922 KAR 1:495. Training requirements for foster parents, adoptive parents, and respite care providers for children in the custody of the cabinet.


STATUTORY AUTHORITY: KRS 194A.050(1), 199.472(1), 199.640(5), 605.100(1), 605.150(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 194A.050(1) requires the Secretary for the Cabinet for Health and Family Services to promulgate administrative regulations necessary to operate the programs and fulfill the responsibilities vested in the cabinet. KRS 199.472(1) requires the cabinet to promulgate administrative regulations to establish the process of determining an applicant's capacity for adoptive parenthood. KRS 199.640(5)(a) requires the Secretary of the Cabinet for Health and Family Services to promulgate administrative regulations establishing basic standards of care and service for child-caring facilities and child-placing agencies. KRS 605.100(1) requires the cabinet to arrange programs designed to provide for classification, segregation, and specialized treatment of children according to their respective problems, needs, and characteristics. KRS 605.150(1) authorizes the cabinet to promulgate administrative regulations to implement the provisions of KRS Chapter 605. In addition, 42 U.S.C. 671(a)(24) includes a certification that, before a child in foster care under the responsibility of the state is placed with prospective foster parents, the prospective foster parents will be prepared adequately with the appropriate knowledge and skills to provide for the needs of the child, and that such preparation will be continued, as necessary, after the placement of the child. This administrative regulation establishes minimum training requirements for foster parents, adoptive parents, and respite care providers caring for foster or adoptive children in the custody of the cabinet.

Section 1. Definitions. (1) "Adoptive parent" means an individual who is seeking to adopt a child placed in the custody of the cabinet.

(2) "Applicant" means an individual or family, subject to approval by the cabinet, or by a private child-placing agency, as a foster or adoptive home.

(3) "Cabinet" is defined by KRS 194A.005(1) and 600.020(7).

(4) "Care Plus" means a foster care program for a child who is determined to have specialized care needs as specified in 922 KAR 1:350, Section 5.

(5) "Child specific foster home" means an individual or family subject to approval by the cabinet as a foster family home for a relative or fictive kin placement.

(6) "Foster home" means:
(a) A "foster family home" as defined by KRS 199.011(10) and 600.020(30), if referring to a physical structure; or
(b) If referring to an individual, any individual approved as a foster parent by:
   1. A child-placing agency in accordance with 922 KAR 1:310; or
   2. The cabinet in accordance with 922 KAR 1:350.

(7) "Health professional" means a person actively licensed as a:
(a) Physician as defined by KRS 311.720(12);
(b) Physician assistant as defined by KRS 311.840(3);
(c) Advanced practice registered nurse as defined by KRS 314.011(7); or
(d) Registered nurse as defined by KRS 314.011(5) under the supervision of a physician.

(8) "Medically complex" means a foster care program for a child who is determined to have a medical condition as specified in 922 KAR 1:350, Section 4.
(9) "Professional experience" means paid employment or volunteer work in a setting where there is supervision or periodic evaluation.

(10) "Reasonable and prudent parent standard" is defined by 42 U.S.C. 675(10).

(11) "Respite care" means temporary care provided by another individual or family:
(a) To meet the needs of the child or provide relief to a foster or adoptive parent approved in accordance with 922 KAR 1:310 or 922 KAR 1:350; and
(b) With the expectation of a child's return to the current foster or adoptive home.

(12) "Therapeutic foster care" is defined by KRS 158.135(1)(c).

(13) "Trauma informed care" means training developed using an organizational strengths-based framework to recognize and respond to the impact of traumatic stress on children, caregivers, and service providers with a goal to facilitate and support the recovery and resiliency of the child and family.

Section 2. General Training Requirements. (1) The purpose of the foster or adoptive parent training shall be to:
(a) Orient the applicant to the philosophy and process of the foster care or adoption programs;
(b) Develop greater self-awareness on the part of the applicant to determine strengths and needs;
(c) Sensitize the applicant to the kinds of situations, feelings, and reactions that are apt to occur with a child in the custody of the cabinet;
(d) Effect behavior so that an applicant may better fulfill the role as a foster or adoptive parent to a child; and
(e) Emphasize:
   1. Self-evaluation; and
   2. Experiential learning.

(2)(a) A foster or adoptive parent applicant shall complete a minimum of fifteen (15) hours of curricula in the following topic areas:
   1. Information about the rights, responsibilities, and expectations of a foster or adoptive parent;
   2. The importance of birth parents and culture;
   3. The process of a child entering foster care;
   4. Types of child maltreatment;
   5. Impact of childhood trauma;
   6. Stages of grief;
   7. Long term effects of separation and loss;
   8. Permanency planning for a child, including independent living for transitioning youth;
   9. Importance of attachment on a child’s growth and development and the way a child maintains and develops a healthy attachment;
   10. Family functioning, values, and expectations of a foster or adoptive home;
   11. Cultural competency;
   12. Emergency preparedness;
   13. Child development;
   14. Basic discipline and behavior management skills; and
   15. Reasonable and prudent parent standard.

(b) The cabinet shall waive up to twelve (12) hours of preservice training curricula for an applicant seeking approval as a child specific foster home unless the cabinet identifies an unmet need that necessitates training.

(c) The cabinet shall not waive the required electronic courses required by subsection (3) of
this section.

(d) Training curricula specified in paragraph (a) of this subsection shall be:
   1. Provided by the cabinet; or
   2. Approved by the cabinet in accordance with Section 8 of this administrative regulation.

(e) Unless justification is documented pursuant to paragraphs (f) and (g) of this subsection, foster or adoptive parent training for placement of a child in the custody of the cabinet shall be completed in a group setting by each adult who resides in the household and may provide routine care to a child in the custody of the cabinet.

(f) A justification to provide foster or adoptive parent training other than in a group setting pursuant to paragraph (e) of this subsection shall:
   1. Include the circumstance that prevents the foster or adoptive parent training from occurring in a group setting; and
   2. Be documented utilizing the DPP-113, Request for Applicant or Adult Household Member to Attend Individualized Training.

(g) A justification completed in accordance with paragraph (f) of this subsection shall be placed in the foster or adoptive parent’s case file.

(h) An applicant shall not receive more than eight (8) hours of individualized training during a twenty-four (24) hour period.

(3) In addition to initial training requirements in subsection (2)(a) of this section, a foster or adoptive parent applicant shall complete the following electronic courses provided by the cabinet prior to approval:
   (a) Pediatric Abusive Head Trauma;
   (b) First Aid and Universal Precautions;
   (c) Medication Administration;
   (d) Medical Passports; and
   (e) Reasonable and Prudent Parenting.

(4) First aid certification may substitute for the training requirement provided within subsection (3)(b) of this section if the foster or adoptive parent applicant provides documentation of current certification.

Section 3. General Annual Training Requirements. (1) Prior to or during the month of the second anniversary date of a foster or adoptive parent’s initial approval, the foster or adoptive parent shall complete a minimum of thirty (30) hours of training in the following areas:
   (a) Trauma informed care curriculum provided or approved by the cabinet in accordance with Section 8 of this administrative regulation;
   (b) Psychotropic medications curriculum provided by the cabinet;
   (c) Sexual abuse curriculum provided or approved by the cabinet in accordance with Section 8 of this administrative regulation; and
   (d) Behavior management and skill development.

(2) If a private child-placing agency provides training in accordance with subsection (1) of this section prior to a foster or adoptive home’s approval, the thirty (30) hours shall be in addition to the fifteen (15) hours of pre-service training required by Section 2(2) of this administrative regulation.

(3) If training requirements of subsections (1) and (2) of this section are met, a foster or adoptive parent shall complete the following prior to or during each subsequent anniversary of the foster or adoptive parent’s initial approval:
   (a) Ten (10) hours of private child-placing agency or cabinet-sponsored training related to knowledge or skills relevant to foster parenting, or training approved in advance by the private child-placing agency or the cabinet; and
(b) If applicable, training as specified in Section 2(3)(a) of this administrative regulation once every five (5) years in accordance with KRS 199.464.

(4)(a) The cabinet may waive annual ongoing training requirements for a foster home approved as a child specific foster home.

(b) The cabinet shall assess the need for ongoing training for the child specific foster home during the re-evaluation.

Section 4. Medically Complex Foster Parent Training Requirements. (1) In addition to the general training requirements established in Section 2 of this administrative regulation and annual training requirements established in Section 3 of this administrative regulation, a medically complex foster parent applicant shall:

(a) Complete twelve (12) hours of cabinet-provided medically complex training in the following topic areas specific to children with medical complexity:
   1. Growth and development;
   2. Nutrition;
   3. Documentation of provided care;
   4. Medical conditions; and
   5. Standards of practice related to the medically complex home type; and
(b) Hold a current certification in infant, child, and adult CPR and first aid.

(2) Prior to or during the anniversary month of the foster parent’s initial approval as a foster parent and annually thereafter, an approved medically complex foster parent shall:

(a) Meet the requirements in subsection (1)(b) of this section;
(b) Complete the annual training requirements as specified in Section 3 of this administrative regulation; and
(c) Complete twelve (12) hours of ongoing cabinet-provided training related to the care of children with medical complexity.

(3) Professional experience related to the care of a child with medical complexity may substitute for the initial and annual medically complex training requirements specified in subsections (1)(a) and (2)(c) of this section if approved by designated cabinet staff based on the foster or adoptive parent:

(a) Being a health professional; and
(b) Having completed twelve (12) hours of continuing education focusing on pediatrics within the past year that will assist the parent in the care of a child with medical complexity.

Section 5. Therapeutic Foster Care Training Requirements. (1) In addition to the general training requirements specified in Section 2 of this administrative regulation and annual training requirements specified in Section 3 of this administrative regulation, a therapeutic foster care applicant in accordance with 922 KAR 1:310 shall complete twelve (12) hours of private agency-sponsored training or training approved in advance by the child-placing agency in the following topic areas:

(a) Specific requirements and responsibilities of a therapeutic foster care home;
(b) Crisis intervention and behavior management;
(c) De-escalation techniques;
(d) Communication skills;
(e) Skill development;
(f) The dynamics of a child who has experienced sexual abuse or human trafficking; and
(g) The effect of substance use, abuse, or dependency by either the child or the child’s biological parent.

(2) An approved therapeutic foster parent shall:
(a) Complete the annual training requirements as specified in Section 3 of this administrative regulation; and
(b) Prior to or during the anniversary month of the foster parent’s initial approval as a foster parent and annually thereafter, complete twelve (12) hours of private agency-sponsored training or training approved in advance by the private agency in topic areas relevant to therapeutic foster care.
(3) A therapeutic foster care applicant may concurrently complete general training requirements as specified in Section 2 of this administrative regulation and training requirements established in subsection (1) of this section.

Section 6. Care Plus Training Requirements. (1) In addition to the general training requirements specified in Section 2 of this administrative regulation and annual training requirements specified in Section 3 of this administrative regulation, a care plus applicant in accordance with 922 KAR 1:350 shall complete twelve (12) hours of cabinet-sponsored training or training approved in advance by the cabinet in the following topic areas:
(a) Specific requirements and responsibilities of a care plus foster home;
(b) Crisis intervention and behavior management;
(c) De-escalation techniques;
(d) Communication skills;
(e) Skill development;
(f) Cultural competency;
(g) The dynamics of a child who has experienced sexual abuse or human trafficking; and
(h) The effect of substance use, abuse, or dependency by either the child or the child’s biological parent.
(2) An approved care plus foster parent shall:
(a) Complete the annual training requirements as specified in Section 3 of this administrative regulation; and
(b) Prior to or during the anniversary month of the foster parent’s initial approval as a foster parent and annually thereafter, complete twelve (12) hours of ongoing cabinet-sponsored training or training approved in advance by the cabinet prior to or during the anniversary month of initial approval as a foster parent in the topic areas described in subsection (1) of this section.

Section 7. Respite Care Providers. If a respite provider is not approved as a foster or adoptive parent in accordance with 922 KAR 1:350 or 922 KAR 1:310, prior to initial approval as a respite care provider, the individual shall complete a minimum of two (2) hours of cabinet or private child-placing agency provided curriculum including an overview of the department and the policies and procedures of the agency related to the care of the child.

Section 8. Preapproval of Training Curricula. (1) If a private child-placing agency intends to offer curricula other than curricula provided by the cabinet as specified in Sections 2(2) or 3(1) of this administrative regulation, the private child-placing agency shall submit its curricula to the cabinet or its designee for consideration.
(2) The cabinet shall approve curricula that are:
(a) Comparable in content to curricula provided by the cabinet; or
(b) Recognized evidence-based practices.
(3) The cabinet shall make a determination:
(a) Within thirty (30) calendar days; or
(b) As a part of the child-placing agency’s initial application to provide services to a child in the custody of the cabinet.
Section 9. Incorporation by Reference. (1) "DPP-113, Request for Applicant or Adult Household Member to Attend Individualized Training", 11/15, is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Community Based Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m. (42 Ky.R. 219; 1273; 1544; eff. 11-18-2015; 45 Ky.R. 3350, 46 Ky.R. 545, 944; 1170; eff. 9-9-2019.)