CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency
(Amended at ARRS Committee)

922 KAR 1:310. Standards for child-placing agencies placing children who are in the custody of a state agency.

RELATES TO: KRS 2.015, 17.165, 17.500(8), 158.135(1)(c), 189.125, 194A.060, 199.011, 199.430(3), 199.570, 199.640, 199.641, 258.015, 258.035, 273.161(8), 311.720(12), 311.840(3), 314.011(5), (7), 527.100, 527.110, 600.020, Chapter 605, 610.110(6), 615.010-615.990, 620.030, 620.090(2), 620.140(1)(d), 620.230(3), 16 C.F.R. 1219 - 1220, Parts 1632, 1633, 45 C.F.R. Parts 160, 164, 8 U.S.C. 1151, 42 U.S.C. 671, 42 U.S.C. 677(a), 14901 - 14954

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

NECESSITY, FUNCTION, AND CONFORMITY: KRS 194A.050(1) requires the Secretary of the Cabinet for Health and Family Services to promulgate, administer, and enforce those administrative regulations necessary to implement programs mandated by federal law or to qualify for the receipt of federal funds and necessary to cooperate with other state and federal agencies for the proper administration of the cabinet and its programs. 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 605.150(1) authorizes the cabinet to promulgate administrative regulations to implement the provisions of KRS Chapter 605. This administrative regulation establishes basic standards for child-placing agencies placing children who are in the custody of a state agency.

Section 1. Definitions.

(1) "Adequate supervision" means adult oversight of a child's activities with consideration of the child's past and current:
  (a) Incidents;
  (b) High risk behaviors; and
  (c) Needs.

(2) "Adoption" means the legal process by which a child becomes the child of a person or persons other than biological parents.

(3) "Adoptive home" means a home in which the family has been approved by the child-placing agency to adopt a child.

(4) "Aftercare" means services provided to the child after discharge from a child-placing agency.

(5) "Applicant" means an individual or a family subject to approval by the child-placing agency as a:
  (a) Foster home; or
  (b) Adoptive home.

(6) "Board of directors" is defined by KRS 273.161(8).

(7) "Cabinet" is defined by KRS 199.011(3).

(8) "Case management" means a process whereby a state agency or child-placing agency assesses the individualized needs of a child or family, arranges for the provision of services, and maintains documentation of actions and outcomes.

(9) "Child" means:
  (a) "Child" as defined by KRS 199.011(4) and 600.020(9);
  (b) A person age eighteen (18) or older whose commitment to the cabinet has been extended or reinstated by a court in accordance with KRS 610.110(6) or 620.140(1)(d);

or

(c) A person under age twenty-one (21) who meets the exceptions to the age of majority in accordance with KRS 2.015.

(10) "Child with medical complexity" means a child who is determined to have a medical condition pursuant to 922 KAR 1:350, Section 4(1)(b).

(11) "Child-placing agency" is defined by KRS 199.011(6).

(12) "College or university" means:

(a) An institution accredited by one (1) of the eleven (11) regional accrediting organizations recognized by the U.S. Department of Education, Office of Postsecondary Education;

(b) For a Kentucky institution, one (1) that is licensed by the Kentucky Council on Postsecondary Education or the Kentucky Board for Proprietary Education; and

(c) For an out-of-state institution, one (1) that is licensed in its home state if licensure is required in that state.

(13) "Department" is defined by KRS 199.011(7) and 199.641(1)(b).

(14) "Executive director" means the person employed by the board of directors to be responsible for the overall administration and management of a child-placing agency.

(15) "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) Any individual approved as a foster parent by the child-placing agency, if referring to an individual.

(16) "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.

(17) "Home study" means an assessment done on a prospective foster or adoptive home by a social services worker that meets the requirements established in Section 4(3) of this administrative regulation.

(18) "Independent living program" means a planned program that:

(a) Is licensed by the cabinet and designed to teach a child age eighteen (18) or older life skills that enable a child to become self-sufficient; and

(b) Meets the requirements established in 922 KAR 1:340.

(19) "Independent living services" means services provided to an eligible child, as established in Section 15 of this administrative regulation, to assist the child in the natural progression from adolescence to adulthood.

(20) "Individual treatment plan" or "ITP" means a plan of action developed and implemented to address the needs of a child.

(21) "Mental health treatment" means services provided to an individual determined to have emotional, mental, or behavioral needs.

(22) "Placement" means:

(a) The physical relocation of a child removed from the child's home of origin with a provider of out-of-home services; or

(b) A foster or adoptive home that has been approved by completing an application process, home study, and required preparation.

(23) "Program director" means the person responsible for supervising the day-to-day operation of the program.

(24) "Respite care" means temporary care provided by another individual or family that meets requirements established in Section 13 of this administrative regulation to meet the needs of the child or provide relief to a foster care parent, therapeutic foster care parent,

or medically complex foster parent with the expectation that the child shall return to the foster home.

(25) "Sex crime" is defined by KRS 17.500(8).

(26) "Social services worker" means a person retained by a child-placing agency who meets the qualifications established in Section 2(4)(c) of this administrative regulation.

(27) "Supervision plan" means a written supplement to a child's ITP, developed pursuant to Section 6(7)(b)2 of this administrative regulation, that details a child-placing agency's roles and responsibilities to assure adequate supervision of a child in the agency's care, including those roles and responsibilities delegated to a foster home parent.

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

(29) "Therapeutic services" means clinical or supportive services provided to a child with severe emotional or behavioral needs.

(30) "Treatment director" means an individual who meets the qualifications established in Section 2(4)(d) of this administrative regulation.

Section 2. Administration and Operation.

(1) Licensing procedures.

(a) Licensing procedures for a child-placing agency shall be administered pursuant to 922 KAR 1:305.

(b) An independent living program shall be an optional component of the child-placing agency's license in accordance with 922 KAR 1:340.

(c) A child-placing agency shall obtain accreditation within two (2) years of initial licensure or within two (2) years of acquiring an agreement with the cabinet to provide private child care services, whichever is later. Accreditation shall be from a nationally-recognized accreditation organization, such as:

1. The Council on Accreditation;
2. The Joint Commission on Accreditation for Healthcare Organizations; or
3. The Commission on Accreditation of Rehabilitation Facilities.

(d) The cabinet shall revoke a license if a child-placing agency fails to:

1. Become accredited in accordance with paragraph (c) of this subsection; or
2. Maintain accreditation.

(e) The child-placing agency shall provide proof of accreditation to the Office of Inspector General, Division of Regulated Child Care:

1. Upon receiving initial accreditation; and
2. At the time of annual inspection for re-licensure.

(2) Board of directors. The child-placing agency shall have a board of directors, or an advisory board if the child-placing agency is a privately-held for-profit organization, which shall:

(a) Consist of a minimum of seven (7) members;

(b) Meet at least quarterly;

(c) Cause minutes of the meeting to be taken and kept in written form;

(d) Be responsible for and have the authority to ensure the continuing compliance with the requirements established by this administrative regulation;

(e) Approve a mission statement;

(f) Establish and revise, if necessary, the child-placing agency's:

1. Purpose;
2. Objective;
3. Scope of services to be provided; and
4. Intake policy specifying the type of child to be accepted for care;

(g) Hire, supervise, and annually evaluate the executive director of the child-placing agency; and

(h) Establish in writing the duties of the executive director.

(3) Executive director.

(a) The executive director shall:

1. Be responsible for the child-placing agency and its affiliates, pursuant to the child-placing agency's written policies and procedures;

2. Supervise all aspects of the child-placing agency; and

3. Report to the board, on a quarterly basis:

a. Evaluation of program services;

b. Measurement of attainment of the objective established pursuant to subsection (2)(f)2 of this section;

c. Staff training; and

d. Incident reports.

(b) The criteria and process of the evaluation required in paragraph (a)3a of this subsection shall be considered by the board annually.

(c) If the executive director is not available on the premises or accessible by telephone, a designated staff person shall be responsible for the day-to-day operation of the child-placing agency.

(4) Staff qualifications.

(a) An executive director shall possess the following qualifications:

1.

a. A master's degree from a college or university in any of the following human services fields:

(i) Social work;

(ii) Sociology;

(iii) Psychology;

(iv) Guidance and counseling;

(v) Education;

(vi) Religious education;

(vii) Business administration;

(viii) Criminal justice;

(ix) Public administration;

(x) Child-care administration;

(xi) Nursing;

(xii) Family studies; or

(xiii) Another human service field related to working with families and children; and

b. Two (2) years of work experience in a human services program; or

2.

a. A bachelor's degree with a major in a discipline designated in subparagraph 1 of this paragraph; and

b. Four (4) years of work experience in a human services program.

(b) A licensed child-placing agency shall have one (1) member of the social work staff designated as program director who shall hold:

1. A master's degree from a college or university in social work or in a discipline established in paragraph (a)1 of this subsection; or

2.

a. A bachelor's degree from a college or university in social work or in a discipline established in paragraph (a)1 of this subsection; and

b. At least two (2) years of professional experience in working with a child or family.

(c) A social services worker shall:

1. Be responsible for planning and coordinating services to a child; and

2. Hold at least a bachelor's degree from a college or university in social work or a human services field.

(d) A treatment director shall:

1. Supervise the day-to-day operation of the treatment program, including:

a. Reviewing all client treatment plans;

b. Meeting a minimum of once monthly with each therapist providing treatment to a child placed in the care of the private child-placing agency to discuss the child's progress and individualized treatment plan;

c. Remaining accessible to therapists to provide consultation; and

d. Reviewing any critical incidents, including debriefs with involved staff;

2. Hold at least a master's degree from a college or university in a human services discipline; and

3. Have at least five (5) years of total experience in mental health treatment, with a minimum of three (3) years of experience in mental health treatment of children with emotional or behavioral disabilities and their families.

(e)

1. A child-placing agency contracting for the service of a social services worker not an employee of the child-placing agency shall obtain documentation that the social services worker meets the qualifications in paragraph (c) of this subsection.

2. An agreement for this provision of service shall be on file at the child-placing agency and shall state the qualifications of the social services worker.

(f) The program director shall supervise social services workers.

(g) A treatment director shall carry out approval and evaluation of services.

(h)

1. A social service worker shall not carry a caseload of more than twenty (20) children.

2. If a social services worker carries a caseload of children in some combination of foster care, therapeutic foster care, medically complex foster care, or an independent living program, the allowable caseload for the social services worker shall be determined by:

a. Dividing the number of children in each placement type on the worker's caseload by the maximum caseload for the placement type to derive a percentage;

b. Adding each percentage calculated in clause a. of this subparagraph to derive a sum; and

c. Maintaining the sum derived in clause b. of this subparagraph at or below 100 percent.

(5) Personnel policy.

(a) A child-placing agency shall have and comply with written personnel policies and procedures.

(b) An employee shall:

1. Be at least eighteen (18) years of age;

2. Submit to a criminal background check in accordance with KRS 17.165 and a central registry check in accordance with 922 KAR 1:470; and

3. Submit to a new criminal background check in accordance with KRS 17.165 and central registry check in accordance with 922 KAR 1:470 once every two (2) years.

(c)

1. An employee shall not be alone with a child if a central registry check has not yet been completed as required by 922 KAR 1:470.

2. If a substantiated finding of abuse, neglect, or exploitation of a child has been made against a person, a child-placing agency shall not employ the person or allow the person to volunteer in a position involving direct contact with a child.

3. The cabinet shall respond to allegations of abuse, neglect, or exploitation of a child in accordance with 922 KAR 1:330 and 922 KAR 1:480.

(d) A current personnel record shall be maintained for an employee that includes the:

1. Name, address, Social Security number, date of employment, and date of birth;
2. Evidence of qualifications, including degree from a college or university, current registration, certification, or licensure;
3. Record of participation in staff development;
4. Record of performance evaluation;
5. Criminal records and central registry checks pursuant to paragraph (b)2 and 3 of this subsection;
6. Record of a physical exam related to employment, as established in the child-placing agency's policies and procedures;
7. Personnel action;
8. Application for employment, resume, or contract; and
9. Evidence of personnel orientation.

(e) A child-placing agency shall have an ongoing staff development program under the supervision of a designated staff member.

(f) An employee under indictment, legally charged with felonious conduct, or subject to a cabinet investigation in accordance with 922 KAR 1:330 shall:

1. Be immediately removed from further contact with the alleged victim; and
2. Not be allowed to work with a child through their employment with the agency until:
   a. Documentation has been signed by the Division of Protection and Permanency director or designee and provided to the agency that states the employee may resume regular duties;
   b. The person is cleared of the charge; or
   c. A cabinet investigation results in an unsubstantiated finding, if the charge resulted from an allegation of child:
      (i) Abuse;
      (ii) Neglect; or
      (iii) Exploitation.

(g) Unless the volunteer is a practicum student, a volunteer who performs a similar function as paid staff established in subsection (4) of this section shall meet the same requirements and qualifications.

(h) Practicum students and volunteers shall submit to a background check and any other mandatory requirements listed in subsection (5)(b) and (c) of this section.

(i) A current personnel record shall be maintained for a practicum student or volunteer, which includes:

1. Name, address, Social Security number, starting date, and date of birth;
2. Evidence of qualifications if the volunteer performs a similar function as paid staff; and
3. Criminal records and central registry checks pursuant to paragraph (h) of this subsection.

(6) Physical management. If a child-placing agency uses physical management, the agency shall have established guidelines and policies governing the use of physical management that shall be:

(a) Consistent with accreditation standards; and

(b) In accordance with 922 KAR 1:300.

(7) Notifications. A licensed child-placing agency shall provide written notification within one (1) week to the Office of Inspector General, Division of Regulated Child Care when there is a change in the following leadership staff:

(a) Executive director;

(b) Program director; or
(c) Treatment director.

Section 3. Interstate Placement.
(1) Prior to accepting a child from another state or prior to placing a child outside Kentucky, a child-placing agency shall comply with:
(a) KRS 615.030 through 615.040;
(b) KRS 615.010; and
(c) 42 U.S.C. 671(a)(23).
(2) A child-placing agency shall comply with subsection (1) of this section if a child placed with the child-placing agency visits or receives respite care in another state for a period to exceed:
(a) Thirty (30) days; or
(b) The child's school vacation period as ascertained from the academic calendar of the school.
(3) If an emergency placement of a child into a licensed child-placing agency is made, the placement source shall be responsible for compliance with KRS 615.030 through 615.040.

Section 4. Evaluation of an Applicant.
(1) A child-placing agency's staff shall recruit a prospective foster or adoptive home.
(2) A child-placing agency shall:
(a) Complete a home study; and
(b) Approve the home prior to the placement of a child.
(3) Documentation of the home study shall include:
(a) A minimum of two (2) home visits for the purpose of conducting:
1. One (1) interview with each of the household members individually to assess each member's attitude toward the placement or adoption of a child; and
2. One (1) family consultation with all household members present to observe the functioning of the applicant's household, including interpersonal relationships and patterns of interaction;
(b) Proof of the applicant's:
1. Identity, such as a federally or state-issued photo identification card;
2. Age of twenty-one (21) years or older, unless an exception is granted pursuant to subsection (4) of this section; and
3. United States citizenship or legal immigrant status as established in 8 U.S.C. 1151;
(c) A statement for each member of the applicant's household that shall:
1. Be signed by a health professional who is not a member of the applicant's household; and
2. Verify that the individual has no illness or condition that would present a health or safety risk to a child placed in the applicant's home, which may include a communicable disease;
(d) A signed statement by a health professional who is not a member of the applicant's household regarding the applicant's physical ability to provide necessary care for a child;
(e)
1. All household members shall disclose mental health and substance abuse issues, including any history of drug or alcohol abuse treatment; and
2. The private child-placing agency shall require further documentation or evaluation to determine the suitability of the home if there is an indicator of current or past mental health or substance abuse issues;
(f) All adult household members demonstrate functional literacy;

(g) Verification that the applicant has a source of income separate from:
1. Foster care reimbursement; or
2. Adoption assistance;
(h) Documentation of references to include:
1.
a. The name of three (3) personal references including:
(i) One (1) relative; and
(ii) Two (2) non-relatives.
b. The references required by clause a. of this subparagraph shall:
(i) Be interviewed by the child-placing agency staff in person or by telephone; or
(ii) Provide letters of reference for the applicant; and
2. Two (2) credit references or a credit report;
(i) Verification that the applicant's financial stability has been assessed and approved in accordance with a child-placing agency's written policies and procedures;
(j) Documentation of an in-person or telephone interview with each adult child of the applicant, who does not live in the applicant's home, regarding the applicant's parenting history unless a documented exception exists and is approved by the program director due to inaccessibility;
(k) If applicable, verification from the applicant regarding a:
1. Previous divorce;
2. Death of a spouse; or
3. Present marriage;
(l) If the applicant does not have custody of the applicant's own child:
1. A copy of a visitation order, if applicable;
2. A copy of a child support order, if applicable; and
3. Proof of current payment of child support, if applicable;
(m) Proof that the child-placing agency performed background checks on the applicant and any member of the applicant's household as required by 922 KAR 1:490;
(n) Documentation that the applicant has access to:
1. Transportation that meets the child's needs, including restraint requirements pursuant to KRS 189.125;
2. School;
3. Recreation;
4. Medical care; and
5. Community facilities;
(o) If an applicant or household member shall be transporting a foster child:
1. Proof that the individual possesses a valid driver's license and has automobile or driver's insurance coverage; and
2. Documentation that the applicant or household member shall abide by passenger restraint laws;
(p) Documentation that the applicant's home:
1. Does not present a hazard to the health and safety of a child;
2. Is well heated and ventilated;
3. Complies with state and local health requirements regarding water and sanitation; and
4. Provides access to indoor and outdoor recreation space appropriate to the developmental needs of a child placed in the applicant's home;
5. Provides functioning kitchen facilities; and
6. Provides a functioning bathroom, including a:
a. Toilet;
b. Sink; and

c. Bathtub or shower.

(q) Verification that the requirements established by this paragraph are being followed.

1. More than four (4) children, including the applicant's own children, shall not share a bedroom;

2. Thorough consideration shall be given to age, gender, and background if children share a bedroom;

3. Children of different genders over the age of five (5) shall not share a bedroom unless an exception has been granted to facilitate the placement of a sibling group or children who are related and share a sibling-like relationship, such as cousins, and no high-risk behaviors are present that would require separation;

4. A bedroom used by a child in the custody of a state agency shall be comparable to other bedrooms in the house; and

5. A foster parent shall not share a bedroom with a child in the custody of a state agency, unless prior approval is obtained from the state agency based on the needs of the child;

(r) Verification that an individual bed:

1. Is provided for each child in the home;

2. If the child is under age one (1), is a crib that meets the Consumer Products Safety Commission Standards pursuant to 16 C.F.R. 1219-1220;

3. Is age and size appropriate for the child; and

4. Has a mattress that:

a. Meets current Consumer Products Safety Commission Standards in 16 C.F.R. Parts 1632 and 1633;

b. Is in good repair; and

c. Has a clean, fitted sheet that shall be changed:

(i) Weekly; or

(ii) Immediately if it is soiled or wet;

(s) Verification that the following are inaccessible to a child:

1. Alcoholic beverages;

2. Poisonous or hazardous materials;

3. Ammunition and firearms in accordance with KRS 527.100 and 527.110;

4. An animal that presents a danger to a child; and

5. Medication unless an exception is granted pursuant to subsection (11) of this section;

(t) Proof that the applicant has:

1. First aid supplies available and stored in a place easily accessible by the foster parent;

2. An accessible working telephone;

3. A working smoke alarm within ten (10) feet of each bedroom and on each floor of the home;

4. A working carbon monoxide detector in a home with gas heating or appliances; and

5. Any household animal vaccinated in accordance with KRS 258.015 and 258.035;

(u) If a business open to the public adjoins the applicant's household, consideration of potential negative impacts on the child and family, including:

1. Hours of operation;

2. Type of business; and

3. Clientele;

(v) Safety precautions related to an accessible swimming pool or body of water, if applicable;

(w) If an applicant was approved to foster or adopt a child by another child-placing agency or the cabinet and the applicant's home was closed:

1. Verification of the closure;

2. A statement to indicate whether or not the closure was at the request of the applicant or the agency; and

3. If applicable, verification that the requirement established in subsection (6)(a) of this section has been met; and

(x) If an applicant previously approved to foster or adopt by a child-placing agency or the cabinet was under a corrective action plan issued by another agency or the cabinet prior to closure:

1. The issue or issues that caused the issuance of a corrective action plan;

2. The applicant's response to the corrective action plan;

3. Agency rationale for the recommendation that the cabinet approve the applicant's home study; and

4. The cabinet's written denial or approval of the home study.

(4) Exception to subsection (3)(b)2 of this section shall be granted if the applicant is:

(a) Between eighteen (18) and twenty-one (21) years of age;

(b) A relative of the child to be placed in the applicant's home; and

(c) Able to meet the needs of the child to be placed in the applicant's home.

(5) For each potential applicant evaluated, a child-placing agency shall keep a written record of the findings of the home study and the evidence on which the findings are based.

(6) If an applicant previously approved to foster or adopt by a child-placing agency or the cabinet was:

(a) Closed pursuant to Section 18 of this administrative regulation by another agency or the cabinet, the home shall not be approved by an agency unless it has been approved and operated as a cabinet foster home for a period of no less than one (1) year; or

(b) Under a corrective action plan issued by another agency or the cabinet prior to closure, the department shall review and approve the home study prior to the home being approved by another agency.

(7)

(a) A child-placing agency shall request written approval from the state agency with custody of the child, for the foster home to provide services as a:

1. Certified provider of Supports for Community Living in accordance with 907 KAR 12:010;

2. Therapeutic foster care provider for adults in accordance with 907 KAR 12:010;

3. Certified family child-care home in accordance with 922 KAR 2:100; or

4. Licensed child-care center in accordance with 922 KAR 2:090.

(b) An approved foster home shall not simultaneously be used as a licensed or certified health care or social service provider for a child in the foster home's care.

(8)

(a) An employee of the department who provides protection and permanency services shall be considered for approval as a foster parent or respite care provider for a child in the custody of the cabinet if prior approval by the commissioner or designee is granted in writing through the service region administrator in the region of the employment.

(b) If approval is granted, the private child-placing agency shall not place children from within the region of employment unless:

1. The employee is related to the child; or

2. The employee is determined to be fictive kin as the result of a relationship developed outside of employment prior to the child being placed in the custody of the cabinet.

(9) An employee of the department who provides protection and permanency services may apply to adopt a child in the custody of the cabinet if the commissioner approves, in

writing, the employee to adopt.

(10)

(a) A child-placing agency shall develop written policies and procedures regarding employees of the child-placing agency serving as:

1. A foster parent;
2. An adoptive parent; or
3. A respite care provider.

(b) Policies and procedures developed in accordance with paragraph (a) of this subsection shall address the prevention or appearance of:

1. A conflict of interest; or
2. Misuse of influence.

(11) A child-placing agency may make an exception to subsection (3)(s)5 of this section if:

(a) The exception is documented in the ITP of a child placed in the foster or prospective adoptive home;

(b)

1. The child is approved by a health professional to self-administer medicine under the supervision of the foster or prospective adoptive parent or other caretaker; or
2. Emergency access to the medication may be necessary to save the child's life, such as in the case of severe allergic reaction or asthma attack; and

(c) Measures are taken to prevent unauthorized access by another child in the same home.

(12) If an applicant is approved as a foster home, adoptive home, or respite care provider by a state agency or another child-placing agency, a child-placing agency shall:

(a) Conduct a home study in accordance with subsections (2), (3), and (5) of this section; and

(b) Document that the applicant meets training requirements in accordance with Section 5, 7, 10, or 13 of this administrative regulation. If an applicant lacks training in accordance with this paragraph, the child-placing agency shall, prior to placement of a child in the home:

1. Provide training in accordance with Section 5, 7, 10, or 13 of this administrative regulation; or
2.
   a. Develop an individualized curriculum to fulfill unmet training needs; and
   b. Document the applicant's compliance with the individualized curriculum.

Section 5. Orientation and Preparation of a Foster Home.With the exception of training requirements established in 922 KAR 1:495 for a foster home that cares for a child in the custody of the cabinet, a child-placing agency shall:

(1) Develop and maintain an orientation and preparation curriculum to be kept on file;

(2) Provide a minimum of twenty-four (24) hours of orientation and preparation to a prospective foster parent, to include:

(a) Child-placing agency program description with mission statement;

(b) Information about the rights and responsibilities of the home and the rights of the foster child;

(c) Background information about the foster child and the child's family, including information in accordance with KRS 605.090(1)(b);

(d) An example of an actual experience from a foster parent that has fostered a child;

(e) Information regarding:

1. The stages of grief;
2. Identification of the behavior linked to each stage;
3. The long-term effect of separation and loss on a child;

4. Permanency planning for a child, including independent living services;

5. The importance of attachment on a child's growth and development and how a child may maintain or develop a healthy attachment;

6. Family functioning, values, and expectations of a foster home;

7. Cultural competency;

8. How a child enters and experiences foster care, and the importance of achieving permanency; and

9. The importance of birth family and culture and helping children leave foster care;

(f) Identification of changes that may occur in the home if a placement occurs, to include:

1. Family adjustment and disruption;

2. Identity issues; and

3. Discipline issues and child behavior management; and

(g) Specific requirements and responsibilities of a foster parent; and

(3) Maintain an ongoing foster home preparation and training program that:

(a) Provides a minimum of ten (10) hours of foster home training annually; and

(b) Maintains a record of preparation and training completed.

Section 6. Placement, Case Management, and Supervision of a Child in a Foster Home, Medically Complex Foster Home, or Therapeutic Foster Care Home.

(1) A child-placing agency shall:

(a) Place a child only in an approved foster home; and

(b) Keep a child who has been committed to the Department of Juvenile Justice for the commission of a sex crime in a separate foster home or prospective adoptive home from a child committed to the cabinet in accordance with KRS 605.090(1), 620.090(2), and 620.230(3).

(2) A child-placing agency shall select a foster home for a child based upon the individual needs of the child, including:

(a) The child's assessment and ITP, if available;

(b) Any information concerning the child's needs in placement; and

(c) Measures to support the safety of the child, such as a placement restriction in accordance with subsection (1)(b) of this section or another child in the foster home.

(3) A child shall participate in the intake process to the extent that the child's age, maturity, adjustment, family relationships, and the circumstance necessitating placement justify the child's participation.

(4) Unless an exception is granted pursuant to subsection (6) of this section, the number of children residing in a foster home shall not exceed six (6), including the foster parent's own children living in the home.

(5) Unless an exception is granted pursuant to subsection (6) of this section, a child-placing agency shall have a maximum of two (2) children under two (2) years of age placed in the same foster home at the same time, including children placed in the custody of the cabinet and the foster parent's own children.

(6)

(a) Justification for an exception to subsection (4) or (5) of this section shall be:

1. Documented in the foster parent file; and

2. Authorized by the program director because a plan is in place with the foster parent to ensure that the needs of all children in the home are met.

(b) For a foster home that cares for a child in the custody of the cabinet, the child-placing agency shall submit a DPP-112B, Private Child-Placing Agency Placement Exception Request, for an exception to subsection (4) or (5) of this section to designated cabinet staff prior to the placement documenting:

1. The reason the placement is in the best interest of the child; and

2. Specific support services to be provided.

(c) The number of foster children residing in a foster family home may exceed the limitation established in subsection (4) or (5) of this section with documentation on the DPP-112B in order to allow:

1. A parenting youth in foster care to remain with the child of the parenting youth;
2. Siblings to remain together;
3. A child with an established meaningful relationship with the family to remain with the family;
4. A family with special training or skills to provide care to a child who has a severe disability; or
5. Other circumstances noted in the DPP-112B and approved by the service region administrator or designee based on maintaining the health and safety of the child.

(d) If an exception to subsection (4) or (5) of this section is necessary for a placement to occur outside of normal business hours:

1. The child-placing agency shall verbally provide all information contained within the DPP-112B to designated cabinet staff prior to the placement;
2. A verbal approval from designated cabinet staff shall be required prior to the placement occurring; and
3. The completed DPP-112B shall be submitted on the first business day following placement.

(7) A child-placing agency shall:

(a) Assess a child to be placed in foster care;

(b) Within thirty (30) days of a child's placement, develop:

1. An ITP:
   a. Based upon the individual strengths and needs of the child and, if appropriate, the child's family, that addresses the:
      (i) Visitation, health, and educational needs of the child;
      (ii) Child's permanency goals and related objectives;
      (iii) Methods for accomplishing each goal and objective; and
      (iv) Designation of an individual or individuals responsible for completion of each goal and objective; and
   b. With the child and the child's parent:
      (i) That includes offering the child the opportunity to sign the ITP signifying the child's understanding; and
      (ii) Unless a circumstance exists that precludes engagement of the child or the child's parent from occurring and is documented in the child's case record; and
2. A supervision plan for the child that:
   a. Is attached to the child's ITP;
   b. Identifies the current supervision needs of and expectations for the child based upon the child's recent and past:
      (i) Incidents;
      (ii) High-risk behaviors; and
      (iii) Needs identified in the assessment conducted pursuant to paragraph (a) of this subsection;
   c. Includes goals and objectives for the child's improvement with tasks assigned to the child-placing agency and foster home parent;
   d. Is signed and dated by the social services worker and foster home parent; and
   e. Remains a part of the child's record;

(c) Review a child's ITP and supervision plan on a quarterly basis or more frequently as the child's needs or circumstances dictate;

(d) Have a written agreement with the foster home stating the:

1. Responsibilities of the:

a. Child-placing agency; and
b. Foster home; and
2. Terms of each placement;
(e) Require a foster home to certify, in writing, that supervision from the child-placing agency or the state agency, which has custody of the child, shall be allowed;
(f) Document a placement in the foster home file;
(g) Report immediately to the state agency that has custody of the child if there is:
1. A hospitalization or life-threatening accident or illness;
2. An absence without official leave;
3. A suicide attempt;
4. Criminal activity by the child;
5. Death;
6. Possession of a deadly weapon by a child;
7. Change in address;
8. Change in the number of people living in the home; or
9. Significant change in the foster home, such as changes in health or income status of an individual living in the foster home;
(h) Establish policies and procedures for supervision of a foster home by a worker other than the social services worker assigned to the foster home, who meets qualifications specified in Section 2(4)(c) of this administrative regulation to:
1. Include:
a. Frequency of an in-home visit with the foster parent;
b. Means of supervision;
c. Methods of supervision; and
d. Personnel conducting the supervision;
2. Ensure a foster child's placement stability and safety; and
3. Be individualized, as needed, for the:
a. Child; or
b. Foster home;
(i) Identify and make available necessary supports to a foster home, including:
1. A plan for respite care in accordance with Section 13 of this administrative regulation;
2. Twenty-four (24) hour crisis intervention; and
3. A foster home support group;
(j) Assure that a child receives care and services, including independent living services:
1. In accordance with Section 15 of this administrative regulation; and
2. As established by the child's needs as assessed in the child's ITP;
(k) Provide information to a foster parent regarding the behavior and development of the child placed by the child-placing agency;
(l) Inform the foster parent, in accordance with KRS 605.090(1)(b), of:
1. Inappropriate sexual acts or sexual behavior of the child as specifically known to the child-placing agency; and
2. Any behaviors of the child that indicate a safety risk for the placement;
(m) Document each effort to:
1. Protect the legal rights of the child's family and the child; and
2. Maintain the bond between the child and the child's family, in accordance with the child's permanency plan;
(n) Assure that a child shall have, for the child's exclusive use, clothing comparable in quality and variety to that worn by other children with whom the child may associate;
(o) Be responsible for monitoring the child's school progress and attendance;

(p) Secure psychological and psychiatric services, vocational counseling, or other services if indicated by the child's needs;

(q) Reassess and document quarterly, in the child's ITP, placement and permanency goals, including independent living services, in accordance with Section 15 of this administrative regulation;

(r) Conduct and document a face-to-face visit with the child at least once per month; and

(s) Maintain foster care records in accordance with Section 16 of this administrative regulation.

(8) Without prior notification to and written authorization from the Kentucky Interstate Compact Administrator, a child shall not be:

(a) Placed with a family that normally resides in another state; or

(b) Permitted to go with a person to take up residence in another state.

(9)

(a) An approved foster home in use shall be evaluated at least every three (3) years for compliance with responsibilities listed in the written agreement established in subsection (7)(d) of this section.

(b) Results shall be recorded in the foster parent file.

(10) Factors that shall result in a review of a foster home shall include:

(a) Death or disability of a family member;

(b) Sudden onset of a health condition that impairs a foster parent's ability to care for a child placed in the home;

(c) Change in marital status or home address;

(d) Sudden, substantial decrease in, or loss of, income;

(e) Child birth;

(f) Use of a form of punishment that 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 ITP;
5. Denial of visits, telephone, or mail contacts with family members, unless authorized by a court of competent jurisdiction; and
6. Assignment of extremely strenuous exercise or work;

(g) A report of abuse, neglect, or dependency that results in a finding that is:

1. Substantiated; or
2. Reveals concern regarding the care of the child;

(h) If the foster parent is cited with, charged with, or arrested due to a violation of law other than a minor traffic offense;

(i) An incident required to be reported in accordance with subsection (7)(g) of this section and Section 12(6) of this administrative regulation;

(j) Other factors identified by a child-placing agency that jeopardize the physical, mental, or emotional well-being of the child; or

(k) Failure to meet annual training requirements.

(11) The documentation of a review, established in subsection (10) of this section, shall contain:

(a) Identifying information;

(b) Current composition of the household;

(c) Description of the situation that initiated the review;

(d) An assessment of the family functioning to determine if the child's needs are met; and

(e) Corrective action that may include a recommendation for closure of the foster home.

Section 7. Orientation and Preparation of a Therapeutic Foster Care Home.

(1) A child-placing agency shall maintain the orientation and preparation curriculum on file.

(2) Unless a therapeutic foster care home cares for a child in the custody of the cabinet and is subject to training requirements established in 922 KAR 1:495, a child-placing agency shall provide a minimum of thirty-six (36) hours of orientation and preparation for a prospective therapeutic foster care parent that shall incorporate the following topic areas:

(a) Child-placing agency program description with mission statement;

(b) Information about the rights and responsibilities of the therapeutic foster care home;

(c) Background information about a foster child and the child's family;

(d) An example of an actual experience of a therapeutic foster care parent that has fostered a child;

(e) Stages of grief;

(f) Behaviors linked to each stage of grief;

(g) Long-term effects on a child from separation and loss;

(h) Permanency planning for a child, including independent living services;

(i) Importance of attachment on a child's growth and development and the way a child maintains and develops a healthy attachment, including attachment disorder and associated behaviors;

(j) Family functioning, values, and expectations of a therapeutic foster care home;

(k) Changes that could occur in the home with placement of a child regarding:

1. Family functioning;
2. Family adjustment;
3. Identity issues;
4. Discipline issues and child behavior management; and
5. Family disruption;

(l) Specific requirements and responsibilities of a therapeutic foster care home;

(m) Behavior management;

(n) Communication skills;

(o) Skill teaching;

(p) Cultural competency;

(q) Behavior management de-escalation techniques;

(r) The dynamics of a child who has experienced sexual abuse or human trafficking; and

(s) The effect of chemical abuse or dependence by the child or the child's biological parent.

(3) A therapeutic foster care home shall receive:

(a) A minimum of twenty-two (22) hours of annual training; or

(b) Training in accordance with 922 KAR 1:495 if the home provides care to a child in the custody of the cabinet.

(4) A child-placing agency that provides therapeutic foster care shall maintain an ongoing therapeutic foster care preparation and training program that:

(a) Provides training to meet requirements of subsection (2) of this section; and

(b) Maintains a record of preparation and training completed.

Section 8. Additional Requirements for Therapeutic Foster Care.

(1) A therapeutic foster care home shall accommodate the needs of a child who is unable to live with the child's own family and who:

(a) Could benefit from care in a family setting; and

(b)

1. Has clinical or behavioral needs that exceed supports available in a foster home; or

2. Is transitioning from group care as part of the process of returning to family and community.

(2) Unless an exception is granted pursuant to subsection (3) of this section, the number of children residing in a therapeutic foster care home that cares for a child in the custody of the cabinet shall be limited to a total of four (4) children, including no more than two (2) therapeutic foster care children.

(3) To make a request for an exception to subsection (4) of this section, a child-placing agency shall follow the procedure established in Section 6(6)(b) of this administrative regulation.

(4) A treatment director shall supervise a treatment team and shall participate in the development of the ITP and the quarterly case consultation.

(5) A child-placing agency shall provide or contract, as established in KRS 199.640(5)(a)2, for therapeutic services individualized for the child, as needed, at least two (2) times per month.

(6) A therapeutic foster care parent shall be responsible for:

(a) Participation in the development of an assessment, ITP, and supervision plan as established in Section 6(7) of this administrative regulation;

(b) Facilitation of in-home services provided by a social services worker at least two (2) times per month;

(c) Adequate supervision of the child and implementation of components of the ITP, including daily log documentation as established in the ITP;

(d) Working with the child-placing agency to promote stability and avoid disruption for the child; and

(e) Working with the child-placing agency in the development of a plan for the smooth transition of the child to a new placement, if there is a disruption.

(7) The social services worker shall:

(a) Have a face-to-face visit with a child and therapeutic foster care parent on the day of the child's placement;

(b) Have another face-to-face visit with the therapeutic foster care parent or child within ten (10) calendar days of the child's placement;

(c) Telephone or visit, on a weekly basis, at least one (1) of the therapeutic foster care parents of each child on the therapeutic foster care worker's caseload;

(d) Visit a therapeutic foster care parent a minimum of two (2) times a month with at least one (1) visit being in the foster home;

(e) Visit the foster child face-to-face a minimum of two (2) times a month with at least one (1) visit in the therapeutic foster care home and one (1) visit outside the foster home;

(f) Carry a caseload of not more than twelve (12) therapeutic foster care children, taking into account:

1. Required responsibilities other than the case management of a child in foster care;

2. Additional support, contact, and preparation needed by a therapeutic foster care home, due to the extent of the needs of the child served;

3. The intensity of services provided to the child and the child's family; and

4. Caseload expectations established in Section 2(4)(h) of this administrative regulation;

(g) Conduct a quarterly case consultation, including the:

1. Foster home;

2. Child's public agency worker;

3. Child-placing agency treatment director and social services worker; and

4. Child and the child's family of origin, to the extent possible;

(h) Identify the support needed by the foster family, including a:
1. Plan for respite care as established in Section 13 of this administrative regulation;
2. Plan for twenty-four (24) hour on-call crisis intervention; and
3. Foster home support group;
(i) Recommend and prepare an aftercare plan for a child, prior to discharge from therapeutic foster care, to ensure a successful transition; and
(j) Document a quarterly case consultation and revision to a child's ITP as determined by the case consultations.
(8) A child-placing agency shall:
(a) Meet requirements established in Section 6(1) through (3) and (7) through (11) of this administrative regulation; and
(b) Reevaluate a therapeutic foster care home in accordance with Section 14 of this administrative regulation.

Section 9. Child With Medical Complexity.
(1) A child with medical complexity shall be:
(a) A child in the custody of the cabinet; and
(b) Determined by the cabinet to meet the child with medical complexity requirements established in 922 KAR 1:350.
(2) The decision to accept a child with medical complexity shall be optional to a child-placing agency.
(3) If a child placed with a child-placing agency in a non-medically complex foster home becomes medically complex in accordance with subsection (1) of this section, the Division of Protection and Permanency director or designee and child-placing agency shall reevaluate the placement and ensure the child's needs can be met.

Section 10. Preparation of a Medically Complex Foster Home.
(1) A child-placing agency shall create a medically complex foster home only if the child-placing agency has:
(a) Staff meeting qualifications established in Section 2(4) of this administrative regulation supervising the home, who have received medically complex training in accordance with subsection (2)(b) and (c) of this section; and
(b) A liaison established with the cabinet.
(2) A foster home shall be approved to care for a child with medical complexity by a child-placing agency if the foster home:
(a) Includes a primary caregiver who is not employed outside the home, unless approved in writing by designated cabinet staff;
(b) Completes training as established in 922 KAR 1:495, Section 4;
(c) Maintains certification in:
1. Infant, child, and adult CPR; and
2. First aid;
(d) Is located within a:
1. One (1) hour drive of a medical hospital with an emergency room; and
2. Thirty (30) minute drive of a local medical facility; and
(e) Is evaluated in accordance with Section 4 of this administrative regulation.
(3) If the cabinet determines that a child currently in the care of a foster parent approved by the child-placing agency is a child with medical complexity in accordance with Section 9(1) of this administrative regulation, then the cabinet shall prioritize the foster home's enrollment in training as established in subsection (2)(b) and (c) of this section.
(4) An approved medically complex foster home shall receive reapproval, if the foster home:
(a) Annually completes ongoing training as established by subsection (2)(b) and (c) of this section; and

(b) Continues to meet the requirements in Section 14 of this administrative regulation.

(5) Except for a sibling group or unless approved by designated cabinet staff in accordance with the DPP-112B, more than four (4) children, including the medically complex foster parent's own children, shall not reside in a medically complex foster home, with no more than two (2) children being medically complex or requiring therapeutic foster care.

(6) Unless an exception is approved by designated cabinet staff in accordance with the DPP-112B, a:

(a) One (1) parent medically complex foster home shall not care for more than one (1) child with medical complexity; and

(b) Two (2) parent medically complex foster home shall not care for more than two (2) children with medical complexity.

(7) If a placement would exceed a limit established by subsection (5) or (6) of this section, a child-placing agency shall request an exception in accordance with Section 6(6)(b) of this administrative regulation.

Section 11. Placement of a Child With Medical Complexity.

(1)

(a) In addition to training required in Section 10(2)(b) and (c) of this administrative regulation, an approved medically complex foster parent shall receive training on how to care for the specific needs of a child with medical complexity placed in the home.

(b) The training shall be conducted by a health professional or a previous caregiver who was trained by a health professional.

(2) Unless an exception is granted by the director of the Division of Protection and Permanency or designee pursuant to subsection (3)(a) of this section, a child with medical complexity shall be placed in an approved medically complex foster home.

(3) A child-placing agency shall:

(a) Request an exception to subsection (2) of this section in accordance with Section 6(6)(b) of this administrative regulation;

(b) Provide case management services:

1. As established in Section 6(1) through (3), and (7) through (11) of this administrative regulation; and

2. In accordance with the child's:

a. Health plan developed by designated cabinet staff;

b. ITP; and

c. Supervision plan;

(c) Support the child's health plan developed by designated cabinet staff; and

(d) Conduct a face-to-face visit with the child at least two (2) times per month.

Section 12. Expectations for a Foster Home, Therapeutic Foster Care Home, or Medically Complex Foster Home. An approved foster parent, medically complex foster parent, or therapeutic foster care parent shall:

(1) Provide a child placed by the child-placing agency with a family life, including:

(a) Nutritious food;

(b) Clothing comparable in quality and variety to that worn by other children with whom the child may associate;

(c) Affection;

(d) Life skills development;

(e) Recreational opportunities;

(f) Education opportunities;

(g) Nonmedical transportation;

(h) Opportunities for development consistent with the child's religious, ethnic, and cultural heritage;

(i) Adequate supervision;
(j) Independent living services for a child age fourteen (14) or older; and
(k) A smoke-free environment by refraining from smoking in the direct presence of a child for whom their physician recommends, in writing, a smoke-free environment;
(2) Allow the approving child-placing agency and staff of a state agency to visit the home;
(3) Share with the child-placing agency and, if applicable, staff of the state agency that has custody of the child, information about the child placed by the child-placing agency;
(4) Notify the child-placing agency fourteen (14) calendar days prior if the home is approved to provide foster or adoptive services through another private child-placing agency or the cabinet;
(5) Notify the child-placing agency prior to:
(a) Leaving the state with a child placed by the child-placing agency for more than twenty-four (24) hours; or
(b) Allowing a child placed by the child-placing agency to be absent from the foster home for more than twenty-four (24) hours;
(6) Report immediately to the child-placing agency through which the child is placed if there is:
(a) A hospitalization or life-threatening accident or illness;
(b) An absence without official leave;
(c) A suicide attempt;
(d) Criminal activity by the child;
(e) Death of any member in the household;
(f) A child's possession of a deadly weapon;
(g) Change in address;
(h) Change in the number of people living in the home;
(i) Significant change in circumstance in the foster home; or
(j) Failure of the foster child or foster parent to comply with the supervision plan;
(7) Cooperate with the child-placing agency if child-placing agency staff arranges for a child, placed in the foster home by the child-placing agency, and the child's birth family regarding:
(a) Visits;
(b) Telephone calls; or
(c) Mail;
(8) Upon request, surrender a child or children to the authorized representative of the child-placing agency or the state agency that has custody of the child;
(9) Keep confidential all personal or protected health information as shared by the cabinet or child-placing agency, in accordance with KRS 194A.060 and 45 C.F.R. Parts 160 and 164, concerning a child placed in a home or the child's birth family;
(10) Support an assessment of the service needs, including respite care, and the development of an ITP, including the supervision plan, of a child placed by the child-placing agency;
(11) Participate in a case planning conference concerning a child placed by the child-placing agency;
(12) Cooperate with the implementation of the permanency goal established for a child placed by the child-placing agency;
(13) Ensure that a child in the custody of the cabinet receives the child's designated per diem allowance;
(14) Facilitate the delivery of medical care to a child placed by the child-placing agency as needed, including:
(a) Administration of medication to the child and daily documentation of the administration; and

(b) Physicals and examinations for the child;

(15) Treat a child placed by the child-placing agency with dignity;

(16) Report suspected incidents of child abuse, neglect, and exploitation in accordance with KRS 620.030; and

(17) Comply with general supervision and direction of the child-placing agency or, if applicable, the state agency that has custody of the child, concerning the care of the child placed by the child-placing agency.

Section 13. Respite for Foster Care, Medically Complex Foster Care, or Therapeutic Foster Care.

(1) The child-placing agency shall develop written policies and procedures to address the respite care needs of a child or a foster parent.

(2) Respite care shall not be used as a means of placement for a child.

(3) Respite care shall be in accordance with Section 3(2) of this administrative regulation.

(4) The child-placing agency shall not approve a respite care provider unless the provider meets requirements established by Section 4(3)(b), (d), and (m) through (u) of this administrative regulation.

(5) A respite care provider shall:

(a) Receive, from the agency or foster parent, preparation for placement of a child, including:

1. Information in accordance with KRS 605.090(1)(b); and
2. Information regarding the supervision plan of the child;

(b) Provide adequate supervision in accordance with the child's supervision plan;

(c)

1. Give relief to a foster parent caring for a child; or
2. Provide for an adjustment period for a child;

(d) Meet the requirements of Section 6(4) through (6) of this administrative regulation; and

(e) Meet the requirements of Section 8(2) of this administrative regulation if the provider cares for a child requiring therapeutic foster care.

(6) A respite care provider for a child with medical complexity shall:

(a) Meet the requirements of Section 10(4)(b), (5), and (6) of this administrative regulation;

(b) Receive training on how to meet the specific needs of the child with medical complexity from:

1. A health professional; or
2. The foster parent trained by a health professional; and

(c) Maintain certification in:

1. Infant, child, and adult CPR; and
2. First Aid.

Section 14. Reevaluation of an Approved Adoptive Home Awaiting Placement or an Approved Foster Home.

(1) Every third year during the initial approval month, a child-placing agency shall:

(a) Conduct a personal interview in the home with an approved:

1. Adoptive home awaiting placement; or
2. Foster home; and

(b) Assess:

1. Any change in the home;
2. The ability of the home to meet the needs of a child placed in the home; and
3. The home's continued compliance with the requirements of this administrative regulation in:

a. Section 4(3)(g), (i), and (k) through (u), and Section 4(5) through (12) of this administrative regulation, with regard to evaluation, if the home is approved as a foster or adoptive home;

b. Sections 6(9)(a) and 12 of this administrative regulation, with regard to case management and expectations, if the home is approved as a foster home; and

c.

(i) Sections 5(1)(c) or 7(3)(a) of this administrative regulation, with regard to annual training, if the home is approved as a foster home; and

(ii) 922 KAR 1:495 with regard to annual training if the home is approved to receive a child in the custody of the cabinet.

(2) After initial approval, a foster parent, an adoptive parent awaiting placement, a respite care provider, or a member of a foster or adoptive parent's household shall comply with a child-placing agency's request for a statement regarding the parent, provider, or household member's general health and medical ability to care for a child.

Section 15. Independent Living Services. A child-placing agency shall:

(1) Provide independent living services:

(a) To a child:

1. In the custody of a state agency; and
2. Who is fourteen (14) to twenty-one (21) years of age;

(b) Directly or indirectly through a foster parent with whom the child is placed;

(c) As established in the child's ITP; and

(d) In accordance with 42 U.S.C. 677(a); and

(2) Teach independent living:

(a) To a child:

1. In the custody of a state agency; and
2. Eighteen (18) years of age and older; and

(b) Developed in accordance with 922 KAR 1:340, Section 3(1)(a).

Section 16. Maintenance of a Foster Care, Medically Complex Foster Care, or Therapeutic Foster Care Record.

(1)

(a) The child-placing agency shall maintain a record on each child and foster home, including medically complex foster homes and therapeutic foster care homes, if applicable.

(b) The child's record and the foster home record shall show the reason for placement change and steps taken to ensure success.

(c) A case record shall be maintained in conformity with existing laws and administrative regulations pertaining to confidentiality, pursuant to KRS 199.430(3), 199.640, and 45 C.F.R. Parts 160 and 164.

(2) The record of the child, including information of the child's family, shall include:

(a) Identifying information for child, parent, and foster home;

(b) Commitment order or custodian's consent for admission;

(c) Birth and immunization certificate;

(d) Educational record;

(e) Medical and dental record since placement;

(f) Social history and assessment;

(g) ITP and review;

(h) Supervision plan and updates to the plan;

(i) Permanency goals, including independent living services;

(j) Incident reports, including details of the child's behavior and supervision at the time of the incident;

(k) Monthly progress notes based on the ITP and supervision plan;

(l) Quarterly revisions to the child's ITP;
(m) Correspondence with the:
1. Court;
2. Family;
3. Department for Community Based Services; or
4. Department of Juvenile Justice;
(n) Discharge report; and
(o) Aftercare plan.

(3) The foster home's record shall include documentation relating to the:
(a) Orientation and preparation of the home, including all adult caregivers in the household;
(b) Required preparation hours and the topics covered;
(c) Placement of the child;
(d) Narrative summary of the initial and subsequent foster home's home study evaluation;
(e) Supervision of the foster home, including critical incidents;
(f)
1. Annual training requirements that are met in accordance with Section 5(3) of this administrative regulation by the foster parent and all adult caregivers in the household; or
2. If applicable, annual training requirements in accordance with Section 7(3) or 10 of this administrative regulation;
(g) Background checks in accordance with Sections 4(3)(m) and 14(1)(b)3.a of this administrative regulation;
(h) Copy of any placement exceptions granted; and
(i) If applicable, copy of the written statement of the foster home's closure completed pursuant to Section 18(5) of this administrative regulation.

(4) A child-placing agency shall:
(a) Maintain a child or foster home's record for at least three (3) years;
(b) After three (3) years of inactivity, archive the record and maintain the record in accordance with 725 KAR 1:061 within the child-placing agency;
(c) Transfer the record to the cabinet, if:
1. The agency ceases operations; and
2. No other operational governing entity exists; and
(d) Make available all records maintained by the agency to the cabinet or its designee upon request.

Section 17. Maintenance of Adoptive Case Record.

(1) The child-placing agency shall maintain a case record from the time of the application for services through the completed legal adoption and termination of child-placing agency services for:
(a) A child accepted for care and the child's family; and
(b) An adoptive applicant.

(2) The case record shall contain material on which the child-placing agency decision may be based and shall include or preserve:
(a) Information and documents needed by the court;
(b) Information about the child and the child's family;
(c) A narrative or summary of the services provided with a copy of legal and other pertinent documents; and
(d) Information gathered during the intake process including:
1. A description of the situation that necessitated placement of the child away from the child's family or termination of parental rights;

2. A certified copy of the order of the circuit court terminating parental rights and committing the child to the child-placing agency for the purpose of adoption;
3. Verification of the child's birth record and the registration number;
4. A copy of the child's medical record up to the time of placement;
5. A copy of the required evaluation of the adoptive placement;
6. Date of adoptive placement;
7. A statement of the basis for the selection of this adoptive home for the child;
8. A record of after-placement services with dates of:
a. Visits;
b. Contacts;
c. Observations;
d. Filing of petition;
e. Granting of judgments; and
f. Other significant court proceedings relative to the adoption; and
9. Child's adoptive name.

(3) If there is a need to share background information with a party to a completed adoption or to have the benefits of information from a closed adoption record to offer services following completion of an adoption, the child-placing agency shall comply with KRS 199.570.

(4) Records on adoption that contain pertinent information shall be:
(a) Maintained indefinitely following final placement of a child; and
(b) Sealed and secured from unauthorized scrutiny.

(5) A child-placing agency shall submit adoptive case records to the cabinet, if:
(a) The child-placing agency closes; and
(b) No other operational governing entity exists.

Section 18. Closure of an Approved Foster or Adoptive Home.

(1) A foster or adoptive home shall be closed if:
(a) Sexual abuse or exploitation by a resident of the household is substantiated;
(b) Child maltreatment by a resident of the household occurs that is serious in nature or warrants the removal of a child;
(c) A serious physical or mental illness develops that may impair or preclude adequate care of the child in the home; or
(d) The home fails to meet applicable requirements of this administrative regulation in:
1. Section 4(3)(g), (i), and (k) through (u), and Section 4(5) through (12) of this administrative regulation, with regard to evaluation, if the home is approved as a foster or adoptive home;
2. Sections 6(9)(a) and 12 of this administrative regulation, with regard to placement and case management, if the home is approved as a foster home; and
3. Sections 5, 7, or 10 of this administrative regulation, with regard to annual training, if the home is approved as a foster home.
a. An exception to this subparagraph may be granted by the Division of Protection and Permanency director or designee for a foster parent caring for a child in the custody of the cabinet if it is in the best interest of a child placed in the foster home to allow the exception.
b. If an exception is approved for a foster parent caring for a child in the custody of the cabinet, a new or additional child shall not be placed in the home until the foster parent has met the training requirement.

(2) A foster or adoptive home may be closed:
(a) In accordance with the terms established in the written agreement between the child-placing agency and the foster or adoptive home; or

(b) In accordance with the terms specified in the written contract between the cabinet and the child-placing agency, if applicable.

(3) If closure of an approved foster or adoptive home is necessary, a child-placing agency shall:

(a) State the reason for the closure in a personal interview with the family unless the family refuses or declines the personal interview;

(b) Document the reason in the foster or adoptive home's case record; and

(c) Submit closure information, including the cause for closure, in the foster care registry maintained by the department within fourteen (14) days.

(4) A child-placing agency shall confirm the decision to close a home in a written notice to the foster or adoptive parent. The notice shall be provided within fourteen (14) calendar days of the interview with a foster or adoptive parent. If the foster or adoptive parent refuses to be interviewed, the notice shall be provided within fourteen (14) calendar days of the foster or adoptive parent's refusal.

(5) The written notice shall include:

(a) Date of approval and termination; and

(b) Indication of whether the closure was at the request of the foster parents or the agency.

Section 19. Foster Care Registry.

(1) A child-placing agency shall check the foster care registry for a foster home applicant prior to approval.

(2) A child-placing agency shall register a foster home with the cabinet, approved by the child-placing agency, to include medically complex foster homes and therapeutic foster care homes.

(3) Information shall be provided to the cabinet in a format, including:

(a) The foster parent's:

1. Full name;
2. Social Security number; and
3. Address, including county of residence;

(b) The child-placing agency's:

1. Name; and
2. Mailing address;

(c)

1. The date the foster home was:
   a. Approved;
   b. Denied;
   c. Withdrawn; or
   d. Closed; and
2. The reason for the change in the foster home status; and

(d) Whether the foster home is currently active or inactive.

Section 20. Emergency Preparedness. Each foster home shall submit an emergency preparedness plan to the private agency that would allow the agency to identify, locate, and ensure continuity of services to children who are in the custody or control of the state agency or private agency.

Section 21. Incorporation by Reference.

(1) The "DPP-112B, Private Child-Placing Agency Placement Exception Request", 09/22, 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, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m. This material may also be

viewed on the department's Web site at https://chfs.ky.gov/agencies/dcbs/Pages/default.aspx.

(17 Ky.R. 2351; eff. 3-12-1991; 20 Ky.R. 2424; eff. 3-23-1994; 21 Ky.R. 654; 1074; eff. 9-21-1994; Recodified from 905 KAR 1:310, 10-30-1998; 26 Ky.R. 2080; 27 Ky.R. 571; 1008; eff. 10-16-2000; 30 Ky.R. 1662; 2069; 31 Ky.R. 99; eff. 8-6-2004; TAm eff. 10-27-2004; TAm eff. 1-27-2006; 33 Ky.R. 3552; 34 Ky.R. 316; 577; eff. 10-17-2007; TAm 1-14-2008; 2355; 35 Ky.R. 49; 292; eff. 9-5-2008; 42 Ky.R. 170; 1244; 1518; eff. 11-18-2015; 45 Ky.R. 3326; 46 Ky.R. 521; eff. 9-9-2019; 48 Ky.R. 2642; 49 Ky.R. 373, 579; eff. 9-28-2022.)

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