumstances as outlined 7C.4 Negotiating Objectives and Tasks SOP; and
9. Modifies the Case Plan and/or Visitation Agreement when appropriate as outlined in 7C.16 Case Plan and Visitation Agreement Revisions or Modifications SOP.

Consideration/implementation of Concurrent Planning For Permanency

SOP 7C.7.1(A)
KAR 1:140

Introduction:

The Adoption Safe Families Act (ASFA) requires that children acquire permanency quickly, which is the primary goal of Concurrent Planning. Other Concurrent Planning goals for children in Child Protective Services (CPS), Out-of-Home Care (OOHC) include:

- Reducing the number of placements;
- Reducing the length of time in care;
- An increase in voluntary terminations; and
- Improving the long term adjustments of the child by an increase in the degree of openness.

To accomplish these goals, the Department for Community Based Services (DCBS) is implementing a Concurrent Planning Model based on the principals developed by Linda Katz, Norma Spoonmore, and Chris Robinson in "Concurrent Planning From Permanency Planning to Permanency Action," Lutheran Social Services of Washington and Idaho,

which defines this method of case management as follows: "Concurrent Planning provides for reunification services while simultaneously developing an alternative plan, in case it is needed. The approach follows logically from family-centered practice, as parents are involved in decision-making and are given candid feedback from their worker throughout the process. It depends on accurate assessment and culturally sensitive interviewing."

The key components of Concurrent Planning adopted by DCBS include:

1. Success Redefined:
   - Staff must see success as permanency for all children in CPS Out-of-Home Care (OOHC), which may not be reunification with the birth family.
2. Case Assessment and Review:
   - Culturally respectful family and child assessments based on Continuous Quality Assessment (CQA) (e.g., strengths, needs, core problems), family engagement and frequent case review conducted during a Family Team Meeting.
   - Case Reviews regarding the family's capacity to obtain the negotiated objectives by, accomplishing agreed upon tasks, and continuous monitoring of the need for an alternate permanency objective.
3. Full Disclosure:
   - Respectful, candid discussions from the outset concerning the:
     - Impact of foster care on children;
     - Clarity about the birth parent's rights and responsibilities;
     - Supports DCBS will provide;
     - Permanency options;
     - Concurrent planning; and
     - Consequences for not following the Case Plan.
   - Open and honest discussions with all parties involved in the Family Team Meetings, case planning and service provision.
   - Use a Comprehensive Family Services philosophy, facilitated during Family Team Meetings to engage families and community partners in early planning.
4. Crisis and Time Limits as Motivators:
   - Respectful, candid discussions from the outset concerning time limits designated by federal and state statue/regulation.
   - Using time limits and the "crisis" of placement as a motivator to engage families in case planning.
   - Based on the child(ren)'s urgent need for stability, caring and a permanent family.
5. Parent-Child Visitation:
   - Parents who visit regularly have the best chance of reunification with their children.
   - The more structured the visitation plan, the more likely the parents will participate, including identified fathers as outlined in SOP 7E.1.1(B).
   - Involving foster parents in the parent-child visits promotes supportive relationships.
   - Using the Visitation Checklist/Summary to assess attachment, parenting skills and interaction between the parent and the child.
6. Permanency Goal and Alternative Permanency Objective – Permanency Planning:
   - Having an alternative permanency objective (e.g., adoption) should efforts at achieving the permanency goal of reunification prove unsuccessful.
   - Early search for and involvement of immediate and extended family, including absent parents.
   - Foster parents as adoptive parents if reunification does not work out. Adoption is discussed with the foster family and if they are not interested in providing a permanent home through adoption, then efforts begin at locating a Foster/Adoptive Resource home that will consider adoption.
   - Partnership between the biological parents, DCBS staff, PCC staff and foster parents working for the best interest of the child(ren).
7. Concisely Negotiated/Written Case Plan and Agreements, Detailed Documentation and Timely Case Review:
   - Short term objectives/task and long term permanency goal(s) (e.g., who will do what, when and how).
   - Resource linkages to community partners are key to successful outcomes (e.g., drug treatment, domestic violence, mental health, family support).
   - Documentation of objectives, task and time frames motivates parents to follow through.
   - Documentation of services provided and case progress related to family members willingness and ability to achieve the objectives/task negotiated to prevent future maltreatment, presenting problem or need.
   - Early and ongoing case review to assess progress, review continuing needs and plan for the future.
8. Legal/Social Work Collaboration:
   - Consideration of due process and parental rights when children are first placed in care.
   - Consultation and support from legal staff assures legally sound casework and case planning.
   - Use of non-adversarial child welfare mediation strategies to resolve conflicts.

PROCEDURE:

1. Beginning with the Five (5) Day Conference, Family Team Meeting (FTM), the SSW using a Comprehensive Family Services approach:
   (a) Engages the family to solicit and encourage their approval for community partner involvement in developing the Case Plan; and
   (b) Ensures full disclosure by respectful candid discus-

sion from the outset with all parties involved in the FTM, case planning and service provision of the:
(1) Negative impact of foster care on children;
(2) Clarity about the birth parent's rights and responsibilities;
(3) Supports DCBS will provide;
(4) Permanency options;
(5) Concurrent Planning; and
(6) Consequences for not following the Case Plan

2. The SSW considers concurrent planning when developing an initial Case Plan based upon the Concurrent Planning Review Tool, CQA and negotiation that occurs during the initial Five (5) Day Conference, FTM. The Concurrent Planning Review Tool is used to assist in determining if concurrent planning is appropriate for the initial Case Plan. A copy of the completed Concurrent Planning Review Tool is filed in the case record. If the CQA is not completed, the SSW obtains current assessment information from the investigative SSW, the petition for removal and may consider information from previous CQAs to assist in completing the Case Plan. The determination to make a Case Plan concurrent planning is documented in the Child/Youth Development section of the CQA, which address the child's permanency issues.
3. By the Three (3) Month FTM Case Review, when the parent has made minimal progress and the SSW and FSOS determine the:
   - Case is not appropriate for concurrent planning; and
   - Permanency goal remains "return to parent";
   - Justification of that goal is documented in the Child/Youth section of the Case Plan.
4. The SSW converts all CPS, OOHC cases, excluding Status cases, to concurrent planning no later than the Six (6) Month FTM Periodic Review. Although many of these children will be reunified, alternative permanency planning will be pursued to ensure that all children have a permanent family as quickly as possible. Converting OOHC cases to concurrent planning does not mean moving the children. It does mean adding a concurrent alternate Permanency Objective on the OOHC section and associated task in the Case Plan as a contingency plan should efforts to achieve the Permanency Goal of return to parent(s) prove unsuccessful.
5. Once the determination is made to make the case concurrent planning, the SSW:

(a) Develops/negotiates the Permanency Goal (i.e., Reunification) and the concurrent alternate Permanency Objective (e.g., adoption, permanent relative placement, etc.) as outlined in SOP 7C.4 Negotiating Objectives and Tasks SOP;

(b) Documents the permanency goal and at the same time, documents a concurrent permanency objective with tasks in the OOHC section of the Case Plan as outlined in 7C.4.9 Required Objectives for Out-of-Home Care (OOHC) Cases Including Kinship Cases when the Cabinet has Legal Custody SOP;

(c) Uses time limits and the "crisis" of placement as motivators to engage families in case planning and promote behavior-specific change;

(d) Completes, if not already accomplished, the absent parent and relative resource search as outlined in 7D.30.1D Absent Parent Search SOP;

(e) Negotiates/Re-negotiates the location, length, and frequency regarding visits between the child, siblings and their parent(s) depending on the parent(s) circumstances and the child's age;

(f) Revises the Visitation Agreement, if necessary, as outline in 7C.15 Visitation Agreement SOP;

(g) Uses the Visitation Checklist/Summary, when visits are supervised, to assess parenting skills and attachment between the parent and the child during visitation, which is then filed in the case record;

(h) Confers with the foster family about becoming a concurrent planning Foster/Adopt Resource home (dual approval), if currently not. The SSW may solicit cooperation from Recruitment and Certification (R&C) staff on discussing concurrent planning requirements in depth with foster families to include:
(1) The way the Foster/Adoptive resource family works with the birth family to support reunification, while at the same time being willing to provide a permanent home should reunification efforts fail;
(2) The inherent risks and responsibilities of becoming a concurrent planning Foster/Adoptive Resource Home;
(3) Stressing that parental rights may not be terminated and the child may not be free for adoption;
(4) Intensive services/visitation required and that contact with the birth family is a necessary component;
(5) Supports and training provided by DCBS; and
(6) Documents these efforts in the Case Plan;

(i) If the foster family is not interested in becoming a concurrent planning Foster/Adoptive Resource Home, the SSW, upon consultation with the FSOS, directs efforts to locate a:
(1) Resource home that is currently a concurrent planning Foster/Adoptive Resource Home; or
(2) Resource home that is interested in becoming a concurrent planning Foster/Adoptive Resource Home; and

(j) Upon locating an appropriate Foster/Adoptive Resource Home interested in adoption, begins transitioning the child as outlined in SOP 7E.2 Changes

in Placement and 7E.2.1 Process Overview for Placement Changes.

Five Day Conference Family Team Meeting

SOP 7C.7.1

PROCEDURE:

1. The initial CQA probably will not be completed and approved prior to conducting the five (5) day conference, Family Team Meeting. If the CQA is not completed, the SSW obtains current assessment information from the investigative SSW, the petition for removal and may consider information from previous CQAs to assist in completing the Case Plan. The Case Plan is considered timely, even if the CQA is not yet completed.
2. The Case Plan information is then entered/submitted by the SSW and approved by the FSOS within ten (10) working days from the Family Team Meeting date. The TWIST copy of the Case Plan is then mailed or delivered to the family and others as appropriate. The next ongoing Case Plan is due within six (6) months from the child's Temporary Removal Hearing (TRH) and order of temporary custody or placement date of a voluntary commitment, unless significant changes in family circumstances occur, requiring a new CQA and Case Plan.
3. Beginning with the five (5) day conference, Family Team Meeting, the SSW considers concurrent planning when developing a Case Plan. The SSW documents the decision concerning concurrent planning and the permanency goal on the Case Plan. The SSW may choose "Return to Parent" as a permanency goal and at the same time, have a permanency objective and tasks around "Adoption" in the OOHC section of the Case Plan.
4. When parents wish to voluntarily terminate parental rights, the SSW follows the procedures outlined in 7D.31 Voluntary Termination of Parent SOP and a Family Team Meeting is held but plans to reunite parent and child are not made unless the parents request it.
5. The SSW includes the following information in the Case Plan that is submitted to the court:
   (a) Permanency goal(s);
   (b) Information related to aggravated circumstances; and
   (c) Compelling reason being met.
6. If a child returns home prior to the five (5) day conference, Family Team Meeting, the SSW does not complete the OOHC section of the Case Plan. The SSW completes the Family section and enters the placement information.
7. When the child returns home from an OOHC placement, the SSW continues to utilize the OOHC section of the Case Plan until the court has released CHFS from commitment. Once the court has released commitment, only the Family section of the Case Plan is completed by the SSW.
8. Regardless of the type of legal responsibility of CHFS (e.g., voluntary commitment, emergency custody, temporary custody or full commitment) a conference, Family Team Meeting, is held if the child's initial placement is any of the following:
   (a) Relative home, including Kinship Care;
   (b) DCBS Resource Home;
   (c) Emergency shelter;
   (d) Private Child Care (PCC) provider child caring facility;
   (e) PCC provider foster home;
   (f) Group home;
   (g) Treatment facility; or
   (h) Hospital.
9. The SSW submits to the court a Case Plan no later than thirty (30) calendar days after the effective date of the court order for each child placed in the custody of CHFS by a commitment order or under Temporary Custody. At the same time, the SSW sends a copy of the Case Plan to the Administrative Office of the Courts' Citizen Foster Care Review Board Program at the following address:

   Dependent Children's Services
   Administrative Office of the Courts
   100 Millcreek Park
   Frankfort, KY 40601

Six Month FTM Periodic Review

US Code 42
Public Law 96-272
SOP 7C.7.2
KRS 620.180
KRS 620.240
KAR 1:140

PROCEDURE:

1. Family Team Meeting (FTM) Periodic Reviews, may be held by the SSW as appropriate, but are required to be held within six (6) months of a child's Temporary Removal Hearing (TRH) and/or order of temporary custody or placement date of a voluntary commitment.
2. Subsequent Periodic Reviews are required to be held within six (6) months of the previous review when the child remains in OOHC.
3. It is the responsibility of the FSOS or designee to schedule all Periodic Reviews to meet requirements for timeliness as required by U.S. Code 42 USC Sec. 675(5)(B). If a Family Team Meeting, Case Review is held prior to the time a Periodic Review would normally be held, that meeting may be used as a Periodic Review, if all requirements for a Periodic Review are met.
4. The SSW submits a Case Plan, at minimum, once every six (6) months to the court and the Administrative Office of the Courts' Citizen Foster Care Review Board

Program.

5. While the participation of the child's parents is important, the review is required within six (6) months of the child's TRH/placement or the last Periodic Review, even when the parents do not attend.
6. During the Periodic Review, the FSOS or designee follows the procedures outlined in 7C.7.2 Three (3) Month FTM Case Review number six (6) when conducting the Six (6) Month Periodic Review and ensures the date of the Nine (9) Month FTM Case Review is established.
7. Public Law 96-272 requires the participation of one objective third party in the Periodic Review, who is not the case manager or in the line of supervision for that case. The Service Region Administrator (SRA) or designee approves third party participants who are not professional staff.
8. If the case is currently not a concurrent planning case the FSOS or designee converts all OOHC cases to concurrent planning no later than the Six (6) Month FTM Periodic Review. Although many of these children will be reunified, alternative permanency planning will be pursued to ensure that all children have a permanent family as quickly as possible.
9. Upon review of the CQA, Case Plan and Visitation Checklist/Summary the FSOS or designee assesses the progress of the family during the FTM Periodic Review. If the family has not made sufficient progress and the case is currently a concurrent planning case, the SSW considers changing the permanency goal to the alternate permanency objective.
10. Prior to changing a permanency goal the SSW consults with the FSOS or regional staff and follows procedures outlined in 7C.10.1 Process Overview for Permanency Goal in OOHC Cases SOP.
11. The FSOS or designee facilitates the Periodic Review.
12. The FSOS reviews and approves the Case Plan by signature and date.
13. Periodic Reviews are scheduled on a day and time when primary participants can attend.
14. Participants are encouraged to attend, in part by convenience of schedule and sufficient notice.

Twelve Month FTM Periodic Review and Permanency Hearing

SOP 7C.7.3
KRS 610.125
KRS 620.180
KAR 1:140

PROCEDURE:

1. The SSW prepares for the second Periodic Review for permanency prior to the Permanency Hearing.
2. The Permanency Hearing, which is required no later than twelve (12) months from the date the child entered OOHC by order of temporary custody during the Temporary Removal Hearing or placement as a result of voluntary commitment and every twelve (12) months thereafter if custody and out-of-home placement continues. OOHC is defined as a child:
   (a) Removed from home;
   (b) Not in the care of a parent and CHFS has legal custody;
   (c) That remains at home, in the care of a parent and CHFS has legal custody; or
   (d) That is returned home, but CHFS still has legal custody.
3. The SSW has future Periodic Reviews within every six (6) months thereafter until legal permanency for the child is achieved.
4. The SSW submits a Case Plan, at minimum, once every six (6) months with the court and the Administrative Office of the Courts' Citizen Foster Care Review Board Program.
5. The SSW presents the Case Plan with permanency goal to the court at the twelve (12) month Permanency Hearing and the Judge must approve the permanency goal included in the Case Plan.
6. If the court does not approve the permanency goal, the SSW convenes a new conference, Family Team Meeting, to change the goal per court order.

Participants and Notification of All OOHC Cases

SOP 7C.8
KRS 620.180
KRS 620.525
KAR 1:140

PROCEDURE:

1. The SSW is required to invite the following individuals, not inclusive in case planning:
   (a) Both legal and biological parents, absent parents, non-custodial parents and family members, six (6) years of age and older;
   (b) Child, six (6) years of age and older (unless there are clinical justification for not doing so or the SSW has evaluated the child and deem it not in child's best interest to participate);
   (c) Other CHFS staff involved;
   (d) Objective Third Party as required for Periodic Reviews;
   (e) Parent's attorney, if any;
   (f) Child's attorney, Guardian Ad Litem;
   (g) County Attorney;
   (h) Caregiver (resource parents, PCC provider, relative, etc.); and
   (i) Court Appointed Special Advocate (CASA).
2. The SSW may invite and involve the following individuals (with parent consent), not inclusive in case planning:

(a) Community partners including service providers;
(b) Extended family members; and
(c) Other participants the family wants present.

3. For OOHC cases, excluding the five (5) day conference, the SSW is required to notify all participants of any conference, Family Team Meeting, ten (10) calendar days prior to the conference.
4. The SSW notifies legal parents, biological parents, and/or guardians by certified mail.
5. The SSW documents attempts to notify absent parents and non-custodial parents.
6. If a parent(s) fails to attend, the Family Team Meeting proceeds and the SSW follows the procedures outlined in 7C.9 Distribution of Case Plan for All OOHC Cases to inform the parent(s).
7. Absent parents are to be included in the Case Plan by the SSW, with at least one objective that addresses "non-involvement". If the parent's whereabouts are unknown the task for the SSW is to conduct an absent parent search and document under the objective that addresses non-involvement of the parent. If/when the parent is located the SSW would then have an objective and associated task that address their non-involvement regardless of their willingness to participate.
8. If the parent(s) whereabouts are unknown, the SSW's task is to conduct an absent parent search, which may prevent delays in TPR in the future.

Distribution of Case Plan for All OOHC Cases

SOP 7C.9
KRS 620.180
KAR 1:140

PROCEDURE:

1. The SSW distributes the Case Plan to the following:
   (a) Family;
   (b) Caregiver, (Resource parents, PCC provider, Relative, etc.);
   (c) Case planning participants in attendance, (with the consent of the parents or court order);
   (d) Parent's attorney, if any;
   (e) CASA, if any (the CASA receives all information pertaining to the child's Case Plan and may have Case Plan information pertaining to the parents with their consent or court order);
   (f) Administrative Office of the Courts' Citizen Foster Care Review Board Program;
   (g) Any community partners assigned a task at parent's request in the Case Plan, (with parent consent);
   (h) Child's attorney, Guardian Ad Litem, if any;
   (i) Court (for juvenile file); and
   (j) County Attorney, if court is involved.
2. The SSW submits the Case Plan to the FSOS for approval after the Family Team with or without the parent(s) signature. The SSW documents in the comment section of the Case Plan, P&P-1282 (hardcopy) the circumstances why the parent(s) did not sign.
3. If the parent or guardian did not attend the Case Plan meeting, the SSW mails a copy of the approved Case Plan, P&P-1282, DPP-154, Service Appeals Request and other relevant documents by certified restricted mail.

Citizens Foster Care Review Board

SOP 7E.3.7
KRS 620.190
KRS 620.220
KRS 620.230
KRS 620.240
KRS 620.270
KRS 620.290
KAR 1:140

PROCEDURE:

Citizen Foster Care Review Boards (CFCRB) are mandated to review case files of all children committed to the Cabinet for Health and Family Services (CHFS). The CFCRB mission is to ensure that permanency for at-risk children remains a central objective of the courts and the Cabinet. Case file review is required (KRS) at least once every six months until the child is placed permanently or until adoption proceedings become final. Findings and recommendations of the boards are sent to the judge assigned to the case and to the CHFS.

The SSW follows procedures related to CFCRBs in these SOPs:

SOP 7C.7.1 - Five (5) Day Conference, Family Team Meeting
SOP 7C.7.2 - First Periodic Review for Permanency in OOHC Cases
SOP 7C.7.3 - Second Periodic Review and Permanency Hearing
SOP 7C.9 - Distribution of Case Plan for all OOHC Cases
SOP 7D.23.1 - Child Committed as Dependent, Neglected or Abused
SOP 7D.23.2 - Status Offenders

General Information Regarding Children In Out-Of-Home Care

Bill of Rights for Children in Out-of-Home Care

Ratified in Congress Hall, Philadelphia, Saturday, the Twenty eighth of April, Nineteen Hundred and Seventy Three; Reaffirmed During the National Focus on Foster Care Conference, Norfolk, Virginia, Wednesday, the Fourth of May, Nineteen Hundred and Eighty Three, EVEN more than for other children, society has a responsibility along with parents for the well-being children in foster care. Citizens are responsible for acting to ensure their welfare.

EVERY child is endowed with the rights inherently belonging to all children. In addition, because of the temporary or permanent separation from or the loss of birth parents and other family members, the child is required special safeguards, resources and care.

Every child in out-of-home care has the inherent right...

Article the First ...to be cherished by a family of his own, either his family helped by readily available services and supports to reassume his care, an adoptive family or, by plan, a continuing foster family.

Article the Second ...to be nurtured by foster parents who have been selected to meet his individual needs, and who are provided services and supports, including specialized education, so that they can grow in their ability to enable the child to reach his potential.

Article the Third ...to receive sensitive, continuing help in understanding and accepting the reasons for his own family's inability to take care of him, and in developing confidence in his own self-worth.

Article the Fourth ...to receive continuing loving care and respect as a unique human being,... a child growing in trust in himself and in others.

Article the Fifth ...to grow up in freedom and dignity in a neighborhood of people who accept him with understanding, respect and friendship.

Article the Sixth ...to receive help in overcoming deprivation or whatever distortion in his emotional, physical, intellectual, social and spiritual growth which may have resulted from his early experiences.

Court Appointed Special Advocate (CASA)

SOP 7E.3.6
KRS 620.500-620.550

PROCEDURE:

1. Upon appointment of a CASA volunteer, they may schedule a consultation with the SSW to review the background of the case and to identify key issues.
2. During the CASA volunteer's initial assessment, the SSW assists as appropriate, and makes the case file available to the CASA volunteer.
3. While the case is active, the SSW maintains contact with the CASA volunteer to ensure the advocacy of the child's best interests.
4. If appropriate, CASA volunteers should be invited to Family Team meetings and case conferences.

CASA is not available in all regions.

Employment of a Youth in OOHC

SOP 7E.3.8

PROCEDURE:

1. After a youth obtains employment, the SSW ensures that the youth is assisted with structuring a budget.
2. It is recommended that the youth spend at least fifty (50) percent of the money he earns as he chooses, and the remainder placed into savings for purchase of transporta-

tion or to meet expenses upon release from commitment. When a major expenditure (such as purchase of a car) is part of the youth's Independent Living Services Plan, the FSOS may approve a reduction of the savings percentage.

3. The SSW notifies the Children's Benefits Worker (CBW) when a youth obtains employment, as the youth's Title IV-E reimbursability and eligibility may be affected. If the youth loses medical assistance benefits, the SSW consults with the CBW as to eligibility requirements for spend-down coverage.

Driver's License for Youth in OOHC

SOP 7E.3.9

PROCEDURE:

1. Neither the SSW nor any other CHFS staff sign an application for a driver's license for a youth in OOHC. The birth parent may sign an application.
2. The SSW informs the youth's caregiver about the legal and financial liability should the caregiver choose to sign an application and an accident occurs.
3. The SSW informs a youth that car insurance is required should the youth wish to pursue applying for a driver's license.

Change of Surname of Youth in OOHC

SOP 7E.3.10

PROCEDURE:

1. The SSW considers whether there is a Planned Permanent Living Arrangement Agreement or an adoption petition pending, and the wishes of the child, birth parents, and caregivers.
2. With the approval of the FSOS, the SSW contacts the regional attorney or Office of General Counsel for guidance in the procedure. Caregivers are responsible for filing the petition and any associated costs.

Census Count for Children/Youth in OOHC

SOP 7E.3.11

PROCEDURE:

1. The SSW assists the caregiver to properly count a child in OOHC during the U.S. Census.
2. The caregiver provides to the census enumerator:
   (a) The name of the child, as it has been given to the caregiver by the SSW;
   (b) Available information about gender, race and religion.

Mail to a Child in OOHC

SOP 7E.3.12

PROCEDURE:

1. CHFS staff does not open letters to and from a child in OOHC, or withhold letters from a child, except under special circumstances (see below).
2. When the court has issued an order prohibiting correspondence from any party to a child in OOHC, letters from the party are turned over to the court.
3. When correspondence to or from a child is limited or prohibited, the SSW:
   (a) Explains the reasons to the child; and
   (b) (When appropriate) Communicates between the party and the child.
4. The FSOS may approve intercepting or prohibiting correspondence to a child from a parent when:
   (a) The parent's rights have been terminated; and
   (b) The mail may have a disruptive and destabilizing effect on the child, as determined by a Qualified Mental Health Professional.
5. When the SSW thinks a letter may upset the child, the SSW or caregiver may be present when the child opens it.

Household Work and Operation of Machinery

SOP 7E.3.13

PROCEDURE:

1. The family's team may consider the youth's participation in household work activities that are appropriate for a youth of similar age, maturity, and abilities. The types of jobs held by other children in the household or community may guide the family's team in its decisions.
2. In considering whether a youth should be permitted to operate mechanized equipment under proper supervision, the SSW and Family's Team consider the youth's age, maturity; and abilities.
3. The SSW documents the youth's participation in household work or operation of machinery in the Child/Youth Action Plan portion of the Case Plan.

Athletic Program Participation

SOP 7E.3.14

PROCEDURE:

1. If parental rights are intact, the SSW seeks permission from the child's birth parent to allow the child to participate in an athletic program.
2. If the birth parent is not available or will not grant permission for the child to participate, the SSW may consent for the child's participation. Resource parents may not provide consent for a child's participation in an athletic program.

3. When the sponsoring organization offers insurance coverage, arrangements are made for the child to participate in the insurance program, and the resource parents are reimbursed for its cost.

Transportation of a Child in the Custody of CHFS

SOP 7E.3.2
KRS 605.080

PROCEDURE:

1. The DPP-111, Foster Home Contract states that the resource foster parent agrees to provide the child with a "normal family life." As such, the expectation is that a resource foster parent will transport a child as he would transport his own child. Non-medical transportation is included in the Foster Care Rate Methodology.
2. If extenuating circumstances exist, the resource home may contact the SSW to arrange transportation for the child in the custody of CHFS, and the SSW may transport a child in such circumstances.
3. Private Child Caring Agencies (PCCs) and Private Child Placing Agencies (PCPs) handle transportation of children in their care regarding routine daily care within a forty (40) mile radius. The SSW gives the PCC or PCP seven (7) days advance notice when the PCC or PCP is to provide transportation.
4. The SSW and PCC or PCP staff make mutually satisfactory arrangements for scheduled family visitation and court appointments. The expectation is that this is covered by the PCC's or PCP's per diem payment.
5. The SSW identifies transportation requests (including visitation or court) which exceed a forty (40) mile radius seven (7) days advance notice. If the PCC or PCP is able to meet the request, they are reimbursed. The SSW or other CHFS staff use the Transportation Log to track transportation expenses beyond the forty (40) mile radius.
6. If the PCC or PCP is unable to transport, they may contact the SSW to arrange transportation for the child in the custody of CHFS, and the SSW may transport a child in such circumstances.
7. If the child is being transported to or from a residential facility, an attendant of the same gender must accompany the child, unless the SSW or FSOS has authorized, in writing, the child to be transported by the child's parent, grandparent, or adult brother or sister.
8. The SSW may transport a parent only with the written permission of the FSOS.

Out-of-State Travel for Foster Families/Child(ren)

SOP 7E.3.2(A)
KAR 1:350

PROCEDURE:

1. Out-of-State travel of a child:
   (a) In the Temporary Custody of the Cabinet for Health and Family Services (CHFS) requires the SSW obtain approval of the parent(s); and
   (b) Committed to CHFS requires approval of the FSOS when the trip:
      (1) Is more than two (2) nights; or
      (2) Does not involve the resource foster family or facility functions.
2. Out-of-State travel for resource foster family functions and facility functions does not require approval of the Family Services Office Supervisor (FSOS), unless travel is more than two (2) nights, however it is recommended that foster parents or private child care staff inform the Social Service Worker (SSW) anytime they plan to travel out-of-town with children in their care.
3. Resource foster parents or private child care staff contact the SSW a minimum of one (1) week in advance of the trip to request approval, which allows adequate time for the SSW to inform the:
   (a) FSOS of the request for out-of-state travel and convey the approval/denial; and
   (b) Child's parent(s) of the impending travel plan, upon FSOS approval and to seek their consent, however consent is not required.
4. The decision of the FSOS to approve/deny the travel request is made on a case specific basis and is based on such factors as the:
   (a) Permanency goal of each child;
   (b) Desires of the child;
   (c) Significance of the trip in terms of educational, cultural and/or entertainment value;
   (d) Difficulty involved in finding another temporary placement; and
   (e) Likelihood that temporary placement in another home or facility may have a detrimental impact upon the emotional stability of the child.
5. The SSW and FSOS exercise caution prior to approval to ensure that previously scheduled visits with the parents are not canceled without reasonable arrangements being made with the parents.
6. When out-of state travel is approved the:
   (a) Resource foster family or private child care staff notifies the SSW upon their return; and
   (b) SSW notifies the parent(s).

OOHC Exit Interview

SOP 7E.2.7

PROCEDURE:

1. Exit interviews are conducted with one-third of the weekly census of children who are identified by the Children's Review Program (CRP) and:
   (a) Has experienced a change in or exit from an OOHC

placement which is not an independent living placement;
   (b) Is age seven (7) or older;
   (c) Has an IQ of fifty-five (55) or above;
   (d) Lived in the prior placement at least thirty (30) days; and
   (e) Left the prior placement no more than thirty (30) days prior to the interview.
2. CRP may contact the SSW for information necessary for the exit interview (e.g. child's handicapping conditions for which the interview must accommodate).
3. Trained staff from the CHFS Ombudsman's office (or other trained staff approved by CHFS):
   (a) Conduct exit interviews in a safe environment within thirty (30) working days of being assigned;
   (b) Document exit interviews on the Children's Review Program Exit Interview Form;
   (c) Mail the completed form to CRP, who mails a copy to the child's SSW (and the R&C SSW for the home, if the child is in a DCBS Resource Home).
4. If an interview cannot be conducted or completed, the interviewer documents the circumstances on the form.
5. The SSW reviews the form to determine if action is necessary to address the form's contents. Action may include:
   (a) Involvement of the R&C SSW;
   (b) Revision of the Family Case Plan; or
   (c) Contact with the child.
6. If, during an exit interview, a child discloses maltreatment:
   (a) The interviewer immediately reports the allegations to the local DCBS office in the county where the alleged maltreatment occurred;
   (b) The report is documented by completion of the CRP Report of Suspected Child Maltreatment, with a copy faxed to all parties designated on the form;
   (c) If the allegation involves sexual abuse, serious physical injury, or poses a serious threat to the child or others, the interviewer attempts to notify the child's SSW by telephone.
7. If, during an exit interview, a child threatens to harm himself or others:
   (a) The interviewer immediately contacts the child's current caretaker (e.g. facility staff, resource parent, relative, biological parent);
   (b) If the current caretaker cannot be reached, the interviewer asks law enforcement for assistance in monitoring the child until appropriate help can be obtained; and
   (c) The report is documented by faxing a completion of the CRP Report of Threat of Harm to Self or Others with a copy faxed to all parties designated on the form.
8. When the SSW receives a CRP Report of Child Maltreatment or a CRP Report of Threat of Harm to Self or Others, the SSW:
   (a) Reviews the form to determine if action is necessary, including:
      (1) Involvement of the SSW or the R&C SSW;
      (2) Revision of the Case Plan; or
      (3) Contact with the child; and
   (b) Notifies the Children's Review Program of the action or inaction taken on the report within ten (10) working days by completing the DCBS Response section of the form and faxing or mailing the form to the Children's Review Program Quality Assurance Unit.

<u>Transition from OOHC for Disabled Youth</u>

SOP 7E.2.8
KRS 2.015
KRS 120.140

PROCEDURE:

1. The SSW and Family Team determine, with assistance from guardianship staff, whether guardianship will be appropriate for a youth in OOHC. When it has been determined that it is appropriate, the SSW ensures that guardianship staff is invited to attend the Periodic Review following the youth's seventeenth (17th) birthday.
2. If it does not appear that guardianship will be appropriate and the child will not be extending his commitment, an APS SSW is invited to attend the Periodic Review following the youth's seventeenth (17th) birthday discuss available community resources and supports for adults.
3. If the youth has a diagnosis of a disability which impacts his ability to make informed life decisions (e.g. mentally retarded, developmentally delayed, mentally ill or brain injury) and appears to be in need of continued assistance or support, an extension of commitment is generally sought. The basis is to increase the youth's self care or other skills that will allow the youth greater independence by the time of his exit from care. To the extent of his ability, the youth should agree to the extension of commitment. If the SSW feels that the youth does not have the decisional capacity to make an informed choice, the SSW may request that the committing court review the matter.
4. When there is disagreement between the SSW and guardianship staff regarding transition of a disabled youth in OOHC, the SSW submits a proposal, through supervisory channels, to the SRA.
5. The SSW may refer to the Transition Tip Sheet and Transitional Flow Chart.

Process Overview for Meeting Health Care Needs

SOP 7E.4.1

PROCEDURE:

1. The SSW ensures that the child receives a physical health screening within forty-eight (48) hours of an order in which a child enters the custody of CHFS, and treatment for any injury/illness that may be the result of maltreatment within twenty-four (24) hours of the order.
2. Within two (2) weeks of an order in which a child enters the custody of CHFS, either via a temporary order of custody or commitment, the SSW makes arrangements for complete medical, visual and dental examinations.
3. Within thirty (30) days of a child's OOHC entry, the SSW facilitates completion of the child's mental health screening performed by a qualified mental health professional.
   (a) The screening refers to a basic mental health assessment, rather than a full mental health diagnostic examination.
   (b) Children under five (5) are to receive an Early Start or EPSDT screening as a substitute for a mental health screening.
   (c) When the screening indicates that further assessment or treatment is necessary, the SSW makes arrangements and documents service provision. Arrangements are made for initial service provision within two (2) working days of the receipt of information.
4. The SSW arranges for a child to have a complete medical, dental and visual examination no less than once per year. More frequent examinations are arranged as necessary, based on the child's age and physical condition.
5. The SSW uses the Medical Passport guidelines to document the physical and mental health care services for a child in OOHC.
6. If the child is in OOHC and case responsibility is assigned to Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble or Washington County, the SSW follows additional guidelines for the Passport Health Plan.
7. The SSW should be aware that a child who is eligible for Medicaid is also eligible for Early Periodic Screening, Diagnosis and Treatment (EPSDT) services.
8. The SSW follows guidelines for authorization for medical services for a child in OOHC as appropriate.
9. The SSW follows guidelines for medical care for a medically fragile child.
10. The SSW provides the child of an appropriate age a written summary of information about his health, and (when there is a signed Authorization for Release of Information) the health of his birth parents, and includes a copy in the child's record. The summary may include information regarding the family's known health history, including:
    (a) Immunizations;
    (b) Operations;
    (c) Childhood illnesses; and
    (d) Mental illness.
11. Based on information obtained through interviews, observation, or health records received, the SSW maintains a written summary of the birth parents' known health history in the case record. This summary includes information on:
    (a) The status of the birth parents' past and current physical and mental health;
    (b) Physical and mental health services that have been or are being provided to them;
    (c) Their history of substance use or abuse; and
    (d) Physical or developmental disabilities.

HIV/AIDS

SOP 1.9

Introduction:

HIV is a progressively debilitating disease, but proper treatment can significantly delay the onset of AIDS. DCBS has a responsibility to clients and strives to provide services to HIV infected individuals while maintaining awareness

of agency risk and liability to other clients and personnel. DCBS has the responsibility to respect HIV/AIDS client's confidentiality. DCBS also advocates for the rights of an infected individual to attend day care, preschool, school, adult day care, nursing care, or any other needed services under medically and psychosocially appropriate circumstances.

Process Overview HIV/AIDS

SOP 1.9.1
KRS 214.181
KRS 214.185
KRS 214.420
KRS 214.625
42 USC 12101, ADA of 1990

PROCEDURE:

1. Each Region is responsible for ensuring that the service delivery process addresses the medical needs of the HIV/AIDS infected client.
2. The SSW should actively encourage clients who are at-risk for infection to be tested.
3. HIV testing may not be required of any client. Testing may be considered only for individuals for whom the Cabinet is legally responsible if any of the following risk factors are known:
   (a) Multiple blood or blood product transfusions between 1978-1985;
   (b) Children born to a mother known to be HIV infected;
   (c) Children born to a mother who meet the criteria for HIV exposure;
   (d) Use of intravenous (IV) drugs;
   (e) Symptoms of possible HIV infection include: Swollen lymph nodes; Weight loss; Fever; Cough and shortness of breath; Soaking night sweats; Shaking chills or fever higher than 100 F for several weeks; Dry cough and shortness of breath; Chronic diarrhea; Persistent white spots or unusual lesions on your tongue or in your mouth; Headaches; Blurred and distorted vision; rare cancer or fungal infections associated with HIV; Please refer to the **Medically Fragile Handbook** for additional symptoms for young children.
   (f) A person has been sexually abused/assaulted by anyone who:
      (1) Has had multiple sexual partners;
      (2) Has known use of intravenous (IV) drug use;
      (3) Has hemophilia and has received clotting factor products prior to April 1985;
      (4) Has had sexual partners known or suspected to be infected with HIV or have the above high risk factors.
   (g) Client's request.
4. Testing of children who are voluntarily committed to Cabinet requires parental consent.
5. Testing of a child in temporary or emergency custody requires a court order.
6. The SSW consults the Regional Attorney and the Medical Support Section to test a client without their permission for reasons concerning the client's health or another individual's safety.
7. When a minor is tested on their own accord, and refuses to disclose test results, KRS 214.185(6) allows the medical professional to inform the parent or legal guardian of the minor regarding any treatment given or needed where, in the judgment of the professional, informing the parent or guardian would benefit the health of the minor.
8. The SSW consults with the Regional Attorney, the Medical Support Section, and the child when age appropriate, when a prospective adoptive parent requests to have the child tested for HIV/AIDS but does not meet any of the high-risk indicators.
9. Testing for infants and young children may be performed by a pediatric specialist; all other HIV testing may only be performed at testing facilities that offer pre and post-test counseling by specially trained staff. Pre/Post test counseling services are offered at all local health departments.
10. The SSW makes arrangements for re-testing when appropriate. Re-testing is conducted six (6) months after the cessation of risk behavior except for infants who shall be tested at nine (9), twelve (12), and fifteen (15) months of age.
11. The SSW completes the CQA that includes questions regarding any high-risk behaviors in which the client or family may have been involved for any HIV positive client.
12. The SSW completes a Case Plan for an HIV infected client that considers the following:
    (a) Presence of behaviors likely to transmit the HIV infection;
    (b) Potential needs of the client;
    (c) Medical status, history, and symptomatology; and
    (d) Availability of needed services
13. No DCBS personnel who has obtained or has knowledge of a positive HIV/AIDS test result may disclose or be compelled to disclose the identity of any person upon whom a test is performed, or the results of the test in a manner which permits identification of the subject of the test without the written consent of the client.
14. The decision to disclose the HIV/AIDS status without the consent of the client may be made on a case-by-case basis in consultation with the Regional Attorney and the Medical Support Section when it is deemed absolutely necessary for the safety and care of the client. KRS 214.181 allows the information to be released to the following persons:

(a) The subject of the test or the subject's legally authorized representative;
(b) Any person designated by the client or their legally authorized representative through a CFS-1A Informed Consent and Release of Information and Records Supplement;
(c) A physician, nurse, or other health-care personnel who has a legitimate need to know the test result in order to provide for his protection and to provide for the patient's health and welfare;
(d) A health facility or health-care provider which procures, processes, distributes, or uses:
  (1) Human body part from a deceased person, with respect to medical information regarding that person; or
  (2) Semen provided for the purpose of artificial insemination;
(e) A parent, resource parent, or legal guardian of a minor;
(f) Persons allowed access by court order.

15. The SSW clearly documents the Regional Attorney and the Medical Support Section's decision and reason for any disclosure made without the client's approval.
16. Disclosure of the confidential HIV status to DCBS personnel may be made on a need-to-know basis, which is based on the optimal care of the client.
17. DCBS staff responsible for disclosing a client's HIV status or allowing the HIV status of a client to go beyond those with a legitimate need to know are subject to disciplinary action up to and including dismissal.

HIV/AIDS Children in Out-of-Home Care

SOP 1.9.2

PROCEDURE:

1. All HIV infected children are referred for placement consideration, regardless of placement type.
2. The SSW, if not already completed, follows procedures in SOP 7E.1.4(B) to determine Medically Fragile classification.
3. All referrals are to be labeled with: "Child has serious health care needs." Only the program for which the child has been approved for admission is entitled to receive HIV information.
4. Once a placement has agreed to accept a child based on referral information, the SSW may disclose on an as needed basis the HIV status and specific health care needs of the child.
5. No child may be denied acceptance to foster care, group home, or residential treatment facility solely on the basis of HIV infection.
6. All HIV infected children to be placed in OOHC are placed in a special needs or medically fragile foster home, group home, or residential setting with the following considered:
   (a) Other children placed in a foster home are safe from harm and infection by:
     (1) Placing the child in a home with no other children; or,
     (2) Children with uncontrolled behaviors due to emotional illness or to age is placed in a setting that assures that other children in the home are not put at risk.
   (b) The ability of the HIV infected child in a facility setting is able to manage his aggressive or sexual behaviors;
   (c) The maturity and ability of other clients in a facility to protect themselves from infection and manage their own aggressive or sexual behaviors;
   (d) The ability of the placement to provide for a child whose immune system has been severely impaired to minimize exposure to childhood diseases and infections from other children.

Note: *These factors may not preclude placement acceptance, but are to be taken into consideration with the operating agency's program, structure, and supervision capabilities.*

7. The SSW regularly monitors the placement to confirm its ability to protect the HIV infected child from opportunistic infections, and its capacity to provide or arrange for intensive medical services as needed by the child and to ensure protection of any additional committed children in the same OOHC placement.

HIV/AIDS –Adoption

SOP 1.9.3

PROCEDURE:

1. All HIV infected children are accepted for adoptive placement consideration.
2. A child with known HIV infection may not be placed into an adoptive placement until the adoptive parents have been informed of the child's condition or family history.
3. The SSW has the adoptive parent's sign a statement indicating their awareness and understanding of the child's condition.
4. The adoption preparation process is to include HIV/AIDS education and may be referred to medical sources for additional information.

Medical Passport

SOP 7E.4.2
KAR 1:010

PROCEDURE:

1. Medical Passport forms include:
   (a) **DPP-105**, Birth Records/Medical Information;
   (b) **DPP-106**, Child's Medical Record;
   (c) **DPP-106A**, Medical History;
   (d) **DPP-106A-1**, Authorization for Medical Treatment;
   (e) **DPP-106A-2**, Medical Appointment;
   (f) **DPP-106A-3**, Dental Care;
   (g) **DPP-106A-4**, Visual Screening;
   (h) **DPP-106A-5**, Medications Administration History; and
   (i) **DPP-106A-6**, Mental Health Services.
2. The Medical Passport is given to the caregiver upon initial removal and goes with the child wherever the child is throughout his stay in OOHC.
3. The SSW [and Resource Parent] utilizes the Medical Passport forms to document the physical and mental health care services that a child received prior to entry, and after entry into OOHC. Forms document information such as:
   (a) Authorization for the child's medical treatment;
   (b) Information about payments for medical services
   (c) Physical health examinations and treatment;
   (d) Medical history;
   (e) Immunizations;
   (f) Allergies;
   (g) Mental health screening;
   (h) Dental Care; and
   (i) Visual screening.

Importance of Medical Passport

Assuring that the health needs of children in out-of-home care are met is a major responsibility for foster parents and social workers. The medical passport was developed to help with this important task. It has been designed to be used for all children in out-of-home care, including medically fragile children, who are placed in resource homes, emergency shelters, private child care facilities, and psychiatric and medical settings. It is given to the care provider at the time the child is placed. The medical passport must be maintained continuously throughout placement and accompany the child as long as he remains in out-of-home care.

The medical passport is important because:

1. All pertinent information pertaining to a child's health care is kept in one place. This benefits the child in providing timely service when basic medical records are needed at a moments notice for medical care and emergencies or events such as case review, court, school enrollment, day care enrollment, and Case Planning Conferences, etc.;

2. Continuity of medical care is provided;

3. KRS 605.110 and Federal Law requires that all children in out of home care receive regular medical care and requires the documentation of this care;

4. Lack of documentation is equal to lack of services. In other words "If you don't write it down, it didn't happen!" The medical passport documentation provides verification that medical care is taking place; and

5. A child's needs and history are more easily explained to birth parents and other care providers upon changes in placement or changes of social workers.

SOP states that the Medical Passport is to be taken by the care provider to all medical appointments and examinations. If the child will be accompanied to the appointment or exam by a social worker or transportation aid in lieu of the care provider, then the social worker or aid will assume responsibility for the passport, share it with the medical professional, and assure that all forms are completed. Care providers should not assign these responsibilities to the child in the care provider's absence.

The medical passport includes tabs that are designed to be used with the three-ring passport binder. Children who are medically fragile or who have special health care needs may require more space for documentation and record keeping. Therefore, the care provider may separate the tab sections into more than one volume as needed. Each child should have his/her own passport binder. Siblings' passport information should not be put in the same passport binder even if they reside in the same resource home. Each tab section includes instructions on how to utilize the forms for that section. Other helpful hints are also included.

Medical Passport Forms

The forms specifically designed for use in the medical passport are the DPP 106A series. They are numbered accordingly in the top left corner as follows:

DPP-106A "Medical History"
DPP-106A-1 "Authorization For Medical Treatment"
DPP-106A-2 "Medical Appointment"
DPP-106A-3 "Dental Care"
DPP-106A-4 "Visual Screening"
DPP-106A-5 "Medications History"
DPP-106A-6 "Mental Health Services"

All of these forms will be used at some point during the

child's stay in out-of-home care. The care provider should request a complete set of forms and additional copies of the DPP 106A-2 through 106A-5 as these will be used most often. If you run out of forms or never receive them to begin with, request them from the Social Service Worker and be persistent. It is very difficult to get forms filled out by medical professionals a few days or weeks after the appointment. Photocopies of blank forms may be used. If photocopied forms are used, additional copies must be made for the case file once the forms are completed.

Other forms and documents used by medical professionals may be added to the passport in addition to the above forms. These may be filed under the appropriate related tab sections.

Instructions For Use of Individual Medical Passport Forms

DPP 106A "Medical History"

The child's social worker is to help the birth parent or the caregiver of the child fill out this form. It is important that the form be filled out completely and signed by the birth parent or person exercising custodial control (PECC) so that there is no question later as to the understanding of the child's medical history, current state of health, and any medical needs and/or conditions requiring immediate response upon entry into out-of-home care.

Birth parents should be as specific as possible regarding types of allergies, special medical conditions, recent and past health problems and illnesses. Dates of illnesses or approximations should be recorded on this form. Surgeries should be listed specifically in the "other" section along with type and date of the procedure.

When changes or additions occur (such as the discovery of allergies, surgeries, and illnesses occurring in out-of-home placement, e.g. chicken pox, etc.), these are to be recorded on a new (additional) DPP 106A Medical History form and filed in this section with the yellow copy returned to the child's social worker.

The Medical History form should be discussed with the medical professional at the child's initial exam following entry into out-of-home care. Every effort should be made to complete this form prior to this initial exam.

DPP 106A-1 "Authorization For Medical Treatment"

The child's social worker is to complete this form upon the child's entry into out-of-home care. If the custody or commitment status changes, the worker is to fill out a new form with the appropriate date of the change and add it to this section. For your general information:

- Emergency Custody does not last longer than 72 hours.
- Temporary Custody lasts up to 45 days and in some cases may be extended by an order from a district judge.
- Commitment to the Cabinet has no time limit.
- Voluntary Commitment lasts for six months unless it has been extended upon formal review.

DPP 106A-2 "Medical Appointment"

This form is to be filled out in its entirety at each medical appointment: physical exam, well baby exam, school exam, sick visit, specialist visit, prenatal exams, etc. The care provider should fill in the date of the appointment, child's name and date of birth, the reason for the appointment, and doctor's name, address, and phone number to ensure that these are legible. Medical professionals are to fill in the results of the exam and sign the form. Remember to press firmly.

The form is separated into three categories: "Medical Appointment," "General Screening," and "Sexually Transmitted Diseases." The Medical Appointment section (column one) must be filled out at each visit regardless of its nature. The General Screening section (columns three and four) need only to be filled out as applicable to the nature of the appointment. The Sexually Transmitted Disease Section should be used as necessary.

Please do not substitute school physical forms for this document. Explain to the medical professional that the Department for Community Based Services tracks medical care using this form. If you forget the forms, they may be filled out at a later date, however this can be burdensome. It may be helpful to leave a supply of blank forms in your car or with the medical professional in the child's record so that they will be available when needed.

DPP 106A-3 "Dental Care"

This form is to be filled out in its entirety at each dental / orthodontic appointment. The care provider should fill in the date of the appointment, child's name and date of birth, and the dentist's or orthodontist's name, address, and phone number to ensure that these are legible. The dentist/orthodontist is asked to fill in all information related to the exam as indicated and sign the form. Remember to press firmly.
The "General Appearance" section should state the reason

for the particular appointment (i.e. annual cleaning, restoration needed, adjustment needed, appliance installed). It should also state the appearance/oral hygiene rating (i.e. good, fair, poor). The tooth status chart (middle section) should always be completed, even if there is no change from the last appointment. The follow-up appointment section should explain the need for the appointment (evaluation, restorative, annual, cleaning, etc.) and the date. If no follow-up is needed, enter the date of next annual exam on the line for the "Next Appointment."

DPP 106A-4 "Visual Screening"

This form is to be filled out in its entirety at each eye exam. It may be filled out by the child's primary care doctor at the initial out-of-home care exam and subsequent annual exams if the child has no need to see an eye doctor for identified vision problems. The care provider should fill in the date of the appointment, the child's name and date of birth, and the medical professional's name, address, and phone number to ensure that these are legible. Medical professionals are asked to fill in all information pertaining to the exam and sign the form. Remember to press firmly.

The "Observation and Results" section should state the reason for the particular appointment (i.e. annual exam, prescription adjustment, etc.). It should also state the diagnosis and vision rating in each eye.

The "Follow-up Appointment" section should explain the need for the appointment and the date. If no follow-up is needed, the date of the next appointment should be the next annual exam.

DPP 106A-5 "Medications History"

It is required that all medication administered to a child in out-of-home care be documented. From a legal standpoint, if it isn't written down, it didn't happen. This is an area in which care providers are extremely liable. Document to protect your child and your self.

This form is to be filled out by the care provider or whoever is dispensing the medication doses. Each time a child is administered a dose of medication it should be indicated with the appropriate date and time. If dose are to be given at school, a separate form should be maintained there and collected/replaced each month. Record each medication name, dosage, and if/when a refill is due.

Information and observations such as side effects to watch for, reactions, or changes in medication should also be recorded on the form including the dates of each. Remember to get medication changes in writing from the doctor and ask that the medication label be updated with changes as needed.

DPP 106A-6 "Mental Health Services"

This form is to be filled out in its entirety at each counseling / therapy session and medication management appointment. Care providers should fill in the child's name, date of birth, therapist or counselor's name and telephone number, psychiatrist's name and telephone number, and the date of the session or appointment. Mental health professionals are to fill in the remaining information and sign the form. Remember to press firmly.

The form is separated into two sections: "Counseling /Therapy Session" and "Medication Management Appointment". The Counseling / Therapy Session section must be filled out by the child's counselor or therapist at each individual or group session even if the information remains the same as the previous session.

The Medication Management Appointment section must be filled out by the psychiatrist / physician at each medication management appointment.

Passport Health Plan

SOP 7E.4.3

PROCEDURE:

1. When a child enters OOHC and case responsibility is assigned to a county which is served by Passport Health Plan, the SSW completes the CHFS Out-of-Home Care Service Plan for Physical Health and sends it to the DCBS Region 3 Managed Care Liaison within five (5) working days of a child's entry into care.
2. As of 2/18/03, the following counties are served by Passport Health Plan:
   (a) Breckinridge;
   (b) Bullitt;
   (c) Carroll;
   (d) Grayson;
   (e) Hardin;
   (f) Henry;
   (g) Jefferson;
   (h) Larue;
   (i) Marion;
   (j) Meade;
   (k) Nelson;
   (l) Oldham;
   (m) Shelby;
   (n) Spencer;
   (o) Trimble; and
   (p) Washington.

Early Periodic Screening, Diagnosis and Treatment (EPSDT)

SOP 7E.4.4

PROCEDURE:

1. A child in OOHC who is eligible for Medicaid is also eligible for EPSDT services, such as:
   (a) Immunizations;
   (b) Hearing tests;
   (c) Vision tests;
   (d) Physical health examination; and
   (e) Other services for early detection of conditions and provisions of routine well child care.
2. A child in OOHC who is eligible for Medicaid may also be eligible for EPSDT special services, which are not routinely covered by Medicaid, but are medically necessary and pre-authorized by Medicaid. For example, if a provider can demonstrate medical necessity for unique durable medical equipment, EPSDT Special Services may cover its cost.
3. The SSW documents the use of EPSDT services when appropriate.

Authorization for Medical Services

SOP 7E.4.5

PROCEDURE:

1. If the child is in the emergency custody or temporary custody of CHFS, a parent or judge grants approval for medical procedures. A blanket consent by the court for medical services that are for prevention and treatment is sufficient. In an emergency when the child requires immediate medical attention and the parent or judge cannot be located, the SSW or FSOS authorize treatment. When the SSW or FSOS cannot be located, the caregiver authorizes treatment.
2. If the child is committed, the SSW or FSOS may authorize treatment. In an emergency, when a child needs immediate medical treatment and the SSW or FSOS cannot be notified, the caregiver authorizes treatment. If parental rights are intact, the SSW attempts to notify the child's parent within one (1) working day of any:
   (a) Emergency medical treatment;
   (b) Serious illness; or
   (c) Major surgery.
3. If a child is on extended commitment, the child is responsible for authorizing medical treatment. If the child is unable to authorize medical treatment because of a physical or mental condition, the court, SSW, or FSOS may authorize treatment.
4. If a child is on a voluntary commitment, the SSW consents to treatment when a parent cannot be located, in cases of serious illness or major surgery. In an emergency, when the child requires immediate medical attention and the SSW or FSOS cannot be located, the caregiver authorizes emergency medical treatment.

Abortion

SOP 7E.4.6

PROCEDURE:

1. When a child in OOHC requests information about:
   (a) Abortion;
   (b) Adoption;
   (c) Keeping a baby; or
   (d) Sterilization;

The SSW discusses the subject in a factual, objective manner, as with any other medical reference.

2. If the SSW is not familiar with a subject, or is not comfortable discussing it with the youth, the SSW may request the assistance of staff or health professionals. The role of the SSW or other staff is to inform the youth about all possibilities and to remain neutral in presentation.
3. The person discussing options with the youth should be familiar with each option and the related regional or state resources, including:
   (a) Available medical and adoption services;
   (b) Financial support;
   (c) Counseling; and
   (d) Any other appropriate service.

When the youth is aware of each option and asks for assistance with a referral, the person provides information that the youth needs to contact the resource.

4. After the child is aware of all options and has referral information, the SSW does not become directly involved in implementation of the youth's plans.
5. The SSW documents on TWIST contact screens that:
   (a) The youth has been provided information about options and resources;
   (b) Who provided the information; and
   (c) The date on which the information was provided.

Use of Tobacco Products

SOP 7E.4.7
KRS 438.311

PROCEDURE:

1. The SSW does not purchase tobacco products for a child in OOHC.
2. The SSW informs non-relative caregivers (e.g. resource parents, Private Child Care providers) that Kentucky law prohibits them from purchasing tobacco products for use by a child in their care.
3. If a birth parent purchases tobacco products for his child, and the SSW or caregiver becomes aware of the parent's action, the SSW requests a statement, signed by the parent, granting approval for the child to use tobacco products when purchased by the parent or the youth's employer.

4. If a child who enters OOHC uses tobacco products, the SSW assists the child and his caregiver in an attempt to eventually eliminate the child's tobacco use, and lists efforts on the Child/Youth Action plan section of the case plan. Nicotine replacement products may be purchased (by the care provider, and reimbursed) and the SSW may seek assistance from the child's physician.

Serious Injury

SOP 7E.4.8

PROCEDURE:

1. In cases of serious physical injury of a child in OOHC, the SSW determines that medical treatment has been sought, or directs that it be initiated.
2. The SSW follows guidelines of Child Fatality/Near Fatality, and any appropriate regional procedures.
3. If there is reason to suspect that the child's injury was due to maltreatment, and a report has not been made, the SSW makes a report.
4. All inquiries from the media are referred to CHFS's Division of Communications.

Child Fatality or Near Fatality

SOP 7H

INTRODUCTION:

The Division of Protection and Permanency (DPP) investigate all reports of child fatalities or near fatalities, (defined as an injury that, as certified by a physician, places a child in serious or critical condition), except for children in the Department of Juvenile Justice (DJJ) operated facilities, that occur due to alleged abuse or neglect by a:

1. Parent;
2. Guardian; or
3. Other person exercising custodial control or supervision of the child.

DPP investigates child fatalities alleged to be due to abuse or neglect by a caretaker pursuant to 922 KAR 1:420, even if there are no remaining children in the home.

Law enforcement, the Commonwealth Attorney and/or the County Attorney is notified of all child fatalities allegedly due to abuse or neglect. If the alleged perpetrator was not a parent or in a caretaker role, the reports shall be forwarded to the Commonwealth Attorney or County Attorney and the local law enforcement agency or Kentucky State Police for investigation.

In order to ensure coordination of appropriate information dissemination, all media inquiries are referred to the Division of Communications at (502) 564-6180.

Life Support Systems

SOP 7E.4.9
CFR Title 45, Chapter XIII, 1340.15
KAR 1:150

❖ Both address disabled infants only

PROCEDURE:

1. When a child in OOHC is admitted to the hospital in an emergency, and life support systems may be needed, the SSW or other CHFS representative informs hospital personnel of their responsibility to do all that is within their power to sustain the child's life. CHFS will promote provision of life-sustaining treatment, by whatever means, until a decision is made by the appropriate party to extend or end treatment.
2. The SSW immediately notifies the parents, the court, and through supervisory channels the SRA and Director of the Division of Protection and Permanency.
3. If the child is under emergency custody or temporary custody, the court may give verbal approval for the use of life support systems, and the approval may be transmitted by the court or by the SSW on behalf of the court. The SSW facilitates transmission of a letter to the hospital administrator, by the most expedient method, containing:
   (a) A confirmation of CHFS's Standard of Practice to advocate use of life support systems;
   (b) A certified copy of the custody order; and
   (c) The court's order authorizing life support.
4. If the child is committed and parental rights are intact, the SSW facilitates transmission of a letter to the hospital administrator, by the most expedient method, containing:
   (a) A confirmation of CHFS's Standard of Practice to advocate use of life support systems; and
   (b) A certified copy of the custody order.
5. If the child is committed and parental rights have been terminated, the SSW facilitates transmission of a letter to the hospital administrator, by the most expedient method, containing:
   (a) A confirmation of CHFS's Standard of Practice to advocate use of life support systems; and
   (b) A certified copy of the termination order making a child a ward of CHFS.
6. If the child is under a voluntary commitment, it is the parent's responsibility to make the decision regarding the use of life support systems for their child. If the parent cannot be notified, the SSW:
   (a) Sends a letter to the parent in order to confirm CHFS's Standard of Practice regarding the use of life support systems; and
   (b) Facilitates transmission of a letter to the hospital administrator, by the most expedient method, containing:
      (1) A confirmation of CHFS's Standard of Practice to advocate use of life support systems;

(2) A certified copy of the voluntary commitment order; and
(3) A notarized statement documenting CHFS's efforts to locate the parent.

Ending Use of Life Support Systems

SOP 7E.4.9(a)
CFR Title 45, Chapter XIII, 1340.15
KAR 1:150

❖ Both address disabled infants only

PROCEDURE:

1. When the attending physician has determined that the child has no chance of survival without continued life support, the SSW or other CHFS representative follows the procedures below, as appropriate.
2. If the child is in the custody of CHFS and parental rights are intact, the parent is responsible for making the decision to end use of life supports. The SSW immediately notifies the parents, and (through supervisory channels) the Director of the Division of Protection and Permanency and DJJ, if there is joint custody. If the parent's whereabouts are unknown, the committing court may order the cessation of life support systems.
3. If the child is in the custody of CHFS and parental rights have been terminated, court order is the only permissible authorization for discontinuance of life support systems. The SSW immediately notifies the court, and (through supervisory channels) the Director of the Division of Protection and Permanency. The Director, or designee, consults with the DCBS Commissioner and CHFS Secretary regarding whether to petition the court to order cessation of life supports. When approval by the Secretary is granted, the SSW or CHFS representative petitions the court.
4. The SSW completes the Worker Checklist for DNR.
5. The SSW or other CHFS representative follows additional regional guidelines, as appropriate.

Medical Care of a Medically Fragile Child

SOP 7E.4.10

PROCEDURE:

1. The SSW is responsible for making arrangements for a child to obtain medical treatment that the physician has ordered.
2. The SSW arranges with the resource parent for the child to receive necessary treatment and to have the bill submitted to DPP, if the medical card will not cover the bill.
3. If Medicaid denies needed medical treatment for the child, the SSW immediately files for reconsideration. Instructions for filing are listed on the denial form. The SSW may also contact the Medicaid Ombudsman's office.
4. If the SSW, the Medically Fragile Services Liaison, or the resource parent have questions regarding medical treatment, the Medical Support Section of DPP may be reached at (502) 564-2136.
5. If a Medically Fragile Child becomes hospitalized, the SSW:
   (a) Notifies the Medical Support Section of DPP within seventy-two (72) hours;
   (b) Ensures that the child has a responsible adult, excluding hospital staff, present at all times; and
   (c) Provides, when needed, support services for children remaining in the resource home, while the resource parent remains with the hospitalized medically fragile child.
6. When a resource parent or SSW is not available to be with the hospitalized medically fragile child, a biological parent may be considered (on a case-by-case basis), or a contract with a private support individual may be initiated in order to have a responsible adult remain with the child, e.g., a sitter from a nursing pool or home health agency. The sitter does not have to provide direct medical care, but is to be in the room to facilitate access to medical personnel and provide support to the child, when needed.

Regional Health Services Management Team

SOP 7E.4.12

PROCEDURE:

1. The Medically Fragile Regional Health Services Team includes the birth parents, resource parents, all medical providers, the Medically Fragile Services Liaison, and any other family members (as appropriate) to assist with the child's case planning.
2. The SSW, in coordination with the Regional Medically Fragile Services Liaison, schedules a Medically Fragile Regional Health Services Management Team meeting prior to the child's placement in a medically fragile resource home or within thirty (30) days of the child's placement. Review meetings are held quarterly.
3. Once the Medically Fragile Regional Health Services Management Team's meeting is scheduled, the SSW invites the medically fragile child's birth parents, resource parent(s), and all medical care providers to participate in the team meeting. The purpose of the meeting is to establish or review the Medically Fragile criteria of the child.
4. If a team member is unable to attend, the SSW requests written recommendations prior to the meeting or documents oral information provided by team members in the child's case record, all of which will be considered during the meeting.
5. The SSW may utilize the Medically Fragile Monthly Report in preparation for the child's Individual Health Plan's development or refining.

6. During the initial meeting, and in subsequent quarterly review meetings (which can be held during case planning meetings) concerning the medically fragile child, the Medically Fragile Regional Health Services Management Team, using a structured team approach:
   (a) Develops an Individual Health Plan (IHP) for all new medically fragile cases;
   (b) Reviews current medical services and updates the Individual Health Plan in all medically fragile cases;
   (c) Incorporates the current and potential medical and rehabilitative needs of the child, and awareness of long-term needs of the child into the child's care and treatment; and
   (d) Identifies additional services to meet the child's needs.
7. Following the Medically Fragile Regional Health Services Team meeting, the Medically Fragile Services Liaison completes the medically fragile child's IHP and distributes copies to all team members, including the Medical Support Section of DPP. The SSW places one copy of the IHP in both the parent's hardcopy file and the child's file.

Educational Needs of Children in Out-of-Home-Care

Process Overview for Meeting Educational Needs

SOP 7E.5.1
KRS 620.145

PROCEDURE:

1. When school offices are open for enrollment, the SSW or caregiver enrolls a child of school age in a public school within three (3) working days of the child's placement. If this is not possible, the SSW documents the reason for a child not being enrolled within this time frame.

**KAR and SOP changes will include certified home-schooling as an option for meeting the child's educational needs.*

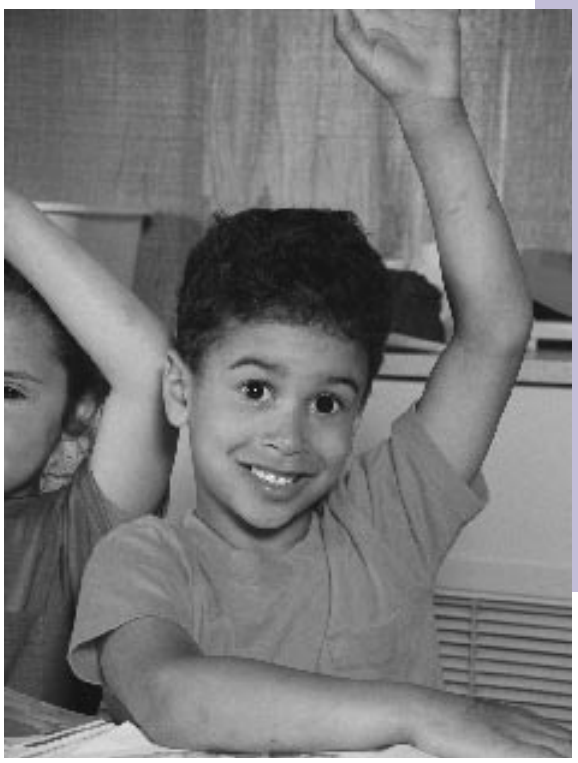
2. The SSW reviews the Continuous Quality Assessment (CQA) and any other available information regarding the child's developmental or educational background prior to the Case Planning Conference. When necessary, the SSW contacts an appropriate service provider, teacher or school staff member to gather information.
3. The SSW leads the family's team in a review of the child's developmental and educational history, functioning and needs during the initial Case Planning Conference and periodic reviews.
4. The SSW, in cooperation with the caregiver, maintains contact with the child's early intervention service provider or school staff to:
   (a) Determine the child's level of functioning;
   (b) Identify current or potential problems; and
   (c) Review the progress report or report card.
5. The SSW facilitates an educational assessment through the local education agency (LEA) to be completed and submitted to the court of competent jurisdiction within sixty (60) days of commitment.
6. If the child is under age five (5), the SSW makes a referral to Early Start, EPSDT, or other appropriate resource for a developmental screening within thirty (30) days. Any assessed needs are to be included on the Child/Youth Action Plan and Aftercare Plan, and noted in the CQA.
7. The SSW informs staff of a school or educational facility that the SSW will make a request for a completed Educational Passport for a child, when the child moves from one school to another.

Educational Assessment

SOP 7E.5.2
KRS 620.145

PROCEDURE:

1. The SSW makes a referral for an educational assessment for the child of legal school age who is committed to



CHFS as abused, neglected or dependent, by sending:
   (a) A letter from the SSW (or the completed school district form) to the person in charge of special education for the school district, and copied to the Director of the Family Resource or Youth Services Center (FRYSC);
   (b) Copies of KRS 605.110, KRS 620.145, and
   (c) The SSW's assessment of the child's emotional and behavioral functioning, which may include (but is not limited to):
      (1) The child's ability to build and maintain satisfactory relationships with peers or adults;
      (2) The child's capacity to live in a family or family environment;
      (3) The child's ability to control his behavior and make appropriate decisions that exhibit age-appropriate judgment; and
      (4) The child's ability to protect himself at an age-appropriate level.
2. Within thirty (30) days of the referral, if a response has not been received, the SSW sends a follow-up letter, and copies the letter to the FRYSC Director, the SRA and the court.
3. A copy of the child's educational assessment is sent to the caregiver within sixty-five (65) days of the child's commitment.
4. The SSW shares a copy of the child's educational assessment with the caregiver during the first visit following its filing with the court.

Educational Passport

SOP 7E.5.3
KRS 158.137
KRS 605.110

PROCEDURE:

1. When a child in OOHC will leave one school or educational facility to attend another, the SSW requests that the sending school or facility prepare the Educational Passport for the child and deliver it to the SSW within two (2) days of the child leaving the school.
2. The SSW presents the Educational Passport to the new school or educational facility within two (2) days of the child's enrollment, and documents this in TWIST contact screens.
3. The Educational Passport provides demographic, developmental, educational and social information to the new school. The SSW includes information from an Educational Passport in the CQA and addresses services that meet his needs in the Child/Youth Action Plan section of the Case Plan.

Sex Education

SOP 7E.5.4

PROCEDURE:

1. The SSW facilitates provision of age-appropriate instruction regarding:
   (a) Pregnancy prevention;
   (b) HIV/AIDS prevention; and
   (c) General information about the prevention and treatment of reproductive illness or disease.
2. Others who may provide the information include:
   (a) The child's school staff;
   (b) Family Resource/Youth Services Center (FRYSC) staff;
   (c) Health Care provider;
   (d) Local Health Department;
   (e) Independent Living Coordinator; or
   (f) Other appropriate source.
3. The SSW documents:
   (a) The type of instruction;
   (b) Who provided information to the child; and
   (c) When the instruction occurred.

Independent Living Services

SOP 7E.6

Introduction

The John Chafee Independence Program is a federally-funded program designed to teach children and youth in OOHC and youth formerly in OOHC the skills that will enable them to be self-sufficient after they are released from OOHC. The Chafee Independence Program mandates that all children twelve (12) and over in OOHC receives independent living services, regardless of the permanency goal.

Services are provided by ten (10) regional Independent Living Coordinators and one Central Office specialist employed by Eastern Kentucky University, and private child care contractors.

Referrals for independent living services can be made by contacting regional Independent Living Coordinators. Referrals to the program may be made by resource parents, workers, and private contractors or by the youth.

The following services are available through the Chafee Independence Program:

12 – 15 year-olds

Resource parents are being trained to work with 12–15 year-olds in the home on "soft" skills such as anger management, problem-solving and decision-making, and on daily living skills such as cooking, household responsibilities, laundry and money management.

16 year-olds

Sixteen year-olds are eligible for formal Life Skills classes taught in each region by Independent Living Coordinators or private contractors. The curriculum includes instruction on Employment, Money Management, Community Resources, Housing and Education.

18–21 year olds committed to CHFS

Eighteen to 21 year-olds who extend their commitment are eligible for formal Life Skills classes, tuition assistance and a tuition waiver.

18–21 year olds who left OOHC because they turned 18

Youth 18–21 who left care because they turned 18 are eligible for formal Life Skills classes, a tuition waiver and assistance with room and board.

Youth Participation/Mentoring

The Kentucky Organization for Foster Youth (KOFFY) is a statewide group open to youth currently and formerly in foster care. The aim of the group is to provide an opportunity for former and current foster youth to educate the public and policy makers about the needs of youth in foster care. The group will also seek to change negative stereotypes about foster kids, develop a mentoring program and create a speaker's bureau of youth. Membership is open to any current or former foster youth, regardless of age. (Contact your regional Independent Living Coordinator for upcoming events.)

The primary goal for independent living services is to provide a youth with those skills necessary to live a healthy,

productive, self-sufficient and responsible adult life.

The Independent Living Coordinator (ILC) assists the youth or family's team in addressing the needs of the youth for independent living services. Planning for services requires a clearly stated written plan developed by engaging the youth in setting objectives. Federal legislation requires that the youth participate in developing an independent living plan. An effective plan requires an accurate assessment of the youth's strengths and needs, taking into account a knowledge of what any young person needs in preparation for independence, and involvement of the youth in his own assessment process.

ILP assists a youth to make the transition from OOHC to self-sufficiency by providing or facilitating services centered on the youth's needs for:

- Education;
- Employment;
- Health;
- Housing;
- Socialization, cultural awareness, and recreation; and
- Aftercare.

Process Overview for Independent Living

SOP 7E.6.1
KRS 620.140
KAR 1:310
CFR Title 45, Chapter XIII, Part 1355.25

PROCEDURE:

1. If a youth is age twelve (12) to fifteen (15), the caregiver provides training in "soft" skills such as household tasks, budgeting, education, anger management and problem solving.
2. If a youth is age sixteen (16) or over, independent living skills classes based on a standardized assessment, curriculum and documentation are provided by the SSW, regional Independent Living Coordinator (ILC), or other resource.
3. The SSW refers committed youth age sixteen (16) to twenty-one (21), and those youths who request assistance following release from commitment to the Independent Living Program by contacting the ILC.
4. The referral to the ILC, and the child's Independent Living Services Plan (developed using the Tip Sheet for Youth Transitioning Through Foster Care) should be included on the Child/Youth Action Plan that is prepared during an initial Case Planning Conference.
5. The SSW notifies the ILC of Periodic Reviews for the child.
6. Independent living services may include:
   (a) Facilitating and supporting a youth in his attempts to obtain a high school diploma or GED;
   (b) Providing guidance with career exploration, vocational training, job placement and retention;
   (c) Training a youth in daily living skills;
   (d) Budgeting and financial management skills;
   (e) Providing personal and emotional support, either directly or through referral to another agency; and
   (f) Providing preventive health activities such as smoking avoidance, nutrition education, substance abuse and sexually transmitted disease and pregnancy prevention.
7. Prior to transition of a youth from OOHC to employment, education or other setting, the SSW provides the youth with the following items (when available):
   (a) Social Security card;
   (b) Information about the youth's personal and family health, including a list of health care providers;
   (c) Original birth certificate;
   (d) Death certificate(s) of parents, as appropriate;
   (e) Pictures or Lifebook;
   (f) List of all schools attended;
   (g) Information about the youth's educational history; and
   (h) List of all previous placements, including names and addresses.
8. The SSW or ILC are encouraged to provide the youth a starter kit, which might include:
   (a) List of health care providers located near the youth's residence;
   (b) List of emergency phone numbers for crisis hotlines, police, fire, medical emergency and drug/poison center;
   (c) Medical card (if available);
   (d) Employment resume, based on the youth's part- or full-time employment;
   (e) Letters of reference to future employers;
   (f) List of counseling services; and
   (g) List of contact persons who can help with employment, vocational training and CHFS aftercare services.
9. The SSW may consider a special request for basic living items, e.g. iron, bedspread, dishes, rent and utility deposits. This request is not to exceed $250 and requires the approval of the SRA or designee.

Higher Education Assistance

SOP 7E.5.5
KAR 1:450

PROCEDURE:

1. If the youth is eligible for a **Tuition Waiver** as established in KRS, KAR:
   (a) The SSW may provide the DPP-333, Tuition Waiver for Foster and Adopted Children, which is presented to the post-secondary institution.

(b) The post-secondary institution submits the DPP-333, Tuition Waiver for Foster and Adopted Children to Central Office and requests confirmation of the youth's eligibility. Central Office returns the verified DPP-333, Tuition Waiver for Foster and Adopted Children to the requesting institution within thirty (30) working days of its receipt.

(c) Re-submittal of the DPP-333, Tuition Waiver for Foster and Adopted Children is necessary when the youth transfers to another public post-secondary institution in Kentucky.

(d) If the youth is determined by CHFS to be ineligible for a tuition waiver, he may request an administrative hearing.

2. If the youth or adult is committed (includes extended or reinstated), the following steps apply to **tuition assistance** (not tuition waiver):

(a) The SSW assists the student to select a post-secondary education institution and apply for all appropriate forms of financial assistance. Rather than waiting for grant or scholarship awards, the SSW or Independent Living Coordinator (ILC) is to assist the student with his request for tuition assistance from CHFS.

(b) Four (4) weeks before funds are needed, the SSW completes the DPP-103 and submits it through supervisory channels to the SRA or designee for approval. Separate requests should be submitted for each semester and summer session.

(c) Payment for clothing, incidentals and allowance may be made in a lump sum for the semester or monthly payments to the student.

3. When the student will attend a school outside his home county, the SSW may refer the student to the ILC or appropriate FSOS located in the county where the student's school is located. A copy of the approved DPP-103 may be attached to the referral letter. Specific services may be requested for the student.

Note: *Education Assistance Programs Information sheet may be found in the forms section.*

Education Training Voucher for Aged Out Youth

SOP 7E.5.6
KAR 1:500
42 USC 677

PROCEDURE:

1. If the youth is eligible for Education Training Voucher (ETV) funding as established in 42 USC 677 and 922 KAR 1:500:

(a) The SSW, the regional Independent Living Coordinator (ILC) or the Chafee Independence Program (CIP) specialist may provide the DPP-334, Request for Educational and Training Voucher Funds to the eligible youth to complete and return to the regional ILC or the CIP specialist.

(b) The regional ILC submits the DPP-334, Request for Educational and Training Voucher Funds, by mail or fax to the Central Office CIP Specialist and request confirmation of the youth's eligibility. Central Office verifies eligibility and notifies the ILC and the youth by mail within thirty (30) working days of its receipt.

(c) Re-submittal of the DPP-334, Request for Educational and Training Voucher Funds is necessary every semester. The eligible youth is required to provide verification of good standing or satisfactory progress in a program on a monthly basis by using the DPP-335 Monthly Academic Standing and Enrollment Verification, obtained from the CIP Specialist or regional ILC.

(d) If the youth is determined by CHFS to be ineligible for Educational and Training Voucher funding, the youth may request an administrative hearing.

2. If the youth or adult is committed (includes extended or reinstated):

(a) The SSW assists the student planning to exit OOHC on or after the 18th birthday to select a post-secondary education or job training program and apply for all appropriate forms of financial assistance.

(b) Four (4) weeks before the youth exits OOHC and ETV funds are needed, the SSW completes the DPP-334 and submits it to the regional ILC or CIP specialist for verification and approval. Separate requests should be submitted each semester.

Ongoing Contact with the Child

SOP 7E.3.4

PROCEDURE:

1. The SSW or other CHFS staff has a private face-to-face visit with a child placed in OOHC within three (3) working days of placement.
2. The SSW or other CHFS staff has private, face-to-face contact with all children in OOHC monthly. Exceptions are: a child who is approved as Medically Fragile or Care Plus (see below) and a child in PCP Foster Care (see below). It is preferable that the SSW for the family make contact with the child with the required frequency; when this is not possible, the DCBS foster home's R&C SSW or other appropriate staff may make a contact. Topics which are discussed with the child may include:
   (a) The child's progress;
   (b) The family's progress; and
   (c) Visitation.
3. If a child is approved as Medically Fragile or Family Treatment, the SSW or other staff has private, face-to-face contact with all children in OOHC twice per month. It is recommended that the SSW visit the child and foster parent more frequently, and contact the home by phone when circumstances indicate. During visits, the SSW reviews and documents the following information about the medically fragile child's:
   (a) Weight
   (b) Alertness;
   (c) Physical condition;
   (d) Illnesses or medical changes since the last visit;
   (e) Current medical services;
   (f) Current diet and eating pattern; and
   (g) Medication log.
4. If a child is in PCP Foster Care, the SSW or other CHFS staff has private, face-to-face contact with the child at least quarterly.
5. If concerns arise as a result of a visit to a child, the concerns are:
   (a) Discussed between the SSW, the onsite (courtesy) SSW, and the R&C SSW as appropriate;
   (b) Addressed with a plan for resolution; and
   (c) If appropriate, documented as part of the foster home annual evaluation or a complaint regarding a PCC.

Ongoing Contact with the (Birth) Family

SOP 7E.3.3
KAR 1:140

PROCEDURE:

1. The SSW has at least monthly face-to-face contact with the family of a child in OOHC. The contact occurs in the family's home. Each case should be assessed for the appropriate number of contacts. Additional contact is encouraged when a member of the family is:
   (a) Mentally ill;
   (b) Chemically dependent;
   (c) Developmentally delayed; or
   (d) Experiencing a high level of stress.
2. During the monthly contact, the SSW accomplishes case-specific intervention tasks, as well as:
   (a) Provides the family with information about their child, especially placement and well-being issues;
   (b) Conducts ongoing family assessment;
   (c) Reviews the family's progress toward accomplishment of their case planning tasks, and those of other service providers;
   (d) Evaluates the family's visitation with the child;
   (e) Prepares for a Case Planning Conference, Periodic Review, or court hearing; and
   (f) (When appropriate) prepares an Aftercare Plan.
3. The SSW thoroughly documents:
   (a) Observations regarding the family and the home setting;
   (b) Progress toward each task on the Family Case Plan;
   (c) The family's response to services they receive to other providers;
   (d) Additional assessment and planning information provided by the family; and
   (e) That he has provided the family with information about the child's

(1) Placement;
(2) Physical and mental health;
(3) Education; and
(4) Activities

4. Only the SRA or designee may grant exceptions or modifications to the requirement for monthly contact with the family, and the basis for such an exception or modification should be documented in the case record and reviewed during Case Planning Conferences or Periodic Reviews. Appropriate situations may include:
   (a) Court orders prohibiting contact;
   (b) The parent's whereabouts are unknown; or
   (c) Written determination by the FSOS that family members are or may be violent.

Visitation

SOP 7E.1.14
KRS 620.150
KAR 1:140

Procedure:

1. Visitation agreements are negotiated during Family Team Meetings, which helps generate more options and reduces conflict. Planning must involve parents, children and significant others who are important in the child's life. Visits are scheduled no less than once every two (2) weeks with parents and no less than once every four (4) weeks with siblings. (It is desirable for siblings, when age appropriate to have some visits separate from parents). This is a minimum, and more frequent visitation is recommended for infants (two (2) to three (3) times a week) and very young children to facilitate positive attachment. The SSW makes every effort to schedule a visit at least once a week.
2. The visitation agreement specifies who can or cannot visit with the child. Participants such as, grandparents, family friends and previous caregivers should be included in some visits if the child requests their presence, and it does not place the child at risk, or compromise the achievement of case planning goals.
3. Visits are no less than one (1) hour, although the allotment of additional time is encouraged depending on the needs of the child (e.g. if the child is an infant, more time will be needed to bond). The length of the visits should give the parent and child sufficient time to interact and practice skills as well as work on the issues that resulted in the child entering care. Visits are to be held in the home or other neutral location. Approval by the SRA or Regional Office designee is required to hold visits in the office, unless supervised visitation is court ordered. The SSW should document why visits are not being held in the home (e.g. unsafe physical environment, safety risk to staff, court ordered supervision).
4. The visitation agreement documents who will be supervising the visit. The SSW or designee uses the Visitation Checklist/Summary to document observations, behaviors and required interventions during the supervised visit.
5. The SSW uses the Developmentally Age Appropriate Activities Chart to assist and guide the parent(s) in thinking about developmentally age appropriate activities that the child will enjoy and promote healthy attachment. The SSW also encourages the parent to attend medical appointments, school conferences and other activities the child is involved in.
6. The SSW documents each visit in the service recording, including observations of parent-child interactions before, during, and after the visit, when it is supervised. The SSW also documents the child's behavior prior to and after visits, as well as the caregiver's observations.
7. The SSW documents a visit that is not kept, cancelled, or rescheduled. When a visit is rescheduled, the SSW notes the change on the Visitation Agreement and sends the revised agreement to all parties.
8. Visits are not cancelled or rescheduled because of unexpected problems in staff schedules. Unless the parent requests cancellation of a visit, the FSOS grants prior approval for visit cancellations, however the FSOS may grant emergency cancellation and or rescheduling for:
   (a) Illness;
   (b) Inclement weather; or
   (c) Other unforeseeable emergencies.
9. If visits are not normally supervised, the SSW occasionally observes visits.
10. If there exists reasonable cause to believe that visitation between a child and a parent or sibling is detrimental to the child's health, welfare, or physical or emotional condition, the SSW seeks prior written approval from the SRA or designee to suspend a visit. The SSW documents the circumstances regarding any suspension, including:
    (a) The person(s) involved;
    (b) Their relationship to the child;
    (c) The reason for the suspension; and
    (d) The length of the suspension.

Visitation Agreement

SOP 7C.15
KRS 620.150
KRS 620.180
KRS 620.230

PROCEDURE:

1. The SSW is aware that continuing and timely visits between the child, parent(s) and siblings is crucial for the maintenance of psychological connections. Visits are designed to:
   (a) Improve the parent(s) and child's relationship;

(b) Reassure the child and the parent(s) of the prospect for reunification; and
(c) To demonstrate appropriate parenting skills.

2. A Visitation Agreement is negotiated with and signed by the family, caregiver or placement provider, and SSW regarding visitation arrangements with parent(s), siblings, relatives and others that are important to the child during the initial Family Team Meeting, case planning conference.
3. The SSW reviews the Visitation Agreement with the participants, at minimum, during each subsequent Periodic Review of the Case Plan and revisions are made as appropriate.
4. The SSW negotiates the frequency of visits depending on the parent(s) circumstances and the child's age, however at minimum:
   (a) Within the first week of placement; and
   (b) Every two (2) weeks.

Any exceptions to these minimum standards must be approved by the FSOS and documented in the case record. The SRA or Regional Office designee must first approve visits between the child, parents and/or siblings in the DCBS office, unless the court has ordered supervised visits.

5. The SSW follows procedures outlined in 7E.1.14 Visitation SOP after the agreement has been negotiated and signed.
6. When visitation arrangements need modification prior to a periodic review the SSW follows the procedures outlined in 7C.16 Case Plan and Visitation Agreement Revisions or Modifications SOP.
7. The SSW is aware the parent(s) have the right to petition the court for review of the Visitation Agreement when they are dissatisfied with the visitation schedule/arrangements.

<u>Case Plan and Visitation Agreement Revisions and Modifications</u>

SOP 7C.16
KRS 620.180
KAR 1:320

PROCEDURE:

1. Modifications or changes to the written Case Plan, Prevention Plan or Visitation Agreement may be made by the SSW, when appropriate, without holding another conference, Family Team Meeting, by:
   (a) Negotiating with the family on task or visitation arrangements that need revised to accomplish the original objectives and documenting the changes in the case record;
   (b) Documenting the task changes on a new Prevention Plan and/or changes in visitation on the Visitation Agreement screen;
   (c) Having the parents sign a new Prevention Plan and/or Visitation Agreement hard copy, which is filed with the current case record;
   (d) Distributing a copy of the modified Prevention Plan or Visitation Agreement to the parents;
   (e) Completing the DPP-154A, Notice of Intended Action; if there is a denial, reduction, modification, suspension or termination of services;
   (f) Submitting a copy of the modified Case Plan, Prevention Plan or Visitation Agreement to the committing court within fourteen (14) days of the change if OOHC; and
   (g) Contacting team members who are affected by the changes.
2. If there are significant changes in the family, a new assessment and a new Case Plan will be needed.

Permanency Goals in OOHC Case Planning

SOP 7C.10

Introduction:

Based upon the assessment and discussion that occurs during the initial conference, Family Team Meeting, the SSW and FSOS determine the permanency goal to be selected. The assessment and Case Plan is reviewed at specific intervals (Periodic Reviews) and when conditions concerning the child and family have significantly changed, or when dictated by the needs of the child, consideration is given to selecting another permanency goal.

Planning for a child's permanent placement, which is documented in the Case Plan, may be made concurrently to reflect both Reasonable Efforts to place a child for adoption and a plan to reunite the child with his family.

Reunification of the child with the family is normally the first permanency goal that is established. Only when this option has been ruled out are other permanency goals considered. Choice of a permanency goal is based upon a thorough assessment of the family and the family is encouraged to be involved in this process.

Timely permanent placement of each child in care is critical. Particular attention is given to the child's initial out-of-home placement in an attempt to avoid the emotional concerns associated with lengthy stays in temporary placements as well as the number of placements experienced by the child. When possible, a child is to be placed initially:

1. In the most family-like, least restrictive setting that meets their special needs;
2. Within close proximity to home;
3. With siblings; and
4. In one setting that is intended to become permanent if reunification with parents is not achieved.

Process Overview for Permanency Goal in OOHC Cases

SOP 7.10.1
KRS 199.801
KRS 600.020
KRS 610.125
KRS 620.180
KRS 625.090
KAR 1:140

PROCEDURE:

1. The SSW, with the Family Team Meeting members, selects a permanency goal based on the best interest and the specific needs of the child. Factors to be considered in the choice of a permanency goal may include the family's:
   (a) Protective capacity;
   (b) Commitment to parenting the child;
   (c) Ability to use available financial and other resources adequately for the child;
   (d) Understanding of the difficulties that led to placement;
   (e) Motivation to work on those difficulties and to accept services from DCBS and others;
   (f) Resources and needs in relation to parenting, particularly any special problems, such as mental illness, physical illness, alcohol and other substance abuse, that may have to be resolved before parenting the child may be resumed;
   (g) Ability and willingness to work with DCBS and as members of a team to support the child in placement; and
   (h) Availability of relatives and others in the family environment, such as neighbors or religious organizations, who can be enlisted in the natural support network of the family.
2. To achieve permanent placement as expeditiously as possible, the SSW begins mediation with parents toward Voluntary Termination of Parental Rights (TPR) if aggravated circumstances exist and/or the family does not make sufficient progress toward achieving the objectives

specified in the Case Plan.

3. The SSW must consider Involuntary Termination of Parental Rights (TPR) at the twelve (12) month Permanency Hearing.
4. TPR may be considered by the SSW prior to the child's twelfth (12th) month in care if:
   (a) Aggravated circumstances exist as outlined in 7D.6 Reasonable Efforts and Aggravated Circumstances SOP, negating reasonable efforts by the SSW for reunification as outlined in 7C.14 Reasonable Efforts SOP; and/or
   (b) The family does not make sufficient progress toward achieving the objectives specified in the Case Plan.
5. Prior to pursuing an involuntary TPR, a Pre-Permanency Planning Conference is held by the SSW with other DCBS staff as necessary and the Regional Attorney or the Office of Legal Services to determine the appropriateness of this plan. If TPR is to be pursued at the Permanency Hearing the SSW:
   (a) Schedules the Pre-Permanency Planning Conference:
      (1) During or before the eleventh (11th) month in care and the SSW/FSOS contacts the Regional Attorney or the Office of Legal Services in Frankfort to request their attendance to assess the evidentiary needs of the case;
      (2) Allows ten (10) working days prior to the conference, Family Team Meeting to notify participants of the meeting and announce the change in permanency goal, in the event the Pre-Permanency Planning Conference concludes with consensus on initiating TPR;
      (3) To present factual information on the case that provides grounds for the TPR action, including services provided and the client's response to those services as outlined in 7D.32.1 Overview of Grounds for Involuntary TPR SOP;
      (4) Upon determination to proceed with TPR sends the DSS-161, Request for Involuntary TPR to the SRA or designee within two (2) calendar weeks of selecting adoption as the goal, which is then signed and a copy of both sent to OLS; and
      (5) Request the Permanency Hearing be scheduled within thirty (30) days of that determination.
   (b) Submits the Case Plan, changing the Permanency Goal to adoption, prior to the hearing date if it is determined during the Pre-permanency Planning Conference that initiation of TPR is in the best interest of the child at that time;
   (c) Thoroughly documents justification in the case record if it is determined that initiation of TPR is not in the best interest of the child at that time and a goal of adoption is considered at each subsequent hearing; and
   (d) Changes the goal after the Permanency Hearing if the Judge does not agree with the permanency goal.
6. A child in OOHC is required to have an appropriate and current permanency goal recorded in the Case Plan and the SSW selects the most appropriate permanency goal from one of the following:
   (a) Return to Parent;
   (b) Adoption;
   (c) Legal Guardianship;
   (d) Permanent Relative Placement;
   (e) Planned Permanent Living Arrangement; or
   (f) Emancipation.
7. The SSW is required to have a plan of Independent Living Services for youth, age twelve (12) and older, which is designed to assist them in transition to the greatest degree of independence in adulthood of which the youth is capable. The plan is written as an objective on the OOHC section of the Child Youth Action plan and attempts are made to implement it, regardless of a youth's permanency goal and physical or mental condition or capacity.

<u>Return to Parent</u>

SOP 7C.10.2
KRS 620.180
KAR 1:140

PROCEDURE:

1. The goal of return to parent is appropriate when it is determined by DCBS and the SSW to be safe and in the best interest of the child to reunite the child with the child's family.
2. The goal does not continue to be appropriate when it is determined by DCBS and the SSW that the family has made only minimal progress or no progress in alleviating the problems that resulted in the child's removal or other barriers to the child's safety. If a family is not making progress, changing the permanency goal is considered at the six (6) month Periodic Review.
3. The goal is to be addressed and approved by a court of competent jurisdiction.
4. The SSW uses risk assessment guidelines outlined in the Continuous Quality Assessment (CQA) to determine when a child can safely be returned to the child's home.
5. The SSW is cognizant that reunification of a child with their family after a lengthy absence:
   (a) Changes the family structure in significant ways;
   (b) Creates stress for all family members, even if the child and family have maintained contact during the separation; and
   (c) May result in failure if supportive services are not provided for the family during the critical early stages after reunification.

6. The SSW provides in-home supportive services to help prevent placement disruption once a child has been returned home, including community partner support networks and services (as appropriate), such as:
   (a) Parent Support Groups;
   (b) Respite Care Providers;
   (c) Mental health or family counselors; and
   (d) Other community service providers, which may help strengthen and sustain the family

Adoption

SOP 7C.10.3
KRS 600.020
KRS 610.125
KRS 620.180
KRS 625.090
KAR 1:140

PROCEDURE:

1. The goal of adoption is appropriate when it is determined by DCBS and the SSW that:
   (a) It is not in the child's best interest to reunite the child with the child's family; or
   (b) When the parent indicates their intent to pursue Voluntary Termination of Parental Rights (TPR).
2. The goal of adoption is also appropriate and the SSW files a petition for Involuntary Termination of Parental Rights (TPR) of the parent or, if another party has filed such a petition seeks to be joined as a party to the petition, when aggravated circumstances exist, such as the:
   (a) Parent has not made an attempt or has not contacted the child in ninety (90) days or more;
   (b) Parent is incarcerated and will not be available to care for the child for at least one (1) year from the date the child entered foster care and there is no appropriate relative placement available during this period;
   (c) Parent has sexually abused the child and has refused treatment;
   (d) Parent has engaged in abuse of the child that required removal from the parent's home two (2) or more times in the past two (2) years; or
   (e) Parent has caused serious physical injury to the child.
3. The SSW files a petition for TPR of the parent, when:
   (a) Aggravated circumstances exist and/or the family does not make sufficient progress toward achieving the objectives specified in the Case Plan;
   (b) The goal of adoption is established during the twelve (12) month Periodic Review and Permanency Hearing, unless there is a compelling reason to extend the timeframe; and
   (c) The child has been in OOHC for fifteen (15) of the most recent twenty-two (22) months and the District or Family Court concurs with the goal of adoption, a TPR petition is filed before the fifteenth (15th) month ends;
4. An exception for the SSW proceeding with TPR may be granted only by a Judge for compelling reasons, such as:
   (a) A relative is caring for the child and the plan is for permanent relative placement or guardianship;
   (b) That TPR would not be in the child's best interest and the Case Plan documents the appropriateness of this decision; or
   (c) Services deemed necessary for the safe return of the child have not been provided to the family of the child within the time period specified in the Case Plan.

Prior to requesting an exception to the TPR requirement through court, the SSW prepares a memorandum, which provides justification on the aforementioned compelling reasons for the SRA or designee to review. Once the SRA or designee determines that the compelling reasons provide justification to proceed then the SSW seeks the court's approval.

5. Prior to selecting adoption as the child's permanency goal and pursuing an involuntary TPR, the SSW schedules a Pre-Permanency Planning Conference to determine the appropriateness of this plan, which is not required for voluntary TPR.
6. The SSW contacts the Regional Attorney or OLS and requests their attendance at the Pre-Permanency Planning Conference to assess the evidentiary needs of the case.
7. Within two (2) calendar weeks of selecting adoption as the goal, the DSS-161, Request for Involuntary TPR, or the Voluntary Termination Summary is submitted by the SSW to the SRA or designee, which is then signed and a copy forwarded to OLS.
8. When a consensus is not reached between the attorney and DCBS staff regarding termination action, the SSW may request further review through appropriate supervisory channels.

Legal Guardianship

SOP 7C.10.4
US Code 42 USC Section 675
KRS 620.140
KRS 620.180
KAR 1:140

PROCEDURE:

1. Legal guardianship is appropriate for children when determined by DCBS and the SSW that reunification with the parents or adoption is not in the best interest of the child. Guardianship is a judicially created relation-

ship between child and caregiver which is intended to be permanent and self-sustaining as evidenced by the transfer to the caregiver of the following parental rights with respect to the child's:

(a) Protection;
(b) Education;
(c) Care and control;
(d) Custody; and
(e) Decision-making.

2. The SSW may assist relatives that are deemed suitable and appropriate by DCBS in pursuit of obtaining legal guardianship in Family or District Court.

Permanent Relative Placement

SOP 7C.10.5
KRS 620.180
KAR 1:140

PROCEDURE:

1. The goal of permanent placement with relatives is appropriate when determined by DCBS and the SSW, the goal of return to parents and adoption or legal guardianship by the relatives is not in the child's best interest or cannot be achieved.
2. Establishment of this goal by DCBS and the SSW also requires that relatives be:
   (a) Suitable; and
   (b) Interested in providing a permanent home for the child.
3. DCBS and the SSW select permanent relative placement, as the goal only when the:
   (a) Child is placed with a relative temporarily; and
   (b) Relative is unable to pursue other permanent custody options.
4. The SSW is aware that the permanency goal of permanent relative placement is not synonymous with the placement of the child with relatives.

Planned Permanent Living Arrangement

SOP 7C.10.6
KRS 620.180
KAR 1:140

PROCEDURE:

1. The goal of Planned Permanent Living Arrangement (PPLA) is appropriate when determined by DCBS and the SSW that:
   (a) Efforts have been made and documented in the case record to place the child for adoption or with a suitable and willing relative and the child has been placed on a national adoption register; or
   (b) Other permanency goal options have been considered and are not appropriate due to the specific circumstances of the child;
   (c) The DCBS, SRA or designee has reviewed, approved and documented that a goal of PPLA is in the best interest of the child;
   (d) The court has determined that it would not be in the best interest of the child to be returned home, referred for TPR and placed for adoption or be permanently placed with a relative or guardian;
   (e) The child has formed psychological ties with those with whom the child lives and adoption and guardianship has been discussed with the caregiver and it is not an appropriate or viable alternative. The caregiver and DCBS enters into a court-sanctioned written agreement regarding DCBS's intention for the child to remain with the caregiver to provide a permanent living arrangement for the child; and
   (f) For all children under sixteen (16) years of age, approval is required from the Commissioner or designee, prior to establishment of a goal of planned permanent living arrangement.
2. Prior to establishment of a goal of PPLA by DCBS and the SSW, approval is required from the DCBS Commissioner or designee for a child of any age placed with a private child caring agency.
3. The SSW submits a request in writing to the SRA or designee for the approval of the PPLA.
4. After the SRA or designee and the court have approved this goal for a child, the SSW may establish it as the goal in the Case Plan.
5. An "Agreement for Planned Permanent Living Arrangement" is developed with the child, caregiver and SSW and a copy of the agreement is filed in the case record.

Emancipation

SOP 7C.10.7
KRS 620.180
KAR 1:140

Procedure:

1. The goal of emancipation is appropriate for a youth age sixteen (16) or older for whom reunification with the family, adoption or legal guardianship or other permanency goal is not in the child's best interest due to the specific circumstances of the child.
2. The SSW refers each child with an emancipation goal to a DCBS administered Independent Living Program. Independent Living services are available for all youth twelve (12) years of age and over regardless of permanency goal.

Foster Parent Adoption

SOP 2.2.1
KAR 1:350

PROCEDURE:

The SSW emphasizes to both the family and the child (if age and developmentally appropriate) the significant differences in the relationships, roles, and expectations that are reflected by the signing of the adoptive placement agreement when the child has already been physically living with the foster family that plans to adopt the child. All related documents such as those pertaining to providing adoption assistance, obtaining Medicaid, and determining the child's educational placement are completed.

1. The child's SSW, the foster family's R&C worker, their supervisors and any other appropriate staff consult to determine whether foster parent adoption is appropriate when the decision is made to change the goal to adoption.
2. The child's SSW and the foster family's R&C worker meet with the foster family within thirty (30) working days when the goal changes to adoption and when foster parent adoption is identified as the Cabinet's preferred plan for the child to discuss the following:
   (a) The difference between fostering and adopting;
   (b) Importance of permanency to child;
   (c) Legal relationship within adoption;
   (d) Legal risks;
   (e) Child's options for a permanent home when foster parent does not adopt;
   (f) Adoption Assistance program and eligibility status of the child. Adoption assistance requests cannot be processed until after the termination of parental rights;
   (g) Adoptive parent's responsibility to retain an attorney for the purpose of finalization of the adoption;
   (h) Benefits the child may be eligible to receive (SSA, MA, VA, etc.);
   (i) Resources in the community for children with special needs;
   (j) Support services for adoptive parent;
   (k) Adoption process from TPR through circuit court judgment of adoption finalization;
   (l) Continued future contact with birth siblings;
   (m) Foster parent's attitudes about contact with birth siblings;
   (n) Answering child's questions about adoption and about his past, and explore sample statements to determine impact of those statements on the child; and

   (o) The status of the child's Lifebook.

At the conclusion of the meeting or within five (5) working days of the meeting, the foster parent is asked to sign the Foster Parent Statement of Intent to Adopt, and return to the SSW if adoption by the foster parent is a suitable plan. Failure to return this statement does not preclude the adoption, however the SSW must clearly understand the foster parent's intent to proceed with the adoption when the child is available. SSW is to provide a copy of the signed Foster Parent Statement of Intent to Adopt to:

1. Quality Central Adoption Services Branch staff,
2. SNAP offices,
3. Swift Regional Chair,
4. SRA or designee in the region of the foster family's residence.

1. The SSW considers the appropriateness of a placement change with another family who may adopt if the foster parent is not interested in adopting.
2. The SSW completes the presentation summary packet and gives the original packet to the foster family's R&C worker and a copy to Central Office Adoption Services Branch staff within ten (10) working days of the termination of parental rights hearing.
3. A copy may be provided to the regional office if required.
4. The data is entered into the database for information and tracking purposes.
5. The R&C worker, after receiving the presentation sum-

mary packet, meets with the foster family and gives them a copy of the packet.

6. The R&C worker begins negotiation of Adoption Assistance with the family if the child meets the eligibility criteria.
7. The R&C worker submits the request for adoption assistance and recommendation for approval of the proposed foster parent adoption to the Service Region Administrator (SRA) or designee for approval or non-approval within thirty (30) working days of the termination of parental rights final order.
8. The SRA or designee prepares and signs the OOHC-1258, Adoption Assistance Agreements, if approved.
9. The SRA or designee retains a copy of all the documents.
10. The signed Adoption Assistance Agreements are returned to the R&C Worker. The R&C worker obtains the signature(s) of the foster adoptive parent(s) on the Agreements and distributes them to the foster adoptive parent, Children's Benefits Worker, and Regional Billing Clerk. The original is maintained in the child's file.
11. The R&C worker prepares and signs the DSS-195, Adoption Placement Agreement with the foster adoptive family and distributes copies to the family and the SSW for the child.
12. The R&C staff enters the DCBS foster home as a provide case in TWIST, if a case does not already exist in TWIST.
13. The R&C worker sends the Foster Parent Adoption Referral notice to the Quality Central Adoption Specialist along with one copy of the Adoptive Placement Agreement and one copy of the foster parent adoption packet. The packet contains:
    (a) A cover memo;
    (b) Copy of the family's original narrative packet;
    (c) Current annual strengths/needs assessment;
    (d) Foster Parent Statement of Intent to Adopt, and;
    (e) Request for adoption assistance if appropriate.

Adoption Assistance

Since 1972, Kentucky has had legislation designed to eliminate barriers that could prevent the adoption of a child with "special needs" by adoptive parents who may have been financially unable to meet the needs of the child.

Adoptive families are given detailed information concerning the full range of financial supports, medical assistance, and services available to them and their "special needs" child. Adoptive families are given a copy of the "Kentucky Adoption Assistance Handbook for Parents." Adoption Assistance may include one or more of the following options:

1. Monthly subsidy
2. Non-recurring expenses
3. Extraordinary medical expenses

The purpose of the monthly subsidy is to assist the adoptive family in meeting the special needs of the child. Unlike foster parents, adoptive parents are expected to assume the routine costs of parenting (food, clothing and shelter). Monthly subsidy is a negotiated monthly rate and is not necessarily equal to the applicable DCBS foster care per diem for the child. However, the monthly subsidy cannot exceed the applicable foster care per diem for the child.

The purpose of non-recurring Adoption Assistance is to offset the expenses of adopting a "special needs" child. The maximum amount can not exceed $1000 per child. Allowable expenses include: court costs, adoption fees and attorney fees; cost of adoptive home studies, including health and psychological examinations; supervision of placement costs prior to adoption; and transportation, food and lodging for the child and adoptive parents when necessary to complete the adoptive placement or the adoption finalization process.

Extraordinary medical expenses are expenses related to a child's special needs which existed prior to the adoption and are not reimbursable by private insurance, the medical card, or any other resource.

Adoption Assistance and Eligibility Criteria

The Cabinet provides adoption assistance for special needs children who meet the following criteria:

1. DCBS staff determines that the child will not be returned to the home of his parents (e.g., TPR);
2. The child has a specific special need; and,
3. A reasonable, but unsuccessful effort was made to place the child without providing adoption assistance (e.g. referral to SNAP or out-of-state agency as there was no waiting family available, or conditions exist which have made it impossible to place such a child in the past without adoption assistance.)

Adoption Assistance may be available to any child for whom an adoptive placement is unlikely without assistance and who has one or more of the following conditions or circumstances called "special needs" that make them hard to place:

1. A physical or mental disability;
2. An emotional or behavioral disorder;
3. A documented risk of physical, mental or emotional disorder;

4. A member of a sibling group in which the siblings are placed together; (defined as two (2) or more children)
5. Previous adoption disruption or multiple placements;
6. An African American child two (2) years old or older; or
7. Age seven (7) or older with a significant emotional attachment or psychological tie to his foster family and the Department has determined that it would be in the child's best interest to remain with the family.

Your R&C worker will work with you in the negotiation of your child's adoption assistance. Tax information from the family is not required if the family does not receive Extraordinary Medical Expenses for a child. All adoption assistance requests and agreements must be approved by the SRA/designee before the adoption is final.

Yearly Contact

The SSW sends all families the Adoption Assistance Yearly Contact Form (DPP 1258-B). This may be found in the forms section) before the end of the state fiscal year, June 30th; and notifies the family that the agreement may be renegotiated at any time and the amount of the assistance may be adjusted if the child's special needs change. The adoptive parent is responsible for notifying the Cabinet of any circumstances which would cause a change or discontinuance.

The SSW also verifies that:
(a) The child remains in the adoptive home;
(b) The adoption assistance continues to meet the special needs of the child;
(c) The adoptive family has met their training requirements for the state fiscal year if the family receives Advanced, Care Plus, or Medically Fragile adoption assistance; and,
(d) A plan is developed with the adoptive family for meeting their training requirements for the next state fiscal year.

Note: *If a family receives the Basic monthly subsidy, they are not required to attend ongoing training but are required to provide the R&C worker with the information for the yearly contact.*

<u>The annual ongoing training requirements for resource homes receiving adoption assistance are:</u>

Training for Adoptive Families
The **Advanced** per diem may be paid to foster parents who adopt and have successfully completed twenty-four (24) hours of initial Advanced Parent training and who complete 12 hours DCBS approved ongoing training each year. The **Advanced** per diem may be paid to non-fostering adoptive parents who successfully complete twenty-four (24) hours of training from any of the following and who complete 12 hours ongoing training each year. The initial 24 hours of training must consist of any of the following:
1. "Fostering and/or Adopting the Child Who Has Been Sexually Abused"
2. "Group Preparation and Selection of Foster and/or Adoptive Families for Children Exposed to Drugs or HIV"
3. "Join Hands Together: Medically Fragile Foster Care: An Introduction for Foster Parents"
4. "Care Plus Curriculum"
5. Completion of a 24-hour curriculum developed locally and approved by the SRA or developed and approved by Central Office.

The **Basic Medically Fragile** per diem may be paid to adoptive parents who adopt a medically fragile child and who have successfully completed initial medically fragile training that includes either:
1. 24 hours of training in the areas of growth and development, nutrition, medical disabilities, current certification in CPR, and current certification in First Aid; or,
2. Successful completion of the medically fragile curriculum, "Medically Fragile Foster Care: An Introduction for Foster Parents."

In order to continue receiving the medically fragile per diem, adoptive parents must complete 24 hours DCBS approved ongoing training each year.

The **Advanced Medically Fragile** per diem may be paid to adoptive parents who adopt a child who requires physician or licensed nurse supervision, 24-hour monitoring, close proximity to a regional medical center and who meet the initial and DCBS approved ongoing medically fragile training requirements.

The **Degreed Medically Fragile** per diem may be paid to adoptive parents who adopt a child who requires physician or R.N. supervision, 24 awake monitoring, and close proximity to a regional medical center and who meet the initial and DCBS approved ongoing medically fragile training requirements.

The **Care Plus** per diem may be paid to adoptive parents who adopt a Care Plus child and who have successfully completed the twenty-four (24) hour initial Family Treatment Home training. To continue to receive the care plus home per diem, adoptive parents must complete twenty-four (24) hours DCBS approved ongoing training each year.

On-going DCBS approved training must meet the following guidelines:
1. **Workshops:** Credit can be given for workshops that are

relevant to special needs children or adoption. Hours of credit may be the actual time spent in the workshop, excluding meal unless there is a presentation during the meal. Adoptive families must provide proof of attendance.

2. **Sessions with physician, therapist, school or other professionals:** A specific skill must be taught. Credit cannot be given if the purpose of the session is for counseling or therapy. Hours of credit may be the actual time spent. Adoptive families must provide a signed statement from the individual who provided the training, the skill that was taught and the time spent.
3. **Television programs:** Only educational programming is allowed. No credit may be given for watching TV movies or other programs. In rare instances there may be documentaries on relevant subjects for which approval can be obtained from the SRA or designee. Hours of credit may be the actual time of the program. Adoptive families must provide a written report or summary.
4. **College courses:** Credit can be given to courses that are relevant to adoption or special needs children. The hours of credit must be the number of college credit hours given for the course. Adoptive families must provide a copy of their final grade for the course.
5. **Training tapes (audio and video):** Credit can be given to training tapes that are on a topic relevant to adoption or special needs children. Hours of credit may be the actual time of the tape. Adoptive families must provide a written report or summary.
6. **Tapes from previously held training events:** Credit can only be given for DCBS training events. Hours of credit may be the actual time of the tape. Adoptive families must provide a written report or summary.
7. **Books, articles, pamphlets (written material):** Credit can only be given to materials that are non-fiction and that are topics relevant to adoption or special needs children. One (1) training hour credit per 60 pages may be given. Adoptive families must provide a written report or summary.

Adoption Assistance Renegotiation:
Adoption assistance may be renegotiated before or after the adoption is finalized if the child's special needs change. In rare instances, where a significant change in the family's situation may negatively affect the stability of the placement, renegotiation may be warranted.
A monthly subsidy does not automatically increase as the child becomes older or the foster care per diem changes.

When the family requests an increase, the SSW:
1. Evaluates the situation;
2. Obtains documentation concerning special needs or conditions;
3. Negotiates the subsidy with the family;
4. Prepares an Adoption Assistance Renegotiation Form;
5. Forwards through supervisory and administrative channels for approval by the Service Region Administrator or designee; and,
6. After approval, obtains the adoptive family's signature, and distributes to the adoptive family, Children's Benefits Worker, and Regional Billing Clerk.

Requested changes are effective no earlier than the date of the adoptive parents' request. Extraordinary medical expense requests which have caused a financial hardship on the family may be retroactive no earlier than July 1 of the current fiscal year.

Post-Adoption Services

Kentucky Adult Adoptee Program Services

The Kentucky Cabinet for Health and Family Services (CHFS) provides specific services to adult adoptees and their birth families.

Services offered to the adult adoptee include:
- Release of nonidentifying health information by request after age 21.
- Release of nonidentifying background / cultural information by request after age 21.
- Release of identifying information by Court Order after age 21.
- Search and contact services initiated by Court Order after age 21.

Services offered to the birth parents and birth siblings include:
- Record updates with medical / health information by request,
- Record updates for current contact information,
- Record updates for providing consent for records inspection and / or contact by the adult adoptee.
- Services to assist in making connections when both parties have expressed desire and provided consent for contact.

Kentucky state laws require CHFS, private adoption agencies and circuit courts in Kentucky to release certain information under certain circumstances. Relevant laws can be accessed via the internet at www.lrc.state.ky.us/krs/titles.htm. Applicable laws include: KRS 199.520, KRS 199.525, KRS 199.570, KRS 199.572, and KRS 199.575.

The CHFS also publishes a brochure providing a description of services offered within the Adult Adoptee Program and brief instructions to make requests for specific services or to begin a birth parent search. If further information is

needed or if there are any questions, please call:

Permanency Services Branch
275 East Main St. 3C-E
Frankfort, KY 40261
Phone: (502) 564-2147

For additional materials and resources regarding the needs of adult adoptees and birth families, the following list may provide a starting point. There are many other books, support groups and resources available. Ask your R&C worker for more information.

National Adoption Information Clearinghouse (NAIC)
330 C St. SW
Washington, DC 20447
Phone: (703) 352-3488
or (888) 251-0075
http://naic.acf.hhs.gov

"Lifelong Issues in Adoption" (Article available through NAIC)
by Deborah N. Silverstein and Sharon Kaplan

"Issues Facing Adult Adoptees" (Article available through NAIC)

How a child's case goes through Family Court

Petition
Alleges child is abused/neglected or dependent.

Emergency Custody Order
1) Ex parte request
2) Grounds
   a) imminent danger of death or serious physical injury or is being sexually abused or risk of or pattern of physical or mental injury or neglect
   b) custodian cannot or will not protect

If there are grounds for ECO: Judge will grant order and child is placed in out of home care with the CHFS.

If there are no grounds for ECO: child returns home
3) Child will be assigned an attorney (guardian ad litem) to represent their interest and may be assigned a CASA worker (see p. 72 regarding role of CASA).
4) ECO/Temporary Custody Hearing is set within 72 hours of removal
5) Petitioner to provide Affadavit of Reasonable Efforts and court must determine that reasonable efforts were made to keep the child safely in their home

Temporary Removal Hearing
1) Occurs within 72 hours of removal
2) If Judge finds that the Cabinet had reasonable grounds to remove child(ren) (i.e. abuse, neglect and/or dependency), then child will remain in out of home care. If Judge does not find that there are reasonable grounds, then child will return home.
3) Temporary Custody Order is entered at this time if child remains in out of home care. This is only valid for 45 days.

Pre-Trial Conference
1) Parent either stipulates to abuse, neglect and/or dependency or a hearing an adjudication hearing is set to determine a finding of abuse, neglect and/or dependency.

Adjudication Hearing
1) Occurs within 45 days of the removal.
2) Burden is on the Cabinet to prove allegations of petition(by preponderance of the evidence).
3) Child may or may not have to testify.
4) If there is no finding of abuse/neglect/dependency, case will be dismissed and child may be returned home or other place.
5) If yes, a disposition hearing date will be set.

Dispositional Hearing
1) Recommendations are made by the Cabinet
2) Child may be committed to the Cabinet at this time or
3) Child may be placed in the temporary custody of a relative.
4) Judge will enter Cabinet's recommendations as they are or an amended version and parent will be ordered to comply.

Commitment to the Cabinet
1) Cabinet determines placement and treatment of child(ren)
2) Cabinet must file permanency plan with court in 30 days
3) Cabinet shall establish terms and conditions of visitation, but Court may not agree and order other visitation terms and conditions.

Permanency Review
1) Can be requested by the child's guardian ad litem, county attorney, parent or person exercising custodial control or the Cabinet if the following has occurred:
   (a) substantial change of circumstances
   (b) child no longer needs commitment
   (c) child not benefiting from commitment
   (d) child not receiving adequate treatment
2) Must occur at least one year from the date of the emergency custody order and annually thereafter until child has a permanent home (i.e. birth parent, relative or adoptive) or has reached the age 18 if not extending commitment or reached 21 if commitment has been extended.
3) Cabinet must present permanency plan to the court and provide justification if goal remains return to parent after 12 months.
4) Court may approve plan or change.

Release of Commitment
1) Notice to the court of intent to release 14 days prior
2) If objection, request a hearing
3) If no objection, send letter to county attorney and parties

DPP-33
3/04

CABINET FOR HEALTH AND FAMILY SERVICES
EDUCATION ASSISTANCE AUTHORIZATION FORM

(please print or type in ink)

Date_____

19

1. Name: Last First MI Maiden or Suffix 2. Social Security Number

3. Address: Street City Zip Region 4. Office Phone Number

5. TITLE (Class Title Code): Personnel Classification In-house or Working Title 6. Date most recent state service began

7. EQUAL OPPORTUNITY INFORMATION (information on this item is to be used for statistical purposes only. Completion of it is voluntary.)

ETHNIC ORIGIN
Black
Caucasian _____
Hispanic _____
Other _____

SEX
Female
Male ___

AGE IN YEARS

8. INSTITUTION offering course or degree. Use separate form for each different school. NAME: _____

ADDRESS: _____

_____
Contact Name and E-mail Address (if available)

Course Title	Course Number	Credit Hours	Days	Times	Graduate Undergraduate	Start Date (M/D/Y)	End Date (M/D/Y)	Cost

9. COURSE DESCRIPTION (Original or copy of any printed literature describing course, such as prospectus, bulletin, course description or course catalogue, etc., may be attached instead of completing this section. Such material should, however, contain a description of the contents of the course.)

1)

2)

3)

10. COURSE RELEVANCE (Only if an employee seeking student must complete this section. Indicate course relevance to current job responsibilities or to position you wish to aspire to within the agency.)

11. DEGREE PROGRAM

DEGREE: _____ MAJOR (Area of Emphasis): _____

12. PAYROLL DEDUCTION AND GRADE RELEASE AUTHORIZATION (To be signed by employee.)

THIS IS TO CERTIFY THAT I AUTHORIZE my employing agency to deduct from my pay any or all sums paid on my behalf. I to my knowledge or belief, my material falsification; I fail to provide the agency within thirty (30) work days of the scheduled completion of the course(s) evidence of a satisfactory grade ("C" in undergraduate studies and "B" in graduate studies, if such grade is part of the course(s); my employment with the agency is voluntarily or involuntarily terminated prior to completion of the course (undergraduate). Includes PHD time (degree credit hours received are not, or do during such training, I drop the course(s) or get a course without prior approval of the appointing authority of my agency, or, if I have received full or assistance for the same course(s) from any other source. I FURTHER AUTHORIZE my education institution to provide my employing agency OR the Department of Personnel with a copy of my grade report for the course(s) listed above.

_____ _____
DATE EMPLOYEE'S SIGNATURE

13. SUPERVISOR APPROVAL
I recommend that the course(s) described above be approved for this employee. It is my belief that completion of such education or training will enhance the employee's job performance and result in greater productivity for the Cabinet for Health and Family Services.

DATE SUPERVISOR SIGNATURE

14. CABINET APPROVAL
The Cabinet approves the enrollment of the above named employee in the course(s) listed above and certifies that these course(s) are approved for the Cabinet for Health and Family Services.

DATE APPOINTING AUTHORITY/DESIGNEE

13. BILLING AUTHORIZATION (To be completed by Appointing Authority)

_____

_____

_____

_____

_____

14. BILLING CODE (To be completed by the employee or supervisor)

Cost Center No. _____

Program Code

Total Tuition Cost $_____

WILL PAY TUITION COST ONLY
NO FEES

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Community Based Services

TWIST#_____

FOSTER HOME CONTRACT

THIS AGREEMENT enter into on the day of , 20 by and between the Commonwealth of Kentucky, Cabinet for Health and Family Services, Department for Community Based Services, referred to as the Cabinet; and

(Names of Foster Parents)

(Street and No.)	(City)	(County)	(State)	(Zip Code)

referred to as the Foster Parents.

KRS 605.090 provides that a child committed to the Cabinet for Health and Family Services may, during the period of commitment, be placed in a suitable foster home upon conditions as the Cabinet may prescribe and subject to visitation and supervision; and

It is mutually agreed by and between the parties as follows:

1. The foster Parents agree:
   (a) To accept a child or children, mutually agreeable to the parties, that are referred by the Cabinet into their home for temporary foster care;
   (b) To provide the child or children with a normal family life, including food, shelter, clothing, affection, training, recreation, education, and opportunities for religious, spiritual or ethical development;
   (c) To assist the Cabinet in carrying out it's responsibility for the children by permitting the Cabinet's social services worker to visit and to share with the worker pertinent information about the children;
   (d) To comply with the general supervision and direction of the Cabinet concerning the care of the children;
   (e) To report immediately to the Cabinet any change of address, sickness, accident or death of the child or children, change in the number of people living in the home of the Foster Parents, or significant change in the foster home;
   (f) To notify the Cabinet one week prior for approval, if they plan to leave the state with the child or children for more than two (2) nights, or if the child or children will be absent from the foster home for more than three (3) days;
   (g) To cooperate with the Cabinet when contacts are arranged by the Cabinet's social services worker between the foster child or children and their birth family, including visits, telephone calls or mail;
   (h) To surrender the child or children to the authorized representative of the Cabinet upon request;
   (i) To keep confidential all personal information concerning the child or children or his birth family and comply with the HIPAA privacy rule to include as follows:
      (1) Health information regarding HIV-positive status of a foster child is extremely sensitive and completely confidential and shall not be disclosed to others, including agents such as babysitters, family members, or friends, except as necessary to provide health care treatment.
      (2) All other health information of a foster child is confidential and shall be disclosed to others only as necessary to provide health care treatment and social services.
      (3) The foster parent may receive, use, and disclose health information of a foster child from and to health care providers as necessary to facilitate health care treatment and social services.
      (4) The foster parent will ensure that any agents to whom he provides health information possessed by the Cabinet agrees to the same restrictions and conditions that apply to the foster parent.
      (5) The foster parent may use and disclose health information to carry out his legal responsibilities, provided that the disclosure is required by law, or provided that the foster parent obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the foster parent of any instances where the confidentiality of the information has been breached.
      (6) The foster parent will not disclose health information except as permitted by this Contract. If confidentiality is breached, the foster parent will inform the Cabinet of the breach and mitigate any harmful effect.
      (7) The foster parent will make health information of a foster child available to the Cabinet as requested.
      (8) The Cabinet shall have the right to terminate this Contract immediately if it determines that the foster parent has violated any material term of this Contract. The foster parent will return or destroy all health information received from, or created or received by, the foster parent on behalf of the Cabinet at the termination of this Contract, if feasible. If such return or destruction is not feasible, the foster parent will extend the protections of this agreement to the information.

(j) To obtain additional training of six (6) hours per annum for regular foster care, ten (10) hours per annum for emergency shelter, twelve (12) hours per annum for advanced, twenty-four (24) hours per annum for medically fragile, twenty-four (24) hours per annum for care plus, either through department sponsored programs or through agencies or professionals approved by the department;
(k) To participate in required case planning conferences concerning a child placed in their home;
(l) To participate in the development and implementation of the case plan established for each placed in their home; and
(m) To cooperate with the implementation of the Permanency Goal established for the child or children.

2. The Cabinet agrees:
   (a) To provide a child or children with medical care in accordance with the policies of the Cabinet;
   (b) To provide a social services worker to visit, counsel and supervise the care of the child or children;
   (c) To offer counseling and supportive services to the Foster Parents in relation to the foster child or children;
   (d) To cooperate with the Foster Parents in arranging specialized services for the foster child or children such as special education, higher education, psychological services, etc. if necessary;
   (e) To cooperate with the Foster Parents when contracts are arranged by the Cabinet's social services worker between the foster child or children and their birth family including visits, telephone calls or mail;
   (f) To reimburse the Foster Parents in accordance with the rates in the attached Rate Schedule. In addition, the Cabinet agrees to reimburse the Foster Parents for additional necessary expenses in accordance with the policies of the Cabinet;
   (g) The Secretary for Cabinet for Health and Family Services may provide for the defense of foster parents in civil actions brought against them if determined that:
      1) The act or omission was within the scope of contract;
      2) The Foster Parents acted in good faith;
      3) Defense of the action by the Cabinet for Health and Family Services would not create a conflict of interest between the Commonwealth and the Foster Parents; and
      4) Defense of the action would be in the best interest of the Foster Home Program of the Cabinet.
3. The period within the current fiscal year during this agreement is in effect from _____, 20___ through June 30, 20___; this agreement shall be automatically extended for the period of July 1, 20___ through June 30, 20___ unless the Cabinet notifies the Foster parents prior to June 30, 20___ that this agreement will not be extended.
4. It is express understood and agreed by the parties to this contract:
   (a) That legal custody of the child or children shall remain with the Cabinet, and the foster parent shall not seek or request temporary or permanent custody or guardianship of a current or former foster child or children without prior approval of the Cabinet;
   (b) The Cabinet shall have the responsibility for planning for the child or children's future placement, and that the Foster Parents shall not make independent plans for future placements;
   (c) The placement of children in foster home is for the purpose of foster care only and not for the purpose of adoption, however the Cabinet, in its sole discretion, upon proper application by the Foster Parents may approve said Foster parents to become adoptive parents for a child or children placed in their home;
   (d) That the Foster Parents may authorize medical treatment for a child in accordance with the policies of the Cabinet;
   (e) That the duties and obligations of the Foster Parents under this Agreement are not assignable or transferable to anyone under any circumstances, except with written consent of the Cabinet; and
   (f) That the Foster Parents certify that they have read this contract or that it has been read and explained to them and they understand and agree to its provisions.
5. Either party may cancel this contract upon written notice to the other party.
6. It is expressly understood and agreed that this contract revokes and supersedes any prior agreement or understanding, written or oral between the parties relating to foster home care.
7. Type of Foster Home for the Contract Period (Check all appropriate).

_____ Basic/Regular	_____ Advanced	_____ Emergency Shelter
_____ Medically Fragile	_____ Medically Fragile Advanced	_____ Medically Fragile Degree
_____ Specialized Medically Fragile	_____ Care Plus	_____ Advanced Care Plus

THIS INSTRUMENT HAS BEEN EXAMINED AND APPROVED AS TO FORM AND LEGALITY BY AN ATTORNEY OF THE OFFICE OF LEGAL SERVICES, CABINET FOR HEALTH AND FAMILY SERVICES

DPP-111
(Rev. 06/04)

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Community Based Services

TWIST#_____

RECOMMENDED BY:

Social services worker

Authorized Official, Cabinet for Health and Family Services

_____
Official Address

_____
Foster Father

_____
Foster Mother

REIMBURSEMENT RATE SCHEDULE

Regular Foster Care	BASIC	ADVANCED	DEGREE
Birth – 11	$19.70	$21.90	N/A
12–	$21.70	$23.90	N/A
Emergency Shelter Home	$30.00	N/A	N/A
Care Plus Home	$37.00	$42.00	N/A
Medically Fragile	$37.00	$42.00	$45.00
Specialized Medically Fragile	N/A	$53.40	$88.55

"Basic" is regular foster care. "Advanced," including Care Plus, Medically Fragile, and Specialized Medically Fragile, means the foster parents have completed additional training and/or other requirements. Specialized services (Emergency Shelter, Care Plus, Medically Fragile, Specialized Medically Fragile) indicate referral by the Social Service Worker, approval by the supervisor, and successful completion of any required training. An Emergency Shelter Home is reimbursed this rate only for children with Emergency Shelter needs. A Care Plus Resource Home is reimbursed this rate only for children designated with Care Plus needs. A Medically Fragile and Specialized Medically Fragile Home is reimbursed this rate only for children designated by the Medical Support Branch of the Division of Protection and Permanency as a Medically Fragile Child.

COVERAGE OF RATE

Foster care rates include the costs of clothing, incidentals, and personal allowances. Incidentals include medicine chest supplies, baby oil and powder, deodorants, sanitary napkins, and other personal toiletries. The following chart shows the minimums for these costs calculated on a monthly basis. The foster care rate also includes respite care, routine babysitting, non-medical transportation, sports/activities, and school supplies. The remainder of the rate is intended to cover room, board, and the routine cost of childcare. The following costs will be reimbursed separate from the **reimbursement rate schedule**: Initial Clothing Letter, Ongoing Day Care, Senior Expenses, Christmas and Birthday payment, and Annual School Clothing Letter.

AGE	CLOTHING	INCIDENTALS	ALLOWANCE
0-2	$25.00	$6.00	0
3-4	$30.00	$5.00	$1.00
5-12	$35.00	$5.00	$7.50
13+	$40.00	$10.00	$20.00

DPP-111A
(Rev. 7/04)

Kentucky

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Community Based Services
Division for Protection and Permanency

RESOURCE HOME CONTRACT SUPPLEMENT

(Relates to Foster Home Contract Number: _____)

Section A.

1. Name of child:

_____ Date of Birth: _____
Last First M.I

Child's TWIST Case Number: Child's SSN

2. Placement Date: _____ 3. Effective Date of Rate: _____

4. Foster Care Rate: Basic..... $ _____

Advanced..... $ _____

5. Emergency Shelter Rate (Basic)..... $ _____

6. Medically Fragile Rate (Basic, Adv., Degreed)..... $ _____

7. Specialized Medically Fragile Rate (Advanced or Degreed)... $ _____

8. Care Plus Rate (Basic or Advanced)..... $ _____

APPROVED: _____ FSOS_ _____
Signature Title Date

Section B.

Date the Medical Passport (forms DSS 106, 106A, and 106A-1 through 106A-6) was given to the Resource Home Parents

Child's Current Grade Level (circle one)
Pre-school/Pre-K 1 2 3 4 5 6 7 8 9 10 11 12

Child is Performing (check one): ☐ At grade level ☐ Below grade level ☐ Above grade level

Name and address of school the child previously attended:

_____

Date the Educational Passport was requested from the school: _____

Name and address of school will be attending, if different:

_____

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Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Community Based Services
Division for Protection and Permanency

As required by KRS 605.090, the following history and risk factors regarding the child being placed were disclosed and discussed with the Resource Home parents.

Abuse
- ☐ Neglected
- ☐ Physically Abused
- ☐ Sexually Abused or Exploited
- ☐ Juvenile Sex Offender as defined by KRS 635.505(2)

Health
- ☐ Attachment difficulties
- ☐ Allergies
- ☐ Developmental delays
- ☐ Eating habits or disorders
- ☐ Failure to thrive
- ☐ Medically Fragile (including HIV)
- ☐ Medications
- ☐ Physical Handicaps
- ☐ Special nutritional needs
- ☐ Speech disorders
- ☐ Sleeping difficulties

Cooperation
- ☐ Cooperative
- ☐ Non-Cooperative

Personal
- ☐ Talents (sports, music, art, etc.)
- ☐ Likes/Dislikes (foods, animals, etc.)
- ☐ Religious activities
- ☐ Musical tastes
- ☐ Favorite color

Behaviors
- ☐ Attachment difficulties
- ☐ Destroys property
- ☐ Inappropriate sexual acts or behaviors
- ☐ Fire-setting
- ☐ Hyperactive
- ☐ Injury to self (cutting, etc.)
- ☐ Lying
- ☐ Makes friends easily
- ☐ Physically aggressive
- ☐ Rocking, head banging, etc.
- ☐ Running away (AWOL)
- ☐ Sense of humor
- ☐ Sexually aggressive
- ☐ Smokes
- ☐ Substance abuse problems
- ☐ Stealing
- ☐ Suicidal
- ☐ Verbally aggressive
- ☐ Wetting, soiling, smearing

For each item checked give a written explanation. **Also, list any behaviors that indicate a safety risk for the placement.**

_____

_____

This is the child's (1 2 3 4 5 6 7 8 9 10 11 12 13 14 15) placement.
Circle One

Section C

We understand the information contained in this document and agree to fulfill our responsibilities in making this child's placement in this home successful.

Social Service Worker (SSW) Name (print) | Resource Home Mother (Signature and Date)

SSW Home Phone # | SSW Work Phone # | Resource Home Father (Signature and Date)

Family Services Office Supervisor FSOS (Signature and Date) | Home Address

DPP 154

SERVICE APPEAL REQUEST
Cabinet for Health and Family Services
Department for Community Based Services

CUSTOMER SERVICE COMPLAINTS

For resolution of a matter not subject to review through an administrative hearing, please contact the Office of Ombudsman at 1-800-372-2973. If you do not wish to speak with the Office of Ombudsman, you may submit your grievance in writing to a Service Region Administrator or designee no later than 30 days from the date of a Cabinet action to which you object.

SECTION 1. The following matters are subject to review through an administrative hearing pursuant to 922 KAR 1:320, Service Appeals: (To request an administrative hearing, please check the box(es) appropriate to the specific nature of your service appeal and complete the reverse side of this form.)

CHILD PROTECTIVE SERVICES INVESTIGATION - An alleged perpetrator of child abuse or neglect may appeal the following:

❑ A cabinet finding of substantiated child abuse or neglect as described in 922 KAR 1:330, Child Protective Services.

CHILD WELFARE SERVICES - Families and children may appeal the following matters:

❑ Denial, in whole or in part, reduction, modification, suspension, or termination of a child welfare service as defined by 42 U.S.C. 625 and described in 42 U.S.C. 629a.

❑ Failure by the Cabinet to act upon a request for a child welfare service with reasonable promptness.

❑ Failure by the Cabinet to complete a case plan as defined in 42 U.S.C. 675(1) and KRS 620.230.

FOSTER AND ADOPTIVE SERVICES - A foster or adoptive parent may appeal the following matters:

❑ Failure by the Cabinet to process a foster care payment with reasonable promptness under 922 KAR 1:350, Family Preparation or adoption assistance payment under 922 KAR 1:050, Approval of Adoption Assistance with reasonable promptness.

❑ Restriction of access to cabinet sponsored foster home parent training that has been scheduled under 922 KAR 1:350, Family Preparation.

❑ Closure of a foster home under 922 KAR 1:350, Family Preparation, except when the reason for closure relates to abuse, neglect, or exploitation of a foster child, achievement of a permanency goal, or reunification with a sibling.

❑ Failure by the Cabinet to approve a prospective adoptive parent who meets the requirements of 922 KAR 1:100, Agency Adoptions, and 922 KAR 1:350, Family Preparation, for the placement of an adoptive child.

❑ Failure by the Cabinet to place an adoptive child in an approved adoptive parent's home with reasonable promptness.

❑ Except as otherwise provided by law, failure by the Cabinet to provide an adoptive parent with known relevant facts regarding the child, child's background prior to finalization of the adoption, or biological family.

❑ Failure by the Cabinet to advise an adoptive parent of the availability of adoption assistance as described by 42 U.S.C. 673 and 922 KAR 1:050, Approval of Adoption Assistance.

❑ Determination by the Cabinet that an adoptive parent is ineligible for adoption assistance upon execution of an adoptive placement agreement as described by 922 KAR 1:050, Approval of Adoption Assistance.

❑ Denial of a request for a change in payment level due to a change in an adoptive parent's circumstances at the time of renewal of an adoption assistance agreement as described by 922 KAR 1:050, Approval of Adoption Assistance.

ADULT SERVICES - An adult in need of services may appeal the following matters:

❑ Denial, in whole or in part, of a general adult service as described in 922 KAR 5:090, General Adult Services.

❑ Denial, in whole or in part, of protective services to an adult identified as a victim of abuse, neglect or exploitation in accordance with 922 KAR 5:070, Adult Protective Services.

❑ Failure by the Cabinet to act upon a request for general adult services or an adult protective service with reasonable promptness.

CHILD CARE SERVICES - A child care provider may appeal the following matters:

❑ Denial of a certificate to operate a family child care home, revocation of certification, suspension of certification for a non-emergency situation, or an intermediate sanction imposed on a certified family child care home provider as described by 922 KAR 2:100, Certification of Family Child Care Homes.

❑ Denial or termination of a child care provider's registration under 922 KAR 2:180, Requirements for Unregulated Provider Registration in the Child Care Assistance Program.

FINANCIAL ASSISTANCE - An individual applying for or currently receiving financial assistance under KAR Title 922 may appeal the following matters:

❑ DETERMINATION THAT AN INDIVIDUAL IS INELIGIBLE FOR A TUITION WAIVER UNDER 922 KAR 1:450, TUITION WAIVER FOR FOSTER AND ADOPTED CHILDREN.

❑ Failure to respond with reasonable promptness, denial, reduction, suspension, or termination of any federally funded benefit, payment, or financial assistance to which an individual may be entitled under KAR Title 922. (Please state the type of financial assistance): _____

OTHER

❑ Any other matter by which state law or KAR Title 922 expressly permit the appeal of a cabinet action. (Please state the subject matter of your appeal): _____

SECTION 2. Please describe the nature of your appeal. (Additional paper may be used if necessary.)

Please identify the date of the disputed Cabinet action: Month_____ Day_____ Year_____

SECTION 3. Please identify each cabinet staff person involved with the subject matter of your appeal. (Additional paper may be used

Name:	Title, if known:
Work Address:	
City:	County:

if necessary.)
SECTION 4.
Name of Complainant (Please print) _____Date: _____

Address: _____
Street/P.O. Box No. *City* *State* *Zip Code*

Telephone No. _____ County of Residence: _____

SIGNATURE OF COMPLAINANT:

_____

A REQUEST FOR AN ADMINISTRATIVE HEARING SHALL BE MAILED WITHIN 30 DAYS FROM THE DATE OF A CABINET ACTION TO:

Office of Performance Enhancement
Quality Initiatives Branch
275 East Main Street, 3E-K
Frankfort, KY 40621

FOR V/TDD SERVICES
CALL THE OFFICE OF THE OMBUDSMAN AT 1-800-372-2973

DPP 198 (R. 02/04)

FOSTER PARENTS STATEMENT OF INTENT TO ADOPT

Family:

Address:

City: Zip Code: County:

Telephone:

We/I state that my/our family is interested in adopting a child or children through the Department for Community Based Services that is/are currently placed in my/our home for the purpose of foster care.

Child's Name: _____ DOB:

Child's Name: DOB:

Child's Name: _____ DOB:

We/I understand that this/these child/children are not free for adoption, nor is the agency promising that we will be able to adopt the child/children but that there are factors involved in the child/children's background which would indicate a possibility that the child/children may be freed for adoption at some later date. We understand that children are not free for adoption until the rights of the alleged and legal parents have been terminated through relinquishment of Court Action.

We understand that if difficulties develop regarding the child/children becoming member(s) of our family, we will be told as we go along.

We are agreeing to cooperate with the Department for Community Based Services worker in any reunification plans.

We understand that if the child/children become(s) eligible for adoption and, if all parties agree that the child/children has/have satisfactorily adjusted to our home, the Department's plan is to then place him/her/them with our family on an adoptive basis.

We have read the foregoing and agree to the above statements. The terms of this agreement shall remain in force until changed by mutual agreement of all parties or when the child/children is/are removed from the home.

_____

Signature of Foster Parents Signature of Foster Parents

Agency Representative Title

Subscription and sworn to before me this_____ day of _____, 20_____.

Notary Public, State at Large

My commission Expires:

Kentucky

DPP-1258B
922 KAR 1:050
(R. 06/04)

Kentucky

Adoption Assistance Annual Contact Form
Commonwealth of Kentucky
Department for Community Based Services
Division of Protection and Permanency

Names (Husband & Wife):

Street Address

City, State, Zip

For use only if requesting extraordinary medical expenses

Adjusted Gross Income _$_____
(Attach Federal Income Tax Forms)

# of Household Members
_____

Children for whom you receive adoption assistance

Number hours of training for current year:

Do you receive financial assistance (other than adoption assistance) for your child/ren? __yes __no

If yes, indicate which child, source of money payment and amount below:

AFDC	$_____	SSI	$_____	Social Security	$_____
Railroad Benefits	$_____	VA Benefits	$_____	Other	$_____

Adoptive parents are required to notify the Cabinet of any changes of address or any other circumstances which may bring about a substantial change. Your adoption assistance payment may be reduced based upon receipt of other benefits.

Adoptive parents have the right to a fair hearing on any decision to reduce or deny adoption assistance for any special needs child. If you feel that your child has been unfairly denied assistance contact your worker for information regarding requesting a fair hearing.

Your Worker's name & Phone Number is _____
( ) _____

Adoptive Father	Date	Adoptive Mother	Date

DPP-1289
922 KAR 1:330
(R. 6/04)

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Community Based Services

ANNUAL STRENGTHS/NEEDS ASSESSMENT FOR FOSTER FAMILIES

NAME

ADDRESS_____

COUNTY_____ TELEPHONE _____

DSS# DATE OF IN-HOME CONSULTATION

I. INFORMATION (Completed by foster parent)

A. List all persons, including foster children, who are currently living in the home.

Name	Sex	Age	Relationship	Special Problems/Needs

B. List all children placed in your home during the past twelve (12) months.

Name	Sex	Age	Race	Reason for Leaving/Problems	Length of Stay

C. Sleeping Accommodations

Bedroom	What Floor is it On?	Who Sleeps There?	How Many Beds in that Room?	How Many Children in Each Bed?
1				
2				
3				
4				
5				

D. Check and explain any changes that have occurred since the last evaluation.

Household Composition

Finances

Health

Residence

Other

II. NEEDS

A. Medical/Dental and Optical:
Give a brief description of how you met or aided in meeting these needs. _____

_____

_____

B. Emotional/Psychological/Therapeutic:
Tell how you help children with problems of separation and how you prepare children to leave. _____

_____

_____

_____

C. Educational:
How have you worked with the school on behalf of the children?

_____

_____

D. Dietary:
Give an example of a typical day's meals for children placed with you.
Breakfast
Lunch _____
Dinner _____
Snacks _____

E. Disciplinary:
Describe how you reward appropriate behavior.

_____

_____

_____

Describe how you discipline inappropriate behavior.

_____

_____

_____

_____

F. Recreational:
Please give examples of the recreation that the children placed with you have participated in this year.

_____

_____

_____

G. Agency Support:
Please identify strengths and needs of your Recruitment & Certification Worker and Social Services Worker.

_____

_____

_____

III. FEEDBACK

A. Check the box if the statement is true of this Resource Home.

Works with the birth family
Routinely transports foster children
Supervises visits with the birth parent(s)
Communicates information promptly
Observes confidentiality
Participates in case conferences
Participates in state/local Foster care Association
Maintains life book
Seeks prior approval for expenditures
Co-Leads Foster Parent Training Groups

This Resource Home prepares children for:
Return home
Adoption
Independent Living

B. Check the box if the foster parent feels that the statement is true of the Department.

Provides adequate notice of training opportunities
The child's worker visits with the child monthly
Advises you of changes in the child's treatment plan
Provides policy interpretations clearly and promptly
Provides board payments promptly
Promptly returns phone calls
Provides needed support
Notifies you of changes in visitation schedules

C. Discuss the strengths related to the twelve (12) skills that this foster parent brings to foster care.

_____
_____
_____

D. From the Department's perspective, discuss with the family needs or concerns. List needs or concerns related to the twelve (12) skills that have arisen during the past twelve (12) months.

FOSTER PARENTS PERSPECTIVE

Needs or Concerns	Agree	Disagree

E. Describe actions that are planned, or have occurred, that address the problems or concerns listed above.

IV. REQUIREMENTS AND RECOMMENDATIONS

A. Training:
(List all the training completed in the last year, or attach verification.)

B. Certification Requirements:
(Check off the requirements that have been met. For all those which are not met, identify the plan to address them in the space provided below.)

Personal Qualities/Relationships
Minimum Age Requirement
Economic Status
Home Environment
Training
Annual Background Checks
Criminal
Child Abuse and Neglect
Number of Children
Health Status
Employment and Child Care
Marriage and Family
Smoke Detectors

C. Children approved for the family. (Identify any changes if different from the previous narrative or annual assessment. Explain changes, if any.)

D. Recommendation:
Continued Approval
Regular Foster Care
Special Needs
Relative Resource Home
Closure
Other (describe)
Medically Fragile
Family Treatment
Emergency Shelter

E. Worker Comments:

F. Family Comments:

Signatures:

Foster or Adoptive Parent Date

Foster or Adoptive Parent Date

Recruitment & Certification Worker Date

Recruitment & Certification Supervisor Date

Service Region Administrator (SRA)/Designee Date

MEDICALLY FRAGILE MONTHLY REPORT DATE_____

Child's name_____ Foster home_____

Birthdate _____ Date of Placement _____ Weight _____ Ht./Length _____

Overall Diagnosis and Care Needs: _____

_____

Medications: _____

_____

_____

Names(s) of Physicians(s) Speciality

_____ _____

_____ _____

_____ _____

Medical Appointments: Most Recent_____

Future_____

CHANGES:
Medication:_____

_____

Daily Medical Procedures/Treatment: _____

_____

Nutrition/Feeding Procedure_____

Medical Emergencies since Last Monthly Report_____

_____

Services: Therapies (O.T., P.T., Speech, Infant Stimulation): _____

_____

Medical Equipment Company_____School_____

Home Health Visit_____Counseling_____

Family Visits_____Comments_____

_____

_____
Foster Parent Signature Date

Send original to worker
Worker sends copy to:
Peggy Arvin, RN or
Jeanmarie Piacsek, RN
275 E. Main St. 3E-A
Frankfort, KY 40621

	Tuition Assistance (covered by state general funds)	Tuition Waiver for Foster & Adopted Children (waived by schools)	Education/Training Vouchers (ETV) (federally funded)
Eligibility	➢ Extended commitment with Commonwealth of Kentucky ➢ Enrolled in postsecondary education/training ➢ Maintaining academic eligibility ➢ Full – or part-time study ➢ Undergraduate study only	➢ Currently in state foster care or DJJ custody ➢ In care on 18th birthday ➢ Adopted from state foster care ➢ Family receives state funded adoption assistance ➢ Participating in state funded independent living program ➢ Enrolled in KY public postsecondary education/training ➢ Maintaining academic eligibility ➢ With four years of high school graduation ➢ Full – or part-time study only ➢ Undergraduate study only	➢ Aged out of care on or after 18th birthday ➢ Adopted on or after 16th birthday ➢ Enrolled in post secondary education or job training program ➢ Maintaining academic eligibility or making satisfactory progress in program ➢ Full- or part-time study ➢ If in good standing at 21 can continue until 23rd birthday
Eligibility Time frame	As long as legally committed to Commonwealth	Five years from date of first entry into school	➢ 18 – 23 years of age if in good standing
Forms Needed	➢ Free Application for Federal Student Assistance (FAFSA) ➢ OOHC-103 Application for Tuition Assistance	➢ Free Application for Federal Student Assistance (FAFSA) ➢ Tuition Waiver for Foster & Adopted Children	➢ Free Application for Federal Student Assistance (FAFSA) ➢ Request for Education/Training Voucher Funds
Forms Available From	➢ FAFSA - online http://www.fafsa.ed.gov/ ➢ OOHC-103 - child's worker	➢ FAFSA - online http://www.fafsa.ed.gov/ ➢ Tuition Waiver for Foster & Adopted Children – financial assistance office at school, child's worker, Fawn Conley (800-232-5437 or fawn.conley@mail.state.ky.us)	➢ FAFSA - online http://www.fafsa.ed.gov/ ➢ Request for Education/Training Voucher Funds – financial assistance office at school, child's former worker, Fawn Conley (800-232-5437 or fawn.conley@mail.state.ky.us)
Frequency of Forms	➢ FAFSA – every January ➢ OOHC-103 – every semester/quarter or summer session	➢ FAFSA – every January ➢ Tuition Waiver for Foster & Adopted Children – once unless changing schools or sitting out semester/quarter session	➢ FAFSA – every January ➢ Request for Education/Training Voucher Funds – every semester; monthly verification of standing required from school or training program
Expenses Covered	School expenses not covered by federal or state financial assistance, KHES, private scholarships (can include school-provided health insurance, books, dormitory or apartment, food, transportation, childcare expenses, etc.)	Only tuition and mandatory fees not covered by federal and state financial assistance, KHES, private scholarships	Any educational or job training expenses not covered by federal or state financial assistance, KHES, private scholarships (can include room & board, transportation allowance, books, fees, supplies, dormitory supplies, day care while in class or tutoring, equipment, calculators, tape recorders, computers, uniforms, etc.

Helpful Information

CHFS Ombudsman's Office	1 (800) 372-2973
CHFS website	http://chfs.ky.gov/
Child/Adult Abuse Hotline	1 (800) 752-6200
Commission on Handicapped Children	1 (800) 232-1160
First Steps: Ky Early Intervention System	1 (800) 442-0087
Foster Care Information	1 (800) 232-5437
Independent Living Information	1 (800) 372-2973
Kentucky Commission for Children with Healthcare Needs	1 (800) 232-1160
Kentucky Developmental Disabilities Council	1 (877) 367-5332
MSU Resource Parent Training Program	1 (877) 994-9970
Parent Helpline	1 (800) 432-9251
SNAP website	http://chfs.ky.gov/dcbs/dpp/Special%20Needs%20Adoption%20Program%20%28SNAP%29.htm
Special Needs Adoption Program (SNAP)	1 (800) 432-9346
UK Foster/Adoptive Support and Training Center	1 (877) 440-6376
WIC	1 (800) 462-6122

DEFINITIONS

Abuse
APS
The infliction of physical pain, mental injury, or injury of an adult.

Abused or Neglected Child
CPS
A child whose health or welfare is harmed or threatened with harm when his parent, guardian, or other person exercising custodial control or supervision of the child:

(a) Inflicts or allows to be inflicted upon the child physical or emotional injury as defined in KRS 600.020 by other than accidental means;
(b) Creates or allows to be created a risk of physical or emotional injury as defined in this section to the child by other than accidental means;
(c) Engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child including, but not limited to, parental incapacity due to alcohol and other drug abuse as defined in KRS 222.005(12);
(d) Continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child;
(e) Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;
(f) Creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child;
(g) Abandons or exploits the child; or
(h) Does not provide the child with adequate care, supervision, food, clothing, shelter, and education or medical care necessary for the child's well-being. A parent or other person exercising custodial control or supervision of the child legitimately practicing the person's religious beliefs shall not be considered a negligent parent solely because of failure to provide specified medical treatment for a child for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child; or
(i) Fails to make sufficient progress toward identified goals as set forth in the court approved case plan to allow for the safe return of the child to the parent that results in the child remaining committed to the cabinet and remaining in foster care for fifteen (15) of the most recent twenty-two (22) months.

Administrative Hearing
"Administrative hearing" or "hearing" means any type of formal adjudicatory proceeding conducted by an agency as required or permitted by statute or regulation to adjudicate the legal rights, duties, privileges, or immunities of a named person.

Adolescent household member
Resource Homes
Means a youth who resides in the home of an individual who applies for approval to provide foster and adoptive services, and is age twelve (12) through age seventeen (17).

Adoption
CPS
The legal process by which a child becomes the child of a person or persons other than biological parents.

Adoption Assistance
CPS
Payment of a monthly maintenance to assist in meeting the special needs of a child whom was placed by the Cabinet. Assistance may also include payment of nonrecurring adoption expenses and reimbursement of extraordinary medical expenses.

Adoption Assistance Agreement
CPS
An agreement setting forth the scope and limits of the adoption assistance signed by the adoptive parents and the Secretary of the Cabinet or designee.

Adoption Disruption
CPS
The discontinuance of a child's placement after signing of adoption placement agreement with a prospective adoptive family and prior to the finalization/legalization of the adoption.

Adoption Dissolution
CPS
The discontinuance of an adoption at any point in time after the adoption has been finalized/legalized.

Adoption Judgment
CPS
The decree of the Circuit/Family Court granting and legalizing/finalizing the adoption (KRS 199.520).

Adoption Petition
CPS
The document filed with Circuit/Family Court by the person or persons initiating the process to adopt a particular child (KRS 199.470, 199.480, and 199.490).

Adult
APS
1) A person eighteen (18) years of age or older who has a mental or physical dysfunction, is not able to manage their own money or resources, or carry out the activities of living, or is not able to protect themselves from a neglectful or a hazardous or abusive situation if they do not have the assistance from others and who may be in need of some type of protective services;
2) A person without regard to age who is the victim of abuse and neglect that is inflicted by the spouse; or
3) A person in an ongoing, cohabiting and intimate relationship who is eighteen (18) years of age or older and the victim of alleged abuse by a partner. (Ireland v Davis, Ky. App., 957 S. W. 2nd 310 (1997)).

Adult household member
Resource Homes
Means an adult who resides in the home of an individual who applies for approval to provide foster or adoptive services, and is age eighteen (18) of age or older.

Agency Adoptions
CPS
Those planned and handled by any licensed child-placing adoption agency.
Circuit Court Commitment is an Order of Judgment Terminating Parental Rights (TPR) granting permanent custody of a child to the Cabinet or another child-placing adoption agency until permanency or majority is achieved for a child. (KRS Chapter 625.043 and 625.100).

Aggravated Circumstances
CPS
The existence of one (1) or more of the following conditions:
(a) The parent has not attempted or has not had contact with the child for a period of not less than ninety (90) days;
(b) The parent is incarcerated and will be unavailable to care for the child for a period of at least one (1) year from the date of the child's entry into foster care and there is no appropriate relative placement available during this period of time;
(c) The parent has sexually abused the child and has refused available treatment;
(d) The parent has been found by the cabinet to have engaged in abuse of the child that required removal from the parent's home two (2) or more times in the past two (2) years; or
(e) The parent has caused the child serious physical injury;

Alternate care
APS
Means a level of care, licensed by the Division of Licensing and Regulation, as follows:
(a) Skilled nursing facility, or "SNF";
(b) Nursing facility, or "NF";
(c) Intermediate care facility, or "ICF";
(d) Personal care home, or "PCH";
(e) Family care home, or "FCH"; and
(f) Intermediate Care Facility for the Mentally Retarded, or "ICF-MR".

Annual Strength/Needs Assessment
Resource Homes
Is a periodic joint evaluation process used by DCBS and resource home parents to assess the changes in the family, review the family's ability to meet the needs of children, and determine continuing compliance with standards and expectations.

Applicant
Family Prep.
Means an individual or family, subject to approval by the cabinet as a resource home;

Beyond Control
Status
A child who has repeatedly failed to follow the reasonable directives of his or her parents, legal guardian, or person exercising custodial control or supervision other than a state agency, which behavior results in danger to the child or others, and which behavior does not constitute behavior that would warrant the filing of a petition under KRS Chapter 645.

Boarding Home
CPS/Status
A privately owned and operated home for the boarding and lodging of individuals which is approved by the Department of Juvenile Justice or the cabinet for the placement of children committed to the department or the cabinet.

Business Associate
HIPAA
Refers to a person or entity who, on behalf of the Cabinet for Health and Family Services and other than in the capacity of workforce staff: performs or assists in the performance of a function or activity that involves the use or disclosure of protected health information (PHI), or; provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services.

Cabinet
Means the Cabinet for Health and Family Services

CAPTA
Child Abuse Prevention Treatment Act

Care Plus
Resource Home
CPS
Formerly Family Treatment Resource Homes. Care Plus Resource Homes provides services to a child who:
(a) Is due to be released from a treatment facility;
(b) Is at risk of being placed in a more restrictive setting;
(c) Is at risk of institutionalization;
(d) Has experienced numerous placement failures;
(e) Has an emotional or behavioral problem; or
(f) Displays aggressive, destructive, or disruptive behaviors.

Care Plus resource parents ***coordinate*** treatment services with community providers as developed with the SSW, but ***do NOT provide*** treatment services.

Caretaker
Def 1: CPS
Def 2: APS
1. A person who is responsible for the supervision and well-being of a child.
2. An individual or institution who has the responsibility for the care of the adult as a result of family relationship, or who has assumed the responsibility for the care of the adult person voluntarily, or by contract, or agreement.

Caretaker neglect
APS
The deprivation by a caretaker of services, which are needed to maintain health and welfare. The caretaker arrangement can be formal (e.g., contractual, institution, etc.) or informal (e.g., voluntary agreement with family member, friend, etc.). The caretaker neglect can be either "passive" (unintentional) or "active" (intentional) in nature related to the provision of services (e.g., food, clothing, shelter, social contact, personal needs, medical care, etc.) and may include, but is not limited to:
1) Lack of adequate food or health related services due to the caretaker's inadequate skills or knowledge;
2) Abandonment or lack of supervision;
3) Unmet personal or medical needs, including bedsores, malnourishment, dehydration, inappropriate clothing, poor hygiene, uses medicines incorrectly, lack of food or inadequate food;
4) Withholding or deprivation of food/water or health services;
5) Overmedicating or undermedicating;
6) Forcing isolation;
7) Not obtaining needed mental health or medical services/treatment; or
8) Permitting unnecessary pain.

Case Permanency Plan
CPS
A document identifying decisions made by the cabinet, for both the biological family and the child, concerning action which needs to be taken to assure that the child in foster care expeditiously obtains a permanent home.

Case Progress Report
CPS
A written record of goals that have been achieved in the case of a child.

Case record
CPS
A cabinet file of specific documents and a running record of activities pertaining to the child.

Certified Juvenile Facility Staff
CPS/Status
Individuals who meet the qualifications of, and who have completed a course of education and training in juvenile detention developed and approved by, the Department of Juvenile Justice after consultation with other appropriate state agencies.

Child
CPS/Status
Any person who has not reached his eighteenth birthday, unless otherwise provided.

Child Protective Services (CPS)
CPS
Preventive and corrective services directed toward:
(a) Safeguarding the rights and welfare of an abused, neglected or dependent child;
(b) Assuring for each child a safe and nurturing home;
(c) Improving the abilities of parents to carry out parental responsibilities;
(d) Strengthening family life; and assisting a parent or other person responsible for the care of a child in recognizing and remedying conditions detrimental to the welfare of the child.

Child-Caring Facility
CPS/Status
Any facility or group home other than a state facility, Department of Juvenile Justice contract facility or group home, or one certified by an appropriate agency as operated primarily for educational or medical purposes, providing residential care on a twenty-four (24) hour basis to children not related by blood, adoption, or marriage to the person maintaining the facility.

Child-Placing Agency
CPS/Status
Any agency, other than a state agency, which supervises the placement of children in foster family homes or child-caring facilities or which places children for adoption.

Children's Advocacy Center
CPS
An agency that advocates on behalf of children alleged to have been abused; that assists in the coordination of the investigation of child abuse by providing a location for forensic interviews and medical examinations, and by promoting the coordination of services for children alleged to have been abused; and that provides, directly or by formalized agreements, services that include, but are not limited to, forensic interviews, medical examinations, mental health and related support services, court advocacy, consultation, training, and staffing of multidisciplinary teams.

Clinical Treatment Facility
CPS/Status
means a facility with more than eight (8) beds designated by the Department of Juvenile Justice or the cabinet for the treatment of mentally ill children. The treatment program of such facilities shall be supervised by a qualified mental health professional.

Conflict of Interest
A situation in which a public official's (employee) decisions are influenced by the official's (employee) personal interests.

Commitment
CPS/Status
An order of the court which places a child under the custodial control or supervision of the Cabinet for Health and Family Services, Department of Juvenile Justice, or another facility or agency until the child attains the age of eighteen (18) unless the commitment is discharged under KRS Chapter 605 or the committing court terminates or extends the order.

Committee
APS
A person appointed by the court prior to July 1, 1982, to have full care, custody, and control of a disabled person and his estate.

Community-Based Facility
CPS/Status
Any nonsecure, homelike facility licensed, operated, or permitted to operate by the Department of Juvenile Justice or the cabinet, which is located within a reasonable proximity of the child's family and home community, which affords the child the opportunity, if a Kentucky resident, to continue family and community contact.

Complaint
CPS/Status
A verified statement setting forth allegations in regard to the child which contain sufficient facts for the formulation of a subsequent petition.

Complaint
HIPAA
Refers to any concern communicated by a person questioning any act or failure to act relating to an individual's rights to access to his/her health information, to maintain the privacy of his/her health information, to request restrictions on uses or disclosures of his/her PHI, to request confidential communications regarding his/her PHI, to request amendment of his/her PHI, or to receive an accounting of disclosures of his/her PHI.

Concurrent Planning
CPS
The Cabinet simultaneously plans for reunification of a child with the birth family and permanent removal of the child if the prognosis for reunification is poor.

Consent to Adoption
CPS
Is a written, signed and sworn statement granting permission to the child's adoption by the authorized representative of the agency having permanent legal custody of the child, or other person's having permanent legal custody. (KRS 199.011(14) and KRS 199.500).

Consent to Voluntary Commitment
CPS
The Cabinet may accept custody of a child who is voluntarily committed by the child's parent, guardian, or other person having legal custody.

Conservator
APS
An individual, agency, or corporation appointed by the court to manage the financial resources of a disabled person

Court
CPS/Status
The juvenile session of District Court unless a statute specifies the adult session of District Court or the Circuit Court.

Court Report
CPS
Is a written report, which is the responsibility of the Cabinet or designee, submitted to the Circuit/Family Court judge

on a proposed adoption after the adoption petition has been filed. The purpose of the court report is to summarize the facts of the case and recommendation(s) if adoption by the petitioner is in the best interest of the child. (KRS 199.510).

Court-Designated Worker (CDW)
CPS/Status
That organization or individual delegated by the Administrative Office of the Courts for the purposes of placing children in alternative placements prior to arraignment, conducting preliminary investigations, and formulating, entering into, and supervising diversion agreements and performing such other functions as authorized by law or court order.

Covered Entity
HIPAA
A health plan, a health care clearinghouse, or a health care provider that transmits any health information in verbal, written or electronic form relating to any covered transaction.

Deadly Weapon
CPS
As defined by KRS 500.08, means any of the following:
(a) A weapon of mass destruction;
(b) Any weapon from which a shot, readily capable of producing death or other serious physical injury, may be discharged;
(c) Any knife other than an ordinary pocket knife or hunting knife;
(d) Billy, nightstick, or club;
(e) Blackjack or slapjack;
(f) Nunchaku karate sticks;
(g) Shuriken or death star; or
(h) Artificial knuckles made from metal, plastic, or other similar hard material.

Department
APS
Department for Community Based Services of the Cabinet for Health and Family Services.

Dependent Child
CPS/Status
Any child, other than an abused or neglected child, who is under improper care, custody, control, or guardianship that is not due to an intentional act of the parent, guardian, or person exercising custodial control or supervision of the child.

Detention
CPS/Status
The safe and temporary custody of a juvenile who is accused of conduct subject to the jurisdiction of the court who requires a restricted environment for his or her own or the community's protection.

Detention Hearing
CPS/Status
A hearing held by a judge or trial commissioner within twenty-four (24) hours, exclusive of weekends and holidays, of the start of any period of detention prior to adjudication.

Developmental disability
APS
A severe, chronic disability of a person which:
(a) Is attributable to a mental or physical impairment or combination of mental and physical impairments, including pervasive developmental disorder.
(b) Is manifested before the person attains age twenty-two (22);
(c) Is likely to continue indefinitely;
(d) Results in substantial functional limitations in three (3) or more of the following areas of major life activity:
1. Self-care;
2. Receptive and expressive language;
3. Learning;
4. Mobility;
5. Self-direction;
6. Capacity for independent living; and
7. Economic self-sufficiency; and
(e) Reflects the person's need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

Disabled
APS
Means a legal, not a medical disability, and is measured by functional inabilities. It refers to any person fourteen (14) years of age or older who is: (a) Unable to make informed decisions with respect to his personal affairs to such an extent that he lacks the capacity to provide for his physical health and safety, including but not limited to health care, food, shelter, clothing, or personal hygiene; or (b) Unable to make informed decisions with respect to his financial resources to such an extent that he lacks the capacity to manage his property effectively by those actions necessary to obtain, administer, and dispose of both real and personal property. Such inability shall be evidenced by acts or occurrences within six (6) months prior to the filing of the petition for guardianship or conservatorship and shall not be evidenced solely by isolated instances of negligence, improvidence, or other behavior.

Disclosure
HIPAA
Refers to the release, transfer, and provision of access to or divulging in any other manner of information outside the entity holding the information.

District Court Commitment
CPS
Is an order of District Court granting temporary custody of a child to the Cabinet or in Kinship Care cases to the relative. The District Court may also grant permanent custody to relatives in Kinship Care cases.
Emancipation as defined for ASFA Family Court

Diversion Agreement
CPS/Status
An agreement entered into between a court-designated worker and a child charged with the commission of offenses set forth in KRS Chapters 630 and 635, the purpose of which is to serve the best interest of the child and to provide Redress for those offenses without court action and without the creation of a formal court record.

Emergency
APS
Means that an adult is living in conditions, which present a substantial risk of death or immediate and serious physical harm to himself or others.

Emergency Protective Services
APS
Protective services furnished an adult in an emergency.

Emergency Shelter
CPS/Status
Is a group home, private residence, foster home, or similar homelikeFacility, which provides temporary or emergency care of children and adequate staff and services consistent with the needs of each child.

Emergency Shelter Resource Home
Family Prep.
Emergency shelter foster care services are provided to a child age twelve (12) and above who needs immediate, unplanned care for less than fourteen-day (14) days.

Emotional injury
CPS
An injury to the mental or psychological capacity or emotional stability of a child as evidenced by a substantial and observable impairment in the child's ability to function within a normal range of performance and behavior with due regard to his age, development, culture, and environment as testified to by a qualified mental health professional.

Essential Needs
CPS
As described by Maslow's hierarchy of needs, would be safety planning, food supplies, shelter requirements, emergency supplies, etc.

Exploitation
APS
The improper use of an adult or the adult's resources for the profit or advantage of another person. This includes financial, material and sexual exploitation, which can be accomplished by force, through misrepresentation, threats, coercion or deception. These may include, but are not limited to:
1) Misuse of assets (e.g., unpaid bills that profit the payee or responsible party).
2) Excessive charges for food, shelter, care or services;
3) Unauthorized or fraudulent use of monies;
4) Stolen personal belongings or household items missing; or
5) Taking sexual advantage of mentally or physically impaired individuals.

Family Care Home (FCH)
APS
Means a home that meets the requirements and provides services established in 902 KAR 20:041.

Family member
APS
Defined by KRS 403.720(2) as a spouse, including a former spouse, a parent, a child, a stepchild, or any other person related by consanguinity or affinity within the second degree.

Family-in-need-of-services assessment (FINSA)
CPS
A process of collecting information and evaluating risk factors in order to determine strengths and needs of a family.

Firearm
CPS
As defined by KRS 237.060 and 527.010; means any weapon which will expel a projectile by the action of an explosive.

Food-related expenses
Resource Homes
Includes nonalcoholic beverages and food purchases at the grocery, convenient and specialty stores, restaurants, and household expenditures on school meals.

Foster care
CPS
The provision of temporary twenty-four (24) hour care for a child for a planned period of time when the child is:
(a) Removed from his parents or person exercising custodial control or supervision and subsequently placed in the custody of the cabinet; and
(b) Placed in a foster home or private child-caring facility or child-placing agency but remains under the supervision of the cabinet.

Foster Family Home
CPS
Means a private home in which children are placed for foster family care under supervision of the cabinet or a licensed child-placing agency.

Foster Home Contract
Resource Homes
Is the written contract, OOHC 111, and supplement, OOHC 111A, which details mutual expectations of DCBS and the resource home for the twenty-four (24) hour care of a child.

Foster or Adoptive Family Review
Resource Homes
Is the assessment process used by DCBS when factors are identified which may put the family under stress and may affect a child's placement.

Found and Substantiated
CPS
An investigatory finding of physical abuse, sexual abuse, neglect or dependency not originally reported by the referral source but was found and substantiated during the investigation.

General Adult Services
APS
means a voluntary preventive service aimed at assisting: (a) An adult to attain and function at his highest level of self-sufficiency and autonomy; and (b) In maintaining the adult in the community.

Group Preparation and Selection (GPS)
Resource Homes
Is the joint assessment process used by DCBS and the applicant for the purpose of determining whether the family can serve children whom DCBS has made available for placement, and how they can best meet these children's needs.

Guardian
APS
Any individual, agency, or corporation appointed by the court to have full care, custody, and control of a disabled person and to manage his financial resources.

Habitual Runaway
CPS/Status
Any child who has been found by the court to have been absent from his place of lawful residence without the permission of his custodian for at least three (3) days during a one (1) year period.

Habitual truant
CPS/Status
Any child who has been found by the court to have been reported as a truant as defined in KRS 159.150 three (3) or more times during a one (1) year period.

Health Insurance Portability and Accountability Act (HIPAA) of 1996
HIPAA A Federal Act to amend the Internal Revenue Code of 1986 to improve portability and continuity of health insurance coverage in the group and individual markets, to combat waste, fraud and abuse in health insurance and health care delivery. HIPAA provides the first comprehensive federal protection for the privacy of health care information.

Health Oversight Agency
HIPAA
A governmental agency or authority, or a person or entity acting under a grant of authority from or a contract with such a public agency, including the employees or agents of the public agency, its contractors and those to whom it has granted authority, that is authorized by law to oversee the public or private health care system or government programs in which health information is necessary to determine eligibility or compliance.

Health professional
Family Prep
means a person actively licensed in Kentucky as a:
(a) Physician;
(b) Physician's assistant;
(c) Advanced registered nurse practitioner; or
(d) Nurse clinician under the supervision of a physician.

Hospital
CPS
Except for purposes of KRS Chapter 645, a licensed private or public facility, health care facility, or part thereof, which is approved by the cabinet to treat children.

Housing expenses
Resource Homes
Includes the costs of shelter, utilities, household furnishings and equipment.

Imminent risk
Means immediate threat of injury or harm to a child when no interventions have occurred to protect the child. This may include requesting assistance from law enforcement for immediate removal of a child or petitioning the court for an emergency custody order. Additionally, the consults the FSOS and/or regional staff and take other actions to determine that a child is not in danger and that removal is not needed for the child's protection within 24 hours of the initial report.

(1)The worker may use the following in determining imminent danger:
- (a)Children with serious injuries from physical abuse;
- (b)Children suffering from acute untreated medical condition(s) that demand urgent attention whose parent(s) is refusing to obtain treatment or cannot be located;
- (c) Self-referral from a parent or guardian who states they are currently unable to cope or feel they may harm their children;
- (d) Children who express fear of their current circumstances, serious sexual or physical abuse or neglect appear imminent;
- (e)Children presently receiving bizarre forms of punishment, e.g. locked in closets or tied to a chair or bed;
- (f)Children at risk of immediate harm from parents who are in a psychotic episode or are behaving in a bizarre manner;
- (g)Abandoned children who are currently without supervision of a responsible adult; (Abandonment is defined as leaving without any intent to return).
- (h)Children under 8 years of age who are currently without supervision by a responsible person; (The investigation shall determine the child's level of maturity, development and ability to function safely alone and whether the family has an established plan of action in case of emergency.)
- (i)Situations involving weapons; or,
- (h)Other situations which in the judgment of the FSOS and SSW constitute immediate risk to a child.

In-Home Visit
Any visit that takes place at an individuals current residence, including but not limited to homeless shelters, domestic violence shelters, prisons, etc. The visit may only be accepted as meeting SOP requirements if the visit accomplishes case-specific intervention tasks, as well as:

(a) Providing the family with information about their child, especially placement and well-being issues;
(b) Conducts initial and ongoing family assessments;
(c) Reviews the family's progress toward accomplishment of their case planning tasks, goals, and those of other service providers;
(d) Evaluates the family's visitation with the child;
(e) Preparing for a Case Planning Conference, Periodic Review, or Court Hearing;
(f) Obtaining additional assessment and/or planning information;
(g) (When appropriate) preparing an Aftercare Plan.

Independent Adoptions
CPS
Are those in which the placement of the child is arranged and made by a person or persons other than the Cabinet or a licensed child-placing adoption agency. Independent adoptions consist of two categories: relative and non-relative placements. (KRS 199.473 and 199.590).

Independent Living
CPS/Status
Those activities necessary to assist a committed child to establish independent living arrangements. Daily Living Skills include knowledge of such items as:

- Menu planning, shopping, cooking and serving;
- Basic laundry and house cleaning;
- Basic health care and personal hygiene;
- Accessing local community resources;
- Developing appropriate leisure time activities;
- Basic money management and consumerism;
- Basic employment; and
- Basic housing.

Soft skills includes knowledge of such items as:

- Anger management;
- Decision-making;
- Problem-solving;
- Time management;
- Positive attitudes and communication;
- Positive self-concept and self-esteem;
- Development of good interpersonal relationships;
- Self-control; and
- Social etiquette.

Independent living services
Family Prep
Means services provided to youth to assist them in the transition from the dependency of childhood to living independently.

Indian Child Welfare Act (ICWA)
CPS
A federal law that regulates placement proceedings involving "Indian" (Native American) children. If the child is a member of a tribe or eligible for membership in a tribe, the

family has the right to protection under the ICWA. These rights apply to any child protective case, adoption, guardianships, termination of parental rights action, runaway or truancy matter or voluntary placement of children.

Informal Adjustment
CPS/Status
An agreement reached among the parties, with consultation, but not the consent, of the victim of the crime or other persons specified in KRS 610.070 if the victim chooses not to or is unable to participate, after a petition has been filed, which is approved by the court, that the best interest of the child would be served without formal adjudication and disposition.

Initial Determination
CPS
An evaluation of risk factors using the CPS Multiple Response Matrix to determine immediate safety and risk of harm resulting in a decision whether to proceed with:
(a) An investigation; or
(b) A family-in-need-of-services assessment.

Initiate
CPS
An attempt to make a face-to-face contact with a reported victim/s within timeframes. When a physical attempt to locate the alleged victim is not achieved within the required time frames, the record must identify that "legitimate" attempts were made to locate the alleged victim, i.e. negative home visits, collateral contacts such as family support for verification of address, utility company, etc. or visits to a school, if appropriate, or visits to resource homes. When was there face-to-face contact? (If all FSW efforts, to locate the victim/s failed, FSOS must be contacted within 24 hours for consultation, including weekends).

Intentionally
CPS
With respect to a result or to conduct described by a statute which defines an offense, that the actor's conscious objective is to cause that result or to engage in that conduct.

Interdisciplinary Evaluation Report
APS
Means a report of an evaluation of a respondent performed pursuant to the provisions of KRS 387.540 to determine whether he is partially disabled or disabled as defined herein.

Interested person or entity means an adult relative or friend of the respondent or ward, an official or representative of a public or private agency, corporation, or association concerned with that person's welfare, or any other person found suitable by the court.

Intermediate
Care Facility for the Mentally Retarded (ICF-MR)
APS
Defined by 907 KAR 1:022, Section 1(3). Service provisions are established in 902 KAR 20:051. License provisions are established in 902 KAR 20:056.

Intermittent Holding Facility
CPS/Status
A physically secure setting, which is entirely separated from sight and sound from all other portions of a jail containing adult prisoners, in which a child accused of a public offense may be detained for a period not to exceed twenty-four (24) hours, exclusive of weekends and holidays prior to a detention hearing as provided for in KRS 610.265, and in which children are supervised and observed on a regular basis by certified juvenile facility staff.

Interstate Compact on Adoption and Medical Assistance (ICAMA)
CPS
The Compact which has the force of law within and among the member states. It provides for uniformity and consistency of policy and procedures when a family in another state adopts a child with special needs, or the adoptive family moves to another state.

Investigation
Def 1: CPS
Def 2: APS
1. A process:
   (a) Of collecting information and evaluating risk factors to determine if a child has been abused or neglected, or is dependent;
   (b) Based upon the initial determination that moderate to high risk factors exist.
2. Includes, but is not limited to, a personal interview with the individual reported to be abused, neglected, or exploited. When abuse, or neglect is allegedly the cause of death, a coroner's or doctor's report shall be examined as part of the investigation.

Juvenile holding facility
CPS/Status
A physically secure facility, approved by the Department of Juvenile Justice, which is an entirely separate portion or wing of a building containing an adult jail, which provides total sight and sound separation between juvenile and adult facility spatial areas and which is staffed by sufficient certified juvenile facility staff to provide twenty-four (24) hours per day supervision.

Least Restrictive Alternative
CPS/Status
Except for purposes of KRS Chapter 645, that the program developed on the child's behalf is no more harsh, hazardous, or intrusive than necessary; or involves no restrictions on physical movements nor requirements for residential care except as reasonably necessary for the protection of the child from physical injury; or protection of the community, and is conducted at the suitable available facility closest to the child's place of residence.

Licensed Practical Nurse
Family Prep.
As defined by KRS 314.011(9) means one who is licensed to perform of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical Nursing in:
(a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist;
(b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board;
(c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses;
(d) Teaching, supervising, and delegating except as limited by the board; and
(e) The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses;

Lifebook
CPS
Is a therapeutic process, which helps the child to discover his/her history and identity in simple, age appropriate terms to better enable the child to accept his/her permanency outcome throughout the child's life. The lifebook is usually developed in the form of a scrapbook, with pictures, drawings, and children's narratives of their experience and their feelings about these experiences. Although the use of lifebooks originated within adoption, they are required for all children in out-of-home care.

Limited Conservator
APS
An individual, agency, or corporation appointed by the court to assist in managing the financial resources of a partially disabled person and whose powers and duties have been specifically enumerated by court order.

License Holder
Individual, partnership, corporation or other entity authorized to operate a child-caring facility or child-placing agency, including a board of directors and authorized person for decision making.

Limited Guardian
APS
A guardian who possesses fewer than all of the legal powers and duties of a full guardian, and whose powers and duties have been specifically enumerated by court order.

Medically Fragile
CPS
means a child who has a medical condition that is:
a. Documented by a physician that may become unstable and change abruptly resulting in a life-threatening situation;
b. Chronic and progressive illness or medical condition;
c. A need for special service or ongoing medical support; or
d. A health condition stable enough to be in a home setting only with monitoring by an attending:
   1. Health Professional;
   2. Registered nurse as defined by KRS 314.011(5); or
   3. Licensed practical nurse as defined by KRS 314.011(9).

May only be determined by the Medical Support Section.

Mental Injury
APS
Is the infliction of mental anguish caused by actions or verbal assaults against a person's well being that may result in an adverse change in behavior. The abuse can be spontaneous, protracted or systematic efforts to dehumanize the person and/or instill fear and may include, but is not limited to:
1) Threats of violence against victim, self or others;
2) Threats with a weapon(s), including objects used as a weapon;
3) Forced isolation or imprisonment;
4) Involuntary placement;
5) Destruction or threats to destroy property and/or pets;
6) Forcing to perform degrading acts;
7) Controlling activities such as sleep, eating habits, access to money or social relationships;
8) Verbal assaults and attacks on the person's self esteem,

including name-calling, insulting, degrading remarks, custody threats or threats to abduct/abscond with the child(ren); or

9) Stalking.

Mentally ill person
APS
A person with substantially impaired capacity to use self control, judgment, or discretion in the conduct of his affairs and social relations, associated with maladaptive behavior or recognized emotional symptoms where impaired capacity, maladaptive behavior, or emotional symptoms can be related to physiological, psychological, or social factors.

Motor Vehicle Offense
CPS Any violation of the nonfelony provisions of KRS Chapters 186, 189, or 189A, KRS 177.300, 304.39-110, or 304.39-117.

Multidisciplinary Team
CPS
Local teams operating under protocols governing roles, responsibilities, and procedures developed by the Kentucky Multidisciplinary Commission on Child Sexual Abuse pursuant to KRS 431.600.

Multi-Ethnic Placement Act and Inter-Ethnic Placement Act (MEPA/IEPA)
CPS
Federal requirements established to prohibit discrimination, whether Directed at children in need of appropriate, safe homes, at prospective parents, or at previously "underutilized" communities who could be resources for placing children. The three basic mandates include:

1) Prohibition from delaying or denying a child's foster care or adoptive placement on the basis of the child's or the prospective parent's race, color, or national origin;
2) Prohibition from denying to any individual the opportunity to become a foster or adoptive parent on the basis of the prospective parent's or the child's race, color, or national origin; and,
3) Diligent recruitment of foster and adoptive parents who reflect the racial and ethnic diversity of the children in the state who need foster and adoptive homes.

Multiple or Dual Relationships
Intimate, social, or other nonprofessional contacts/relationships with clients, family members, foster parents, colleagues and supervisors that could have an impact on their professional objective judgment and performance. Dual or multiple relationships can occur simultaneously or consecutively (friendships, dating, etc).

Near fatality
CPS
An injury that, as certified by a physician, places a child in serious or critical condition.

Needs of the child
Necessary food, clothing, health, shelter, and education.

Newborn Infant
Defined by KRS 211.951, KRS 216B.190, KRS 405.075, and KRS 620.350 as an infant who is medically determined to be less than seventy-two (72) hours old.

Non-accidental
CPS
The perpetrator meant to take the action that caused the injury. They do not necessarily need to have intent to cause the injury, such as a bruise, broken bone, or abrasion, etc. For instance, if a perpetrator hit a child with a piece of board but did not intend for the child to have a gash on his head as a result, that would not be an accident. However, if turning around to place a board on a table the person inadvertently hits a child (not realizing that the child was standing there) and causes the gash this would be accidental.

Nonsecure Facility
CPS/Status
A facility which provides its residents access to the surrounding community and which does not rely primarily on the use of physically restricting construction and hardware to restrict freedom.

Nonsecure setting
CPS/Status
A nonsecure facility or a residential home, including a child's own home, where a child may be temporarily placed pending further court action. Children before the court in a county that is served by a state operated secure detention facility, who are in the detention custody of the Department of Juvenile Justice, and who are placed in a nonsecure alternative by the Department of Juvenile Justice, shall be supervised by the Department of Juvenile Justice.

Nursing Facility (NF)
APS
Defined at 907 KAR 1:022, Section 1(7).

Parent
The biological or adoptive mother or father of a child.

Partially disabled
APS
Refers to an individual who lacks the capacity to manage some of his personal affairs and/or financial resources as

provided in subsection (8) of this section, but who cannot be found to be fully disabled as provided therein.

Permanence
CPS
A relationship between a child and an adult which is intended to lasta lifetime, providing commitment and continuity in the child's relationships and a sense of belonging.

Person exercising custodial control or supervision
CPS/Status
A person or agency that has assumed the role and responsibility of a parent or guardian for the child, but that does not necessarily have legal custody of the child.

Personal care home (PCH)
APS
Defined at KRS 216.750(2).

Personal Representative
HIPAA
A person who has authority under applicable law to make decisions related to health care and other needs on behalf of an adult or an emancipated minor, or the parent, guardian, or other person acting in loco parentis who is authorized under law to make health care decisions on behalf of an unemancipated minor, except where the minor is authorized by law to consent, on his/her own or via court approval, to a health care service, or where the parent, guardian or person acting in loco parentis has assented to an agreement of confidentiality between the provider and the minor.

Petition
CPS/Status
A verified statement, setting forth allegations in regard to the child, which initiates formal court involvement in the child's case.

Petitioner
APS
Means a person who institutes a proceeding under KRS 387.530.

Physical Abuse
APS
The infliction of physical pain or injury caused by the offender to the person's body. These are acts, which cause or are intended to cause physical harm and may include, but are not limited to:

1) Physical assault, including pushing, kicking, hitting, slapping, punching, strangling, pinching, burning, hair pulling, shoving, stabbing, shooting, beating, battering during pregnancy, striking with an object and/or complaints of pain as a result of the assault;
2) Physical restraint against one's will;
3) Rough handling, including forced feeding, roughness when transferring individual from bed to chair or during bathing, etc; or,
4) Inappropriate use of physical or chemical restraints.

Physical injury
CPS
Substantial physical pain or any impairment of physical condition.

Physically secure facility
CPS/Status
A facility that relies primarily on the use of construction and hardware such as locks, bars, and fences to restrict freedom.

Placement for Adoption
CPS
The planned date the child and all of his/her belongings move into the adoptive family's residence and the Adoptive Placement Agreement DCBS-195 is signed. Placement shall be based upon the needs of the individual children available for adoption and the ability of the adoptive applicants to meet these needs.

Postlegalization Services
CPS
Provided to the adopted person, the adoptive parents and/or birth parents, by the agency providing adoption services or another community resource, after an adoption has been legalized/finalized in Circuit/Family Court.

Postplacement Adoption Services
CPS
Provided by the agency completing the adoptive placement, either directly or through referral, to the adoptive parents, adopted child, or the birthparents after a child has been placed for adoption but before the adoption is legalized.

Preplacement Services
CPS
Provided to the child, the adoptive parents and/or birth parents by the agency providing adoption services or another community resources prior to the legalization/finalization of the adoption

Preponderance of Evidence
CPS
Means that, in order to support a finding that a particular person has committed child abuse or neglect, the evidence shall be sufficient to allow a reasonable person to conclude that it is more likely than not that:
(a) The child in question was abused or neglected, or is

dependent; and
(b) The alleged perpetrator committed an act, or fail to act, as established by KRS 600.020(1).

Preventive Services
CPS
Those services which are designed to help maintain and strengthen the family unit by preventing or eliminating the need for removal of children from the family.

Professional Experience
Family Prep.
Means a paid or volunteer employment in a setting where there is supervision and periodic evaluation.

Protected Health Information (PHI)
HIPAA
Individually identifiable health information related to past, present or future physical or mental health or condition of an individual, provision of health care to an individual or the past, present or future payment for health care provided to an individual.

Protective Placement
APS
Means the transfer of an adult from his present living arrangement to another.

Protective Services
APS
Means agency services undertaken with or on behalf of an adult in need of protective services who is being abused, neglected, or exploited. These services may include, but are not limited to conducting investigations of complaints of possible abuse, neglect, or exploitation to ascertain whether or not the situation and condition of the adult in need of protective services warrants further action; social services aimed at preventing and remedying abuse, neglect, and exploitation; and services directed toward seeking legal determination of whether or not the adult in need of protective services has been abused, neglected, or exploited and to ensure that he obtains suitable care in or out of his home.

Public Agency Adoptions
CPS
Adoptions arranged by the Cabinet

Public offense action
CPS/Status
An action, excluding contempt, brought in the interest of a child who is accused of committing an offense under KRS Chapter 527 or a public offense which, if committed by an adult, would be a crime, whether the same is a felony, misdemeanor, or violation, other than an action alleging that a child sixteen (16) years of age or older has committed a motor vehicle offense.

Qualified Mental Health Professional (QMHP)
CPS
Means:
(a) A physician licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties;
(b) A psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the practice of official duties, and who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.;
(c) A psychologist with the health service provider designation, a psychological practitioner, a certified psychologist, or a psychological associate licensed under the Provisions of KRS Chapter 319;
(d) A licensed registered nurse with a master's degree in psychiatric nursing from an accredited institution and two (2) years of clinical experience with mentally ill persons, or a licensed registered nurse with a bachelor's degree in nursing from an accredited institution who is certified as a psychiatric and mental health nurse by the American Nurses Association and who has three (3) years of inpatient or outpatient clinical experience in psychiatric nursing and who is currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a regional comprehensive care center;
(e) A licensed clinical social worker licensed under the provisions of KRS 335.100, or a certified social worker licensed under the provisions of KRS 335.080 with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a regional comprehensive care center;
(f) A marriage and family therapist licensed under the provisions of KRS 335.300 to 335.399 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth, a psychiatric unit of a general hospital, or a regional comprehensive care center; or
(g) A professional counselor credentialed under the provisions of KRS 335.500 to 335.599 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, or a regional comprehensive care center.

Reasonable Efforts
CPS
The exercise of ordinary diligence and care by the department to utilize all preventive and reunification services available to the community in accordance with the state plan for Public Law 96-272 which are necessary to enable the child to safely live at home.

Registered Nurse
Family Prep.
As defined by KRS 314.011(5) and (6), means: one who is licensed to perform acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:
(a) The care, counsel, and health teaching of the ill, injured, or infirm;
(b) The maintenance of health or prevention of illness of others;
(c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include but are not limited to:
    1. Preparing and giving medications in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection of KRS 314.011(17)(b);
    2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
    3. Intervening when emergency care is required as a result of drug therapy;
    4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
    5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
    6. Instructing an individual regarding medications;
d. The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care; and
e. The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

Resource Home
CPS
Means a home in which a parent is approved by the cabinet to:
a. Provide foster care services for a child placed in out-of-home care by the cabinet;
b. Adopt a child:
    1. Whose parental rights have been terminated; and
    2. Who is under the custodial control of the cabinet.

Resource Home's "own children"
Family Prep.
refers to the children residing in the family's home such as biological and adopted children and those of extended relatives and friends who are living in the home.

Residential Treatment Facility
CPS/Status
A facility or group home with more than eight (8) beds designated by the Department of Juvenile Justice or the cabinet for the treatment of children.

Resource home
Means a home in which a parent has been certified to provide: foster care services for a child placed in out-of-home care by the Cabinet; adopt a child whose parental rights have been terminated and is under the custodial control of the Cabinet; provide respite service for a family approved to care for a child under the custodial control of the Cabinet; or provide any combination of the services outlined above.

Respite Care
Family Prep
means temporary care provided by another individual or family to:
a. Provide relief to the resource foster home parents;
b. Allow for an adjustment period for the child in OOHC.

Respondent
APS
An individual alleged to be a partially disabled or disabled person.

Retain in Custody
CPS/Status
After a child has been taken into custody, the continued holding of the child by a peace officer for a period of time not to exceed twelve (12) hours when authorized by the court or the court-designated worker for the purpose of making preliminary inquiries.

Reunification Services
CPS
Remedial and preventive services, which are, designed to strengthen the family unit, to secure reunification of the family and child where appropriate, as quickly as practicable, and to prevent the future removal of the child from the family.

Service Appeal
For resolution of a matter not subject to review through an administrative hearing.

Service Complaint
A matter not subject to review through an administrative hearing or service appeal.

School Expenses
Resource Homes
Includes school supplies and school fees. Specific items needed in a classroom to enable a child to benefit from a public education are the responsibility of the school (e.g., large print textbooks, teacher's aides, special transportation, etc.).

School Personnel
Those certified persons under the supervision of the local public or private education agency.

Secretary
APS
Means the secretary of the Cabinet for Health and Family Services.

Secure Juvenile Detention Facility
CPS/Status
Any physically secure facility used for the secure detention of children other than any facility in which adult prisoners are confined.

Self-neglect
APS
A situation in which the adult is unable to perform or obtain services, which are necessary to maintain health or welfare. Self-neglect includes, but is not limited to:
1) Failure by the adult to address or make arrangements for his/her individual care needs;
2) Unmet personal or medical needs, including bedsores, malnourishment, dehydration, inappropriate clothing, poor hygiene, using medicines incorrectly, lack of food or inadequate food;
3) Refusing or being unable to access medical or mental health care/treatment;
4) Living in an unsafe environment, such as fire/safety hazard, roach/rat/insect infested dwelling or condemned building;
5) Living alone and in life-threatening conditions;
6) Being unable to manage ones own resources; or,
7) A new onset of confusion and/or disorientation.

Serious physical injury
CPS
Physical injury which creates a substantial risk of death or which causes serious and prolonged disfigurement, prolonged impairment of health, or prolonged loss or impairment of the function of any bodily member or organ.

Sexual abuse
APS
These are acts, which cause or are intended to cause physical harm and may include, but are not limited to:
1) Forced sexual relations, including rape, forced sex with others, animals or foreign objects; and,
2) Unwanted fondling or touching.

Sexual abuse
CPS
Includes, but is not necessarily limited to, any contacts or interactions in which the parent, guardian, or other person having custodial control or supervision of the child or responsibility for his welfare, uses or allows, permits, or encourages the use of the child for the purposes of the sexual stimulation of the perpetrator or another person.

Sexual exploitation
CPS
Includes, but is not limited to, a situation in which a parent, guardian, or other person having custodial control or supervision of a child or responsible for his welfare, allows, permits, or encourages the child to engage in an act which constitutes prostitution under Kentucky law; or a parent, guardian, or other person having custodial control or supervision of a child or responsible for his welfare, allows, permits, or encourages the child to engage in an act of obscene or pornographic photographing, filming, or depicting of a child as provided for under Kentucky law.

Skilled Nursing Facility
APS
Defined at 907 KAR 1:022, Section 1(2), as "high Intensity nursing care service."

Social Service Worker
CPS/Status/APS
Any employee of the cabinet or any private agency designated as such by the secretary of the cabinet or a social worker employed by a county or city who has been approved by the cabinet to provide, under its supervision, services to families and children.

Special Needs Adoption Program (SNAP)
CPS
Is a specific team utilized by the Cabinet to provide consultation to staff and families and to recruit perspective families for Kentucky's waiting children.

Specialized Medically Fragile Child
Family Prep.
means a child determined by the cabinet to have a medical condition, documented by a physician, that is severe enough to require placement with a resource home parent who is a:
(a) Health professional;
(b) Registered nurse as defined in KRS 314.011(5);or
(c) Licensed practical nurse as defined in KRS 314.011(9).

Spouse/partner Abuse
APS
Relates to the infliction of physical pain, injury or mental injury by an individual's spouse or cohabiting partner. Spouse or partner abuse may take many forms and varies with respect to the frequency and severity of the violence.

Spouse/partner Neglect
APS
The deprivation of services needed for health and welfare and may include, but is not limited to:
1) Actively prohibiting the spouse or partner from obtaining needed medical care; and
2) Controlling the environment to the extent that it prohibits the person from carrying out activities of daily living.

Staff Secure Facility for Residential Treatment
CPS/Status
Any setting which assures that all entrances and exits are under the exclusive control of the facility staff, and in which a child may reside for the purpose of receiving treatment.

Standby Guardian
APS
Conservator means a person or entity designated by the court to assume the powers and duties assigned to a limited guardian, guardian, limited conservator, or conservator upon his death, resignation, removal, or incapacity.

State Citizen Foster Care Review Board
CPS
A state citizen board created by KRS 620.310 to review cases.

Status Offense Action
CPS/Status
Any action brought in the interest of a child who is accused of committing acts, which if committed by an adult, would not be a crime. Such behavior shall not be considered criminal or delinquent and such children shall be termed status offenders. Status offenses shall not include violations of state or local ordinances which may apply to children such as a violation of curfew or possession of alcoholic beverages.

Substantiated
CPS
Means:
(a) An admission of abuse, neglect, or dependency by the person responsible; or
(b) A judicial finding of child abuse, neglect, or dependency; or
(c) A preponderance of evidence exists that abuse, neglect, or dependency was committed by the person alleged to be responsible.

SWIFT
CPS
A state mandate aimed at expediting the adoption process for every child whose goal is adoption. (KRS 199.565)

Take Into Custody
CPS/Status
The procedure by which a peace officer or other authorized person initially assumes custody of a child. A child may be taken into custody for a period of time not to exceed two (2) hours.

Testamentary Guardian
APS
Conservator means an individual, agency, or corporation nominated in the will of a limited guardian, guardian, limited conservator, or conservator to succeed the testator in that capacity upon his death.

The Adoption and Safe Families Act (ASFA)
CPS
Establishes goals of safety, permanency, child well being and outcomes in the areas of safety and stability while in placement. Permanency is to be achieved in a limited amount of time while engaging appropriate physical, mental and educational services for children served. In order to meet ASFA goals and achieve its outcomes, adoption services must:
1) Consider the needs of birth parents;
2) Focus on the child and his/her need for safety, permanency and well-being;
3) Recognize the critical role of foster parents; and,
4) Prepare, select and support adoptive parents.

Treatment, Payment and Health Care Operations (TPO)
HIPAA Includes all of the following:
1. Treatment - The provision, coordination, or management of health care and related services, consultation between providers relating to an individual, or referral of an individual to another provider for health care.
2. Payment - Activities undertaken to obtain or provide reimbursement for health care, including determinations

of eligibility or coverage, billing, collection activities, medical necessity determinations and utilization review.

3. Health Care Operations - Includes functions such as quality assessment and improvement activities, reviewing competence or qualifications of health care professionals, conducting or arranging for medical review, legal services and auditing functions, business planning and development, and general business and administrative activities.

Unable to Locate
CPS
Means:
(a) Identifying information about the family is insufficient for locating them; or
(b) The family has moved and their new location is not known

Unsubstantiated
CPS
Means there is insufficient evidence, indicators, or justification present for substantiation of abuse, neglect, or dependency.

Universal Precautions
As defined by the Center for Disease Control (CDC), are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids are considered potentially infectious for HIV, HBV and other bloodborne pathogens. The following web sites may be useful:
http://www.cdc.gov/ncidod/hip/Blood/UNIVERSA.HTM
http://www.realage.com/Connect/healthadvisor/adulthealth/crs/unipre.htm
http://pediatrics.aappublications.org/cgi/content/abstract/101/3/e13

Use
HIPAA
Refers to, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination or analysis of such information within an entity that maintains such information.

Valid Court Order
CPS
A court order issued by a judge to a child alleged or found to be a status offender:
(a) Who was brought before the court and made subject to the order;
(b) Whose future conduct was regulated by the order;
(c) Who was given written and verbal warning of the consequences of the violation of the order at the time the order was issued and whose attorney or parent or legal guardian was also provided with a written notice of the consequences of violation of the order, which notification is reflected in the record of the court proceedings; and
(d) Who received, before the issuance of the order, the full due process rights guaranteed by the Constitution of the United States.

Valid court order
Status
A court order issued by a judge to a child alleged or found to be a status offender:
(a) Who was brought before the court and made subject to the order;
(b) Whose future conduct was regulated by the order;
(c) Who was given written and verbal warning of the consequences of the violation of the order at the time the order was issued and whose attorney or parent or legal guardian was also provided with a written notice of the consequences of violation of the order, which notification is reflected in the record of the court proceedings; and
(d) Who received, before the issuance of the order, the full due process rights guaranteed by the Constitution of the United States.

Violation
CPS
Any offense, other than a traffic infraction, for which a sentence of a fine only can be imposed.

Ward
APS
A person for whom a limited guardian, guardian, limited conservator, or conservator has been appointed.

Wardship and Custody Order
CPS
Is a Circuit Court document necessary when both birth parents are deceased and the child is committed to the Cabinet through District Court and Termination of Parental Rights has not occurred.

Workforce Staff
HIPAA
Employees, volunteers, trainees and other persons whose conduct, in the performance of work for the Division of Protection and Permanency (DPP), its offices, programs or facilities, is under the direct control of DPP, office, program or facility, regardless of whether they are paid by the entity.

Youth Alternative Center
CPS/Status
A nonsecure facility, approved by the Department of Juvenile Justice, for the detention of juveniles, both prior to adjudication and after adjudication, which meets the criteria specified in KRS 15A.320.

Youthful Offender
CPS/Status
Any person regardless of age, transferred to Circuit Court under the provisions of KRS Chapter 635 or 640 and who is subsequently convicted in Circuit Court.

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CHFS Web site: http://chfs.ky.gov

University of Kentucky
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TRC Web site: http://www.uky.edu/SocialWork/trc

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