## CHILD PLACING AGENCIES STANDARDS

<table>
<thead>
<tr>
<th>§7301. PURPOSE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>§7303. AUTHORITY</td>
<td>1</td>
</tr>
<tr>
<td>A. Legislative Provisions</td>
<td>1</td>
</tr>
<tr>
<td>B. Facilities Requiring a License</td>
<td>2</td>
</tr>
<tr>
<td>C. Exemptions</td>
<td>2</td>
</tr>
<tr>
<td>D. Penalties</td>
<td>2</td>
</tr>
<tr>
<td>E. Waiver Request</td>
<td>2</td>
</tr>
<tr>
<td>F. Variance Request</td>
<td>3</td>
</tr>
<tr>
<td>§7305. DEFINITIONS</td>
<td>3</td>
</tr>
<tr>
<td>§7307. LICENSING REQUIREMENTS</td>
<td>6</td>
</tr>
<tr>
<td>A. General Provisions</td>
<td>6</td>
</tr>
<tr>
<td>B. Initial Licensing Application Process</td>
<td>7</td>
</tr>
<tr>
<td>C. Initial Licensing Survey</td>
<td>8</td>
</tr>
<tr>
<td>D. Fees</td>
<td>9</td>
</tr>
<tr>
<td>E. Renewal of License</td>
<td>9</td>
</tr>
<tr>
<td>F. Notification of Changes</td>
<td>10</td>
</tr>
<tr>
<td>G. Denial, Revocation, or Non-renewal of License</td>
<td>10</td>
</tr>
<tr>
<td>H. Posting of Notices of Revocation</td>
<td>12</td>
</tr>
<tr>
<td>I. Disqualification of facility and provider</td>
<td>12</td>
</tr>
<tr>
<td>J. Appeal Process</td>
<td>13</td>
</tr>
<tr>
<td>K. Voluntary Closure</td>
<td>13</td>
</tr>
<tr>
<td>L. Complaint Process</td>
<td>13</td>
</tr>
<tr>
<td>§7309. ADMINISTRATION AND ORGANIZATION</td>
<td>14</td>
</tr>
<tr>
<td>A. Department Access</td>
<td>14</td>
</tr>
<tr>
<td>B. Other Jurisdictional Approvals</td>
<td>14</td>
</tr>
<tr>
<td>C. Governing Body</td>
<td>15</td>
</tr>
<tr>
<td>D. Responsibilities of a Governing Body</td>
<td>15</td>
</tr>
<tr>
<td>E. Authority to Operate</td>
<td>15</td>
</tr>
<tr>
<td>F. Accessibility of Director</td>
<td>16</td>
</tr>
<tr>
<td>G. Statement of Philosophy</td>
<td>16</td>
</tr>
<tr>
<td>H. Policies and Procedures</td>
<td>16</td>
</tr>
<tr>
<td>I. Location and Equipment</td>
<td>17</td>
</tr>
</tbody>
</table>
### §7311. PROVIDER RESPONSIBILITIES

<table>
<thead>
<tr>
<th>PROVIDER RESPONSIBILITIES</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Human Resources</td>
<td>17</td>
</tr>
<tr>
<td>1. Policies and Procedures</td>
<td>17</td>
</tr>
<tr>
<td>2. Personnel Requirements</td>
<td>19</td>
</tr>
<tr>
<td>3. Personnel Qualifications</td>
<td>19</td>
</tr>
<tr>
<td>a. Director</td>
<td>19</td>
</tr>
<tr>
<td>4. Personnel Job Duties</td>
<td>19</td>
</tr>
<tr>
<td>a. Director</td>
<td>19</td>
</tr>
<tr>
<td>5. Orientation</td>
<td>20</td>
</tr>
<tr>
<td>6. Annual Training</td>
<td>20</td>
</tr>
<tr>
<td>7. Volunteers</td>
<td>21</td>
</tr>
</tbody>
</table>

| B. Record Keeping          | 21   |
| 1. Administrative Records  | 21   |
| 2. Personnel Records       | 21   |
| 3. Accounting Records      | 22   |
| 4. Confidentiality and Retention of Case Records | 22 |

| C. Incidents               | 23   |
| 1. Critical Incidents      | 23   |
| 2. Other Incidents         | 24   |

| D. Abuse and Neglect       | 25   |

| E. Children’s Rights       | 26   |
| 1. Provider Responsibility | 26   |
| 2. Privacy                | 26   |
| 3. Contact with Family and Collaterals | 26 |
| 4. Safeguards             | 27   |
| 5. Civil Rights           | 27   |
| 6. Participation in Program Development | 28 |

| F. Prohibited Practices    | 28   |

| G. Grievance Process      | 29   |

| H. Quality Improvement    | 29   |

### §7313. FOSTER CARE SERVICES

<table>
<thead>
<tr>
<th>FOSTER CARE SERVICES</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Provider Responsibilities</td>
<td>30</td>
</tr>
<tr>
<td>1. Type of Services</td>
<td>30</td>
</tr>
<tr>
<td>2. Number of Children</td>
<td>30</td>
</tr>
<tr>
<td>3. Background Checks</td>
<td>30</td>
</tr>
<tr>
<td>4. Personnel Qualifications</td>
<td>31</td>
</tr>
<tr>
<td>a. Supervisor</td>
<td>31</td>
</tr>
<tr>
<td>b. Child Placement Worker (CPW)</td>
<td>31</td>
</tr>
<tr>
<td>c. Child Placement Worker Assistant</td>
<td>31</td>
</tr>
<tr>
<td>5. Personnel Job Duties</td>
<td>31</td>
</tr>
<tr>
<td>a. Supervisor</td>
<td>31</td>
</tr>
<tr>
<td>b. Child Placement Worker</td>
<td>32</td>
</tr>
<tr>
<td>c. Child Placement Worker Assistant</td>
<td>32</td>
</tr>
<tr>
<td>6. Child’s Record</td>
<td>33</td>
</tr>
<tr>
<td>§7313. FOSTER CARE SERVICES (continued)</td>
<td>PAGE</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>7. Parent’s Record</td>
<td>34</td>
</tr>
<tr>
<td>8. Staffing Requirements</td>
<td>35</td>
</tr>
<tr>
<td>9. Interstate Compact on the Placement of Children</td>
<td>35</td>
</tr>
<tr>
<td>B. Certification of a Foster Home</td>
<td>36</td>
</tr>
<tr>
<td>1. Recruitment of Applicant</td>
<td>36</td>
</tr>
<tr>
<td>2. Home Study</td>
<td>36</td>
</tr>
<tr>
<td>3. Training the Foster Home Parent</td>
<td>38</td>
</tr>
<tr>
<td>4. Parent(s) Requirement</td>
<td>39</td>
</tr>
<tr>
<td>5. Additional Requirements for Specialized Foster Care Services</td>
<td>46</td>
</tr>
<tr>
<td>6. Additional Requirements for Therapeutic Foster Care Services</td>
<td>47</td>
</tr>
<tr>
<td>7. Requirements for Respite Services</td>
<td>49</td>
</tr>
<tr>
<td>8. Denial of a Foster Home Request</td>
<td>50</td>
</tr>
<tr>
<td>9. Annual Re-evaluation of the Foster Home</td>
<td>50</td>
</tr>
<tr>
<td>10. Decertification of a Foster Home</td>
<td>50</td>
</tr>
<tr>
<td>11. Reapplication for Certification</td>
<td>51</td>
</tr>
<tr>
<td>C. Child Placement</td>
<td>51</td>
</tr>
<tr>
<td>1. Admission</td>
<td>51</td>
</tr>
<tr>
<td>2. Provider Written Agreement with Foster Home</td>
<td>52</td>
</tr>
<tr>
<td>3. Service Plan</td>
<td>53</td>
</tr>
<tr>
<td>4. Supervision of the Child</td>
<td>53</td>
</tr>
<tr>
<td>5. Discharge from Care</td>
<td>54</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>§7315. ADOPTION SERVICES</th>
<th>54</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Provider Requirements</td>
<td>55</td>
</tr>
<tr>
<td>1. General Requirements</td>
<td>55</td>
</tr>
<tr>
<td>2. Background Checks</td>
<td>55</td>
</tr>
<tr>
<td>3. Interstate Placements</td>
<td>55</td>
</tr>
<tr>
<td>4. Inter-country Placements</td>
<td>56</td>
</tr>
<tr>
<td>a. Definitions</td>
<td>56</td>
</tr>
<tr>
<td>b. Persons Who May Petition for Inter-country Adoptions</td>
<td>56</td>
</tr>
<tr>
<td>c. Placement Authority</td>
<td>56</td>
</tr>
<tr>
<td>d. Birth Certificate Requirement</td>
<td>56</td>
</tr>
<tr>
<td>e. Record of Adoption Decree</td>
<td>56</td>
</tr>
<tr>
<td>f. Types of Adoption</td>
<td>57</td>
</tr>
<tr>
<td>B. Adoption of a Foreign Orphan</td>
<td>57</td>
</tr>
<tr>
<td>C. Personnel Qualifications</td>
<td>60</td>
</tr>
<tr>
<td>1. Supervisor</td>
<td>60</td>
</tr>
<tr>
<td>2. Child Placement Worker</td>
<td>60</td>
</tr>
<tr>
<td>3. Child Placement Worker Assistant</td>
<td>61</td>
</tr>
<tr>
<td>D. Personnel Job Duties</td>
<td>61</td>
</tr>
<tr>
<td>1. Supervisor</td>
<td>61</td>
</tr>
<tr>
<td>2. Child Placement Worker</td>
<td>61</td>
</tr>
<tr>
<td>3. Child Placement Worker Assistant</td>
<td>62</td>
</tr>
<tr>
<td>E. Case Record</td>
<td>62</td>
</tr>
<tr>
<td>§7315.</td>
<td>ADOPTION SERVICES (continued)</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>F.</td>
<td>Certification of an Adoptive Home</td>
</tr>
<tr>
<td>1.</td>
<td>Recruitment of an Applicant</td>
</tr>
<tr>
<td>2.</td>
<td>Home Study</td>
</tr>
<tr>
<td>3.</td>
<td>Training the Adoptive Parent</td>
</tr>
<tr>
<td>4.</td>
<td>Parent(s) Requirements</td>
</tr>
<tr>
<td>5.</td>
<td>Updating Home Study</td>
</tr>
<tr>
<td>6.</td>
<td>Denial of an Adoption Home Request</td>
</tr>
<tr>
<td>7.</td>
<td>Decertification of an Adoption Home</td>
</tr>
<tr>
<td>8.</td>
<td>Reapplication of an Adoption Home</td>
</tr>
<tr>
<td>G.</td>
<td>Child Placement</td>
</tr>
<tr>
<td>1.</td>
<td>Placement Authority</td>
</tr>
<tr>
<td>2.</td>
<td>Assessment of the Child for Placement</td>
</tr>
<tr>
<td>3.</td>
<td>Selection of a Home</td>
</tr>
<tr>
<td>4.</td>
<td>Placement Agreement with Adoptive Parent(s)</td>
</tr>
<tr>
<td>5.</td>
<td>Preparation of the Prospective Adoptive parent</td>
</tr>
<tr>
<td>6.</td>
<td>Supervision of the Child</td>
</tr>
<tr>
<td>H.</td>
<td>Adoption Petition Process</td>
</tr>
<tr>
<td>I.</td>
<td>Adoption Disruption</td>
</tr>
<tr>
<td>J.</td>
<td>Final Decree</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>§7317.</th>
<th>TRANSITIONAL PLACING PROGRAM</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>General Requirements</td>
<td>82</td>
</tr>
<tr>
<td>1.</td>
<td>Program Description</td>
<td>82</td>
</tr>
<tr>
<td>2.</td>
<td>Number of Youth</td>
<td>83</td>
</tr>
<tr>
<td>3.</td>
<td>Personnel Qualifications</td>
<td>84</td>
</tr>
<tr>
<td>a.</td>
<td>Child Placement Worker</td>
<td>84</td>
</tr>
<tr>
<td>b.</td>
<td>Child Placement Worker Assistant</td>
<td>84</td>
</tr>
<tr>
<td>4.</td>
<td>Personnel Job Duties</td>
<td>84</td>
</tr>
<tr>
<td>a.</td>
<td>Child Placement Worker</td>
<td>84</td>
</tr>
<tr>
<td>b.</td>
<td>Child Placement Worker Assistant</td>
<td>85</td>
</tr>
<tr>
<td>5.</td>
<td>Advisory Board</td>
<td>85</td>
</tr>
<tr>
<td>6.</td>
<td>Money</td>
<td>85</td>
</tr>
<tr>
<td>7.</td>
<td>Food Service</td>
<td>86</td>
</tr>
<tr>
<td>8.</td>
<td>Critical Incidents</td>
<td>86</td>
</tr>
<tr>
<td>9.</td>
<td>Emergency Preparedness</td>
<td>86</td>
</tr>
<tr>
<td>B.</td>
<td>Certification of an Independent Living Unit</td>
<td>86</td>
</tr>
<tr>
<td>C.</td>
<td>Placement of a Youth</td>
<td>87</td>
</tr>
<tr>
<td>1.</td>
<td>Initial Placement</td>
<td>87</td>
</tr>
<tr>
<td>2.</td>
<td>Service Agreement</td>
<td>87</td>
</tr>
<tr>
<td>3.</td>
<td>Service Plan</td>
<td>89</td>
</tr>
<tr>
<td>4.</td>
<td>Supervision of the Youth</td>
<td>89</td>
</tr>
<tr>
<td>5.</td>
<td>Discharge Process</td>
<td>90</td>
</tr>
</tbody>
</table>
Title 67
Chapter 73
Residential Licensing
Child Placing Agencies
Licensing Standards & Regulations

Child Placing Agencies—General Provisions

§7301. Purpose
A. It is the intent of the legislature to protect the health, safety, and well being of the children of the state who are in out-of-home care on a regular or consistent basis. Toward that end, it is the purpose of Chapter 14 of Title 46 of the Louisiana Revised Statutes of 1950 to establish statewide minimum standards for the safety and well being of children, to ensure maintenance of these standards, and to regulate conditions in these providers through a program of licensing. It shall be the policy of the state to ensure protection of all individuals placed by a provider and to encourage and assist in the improvement of provided services. It is the further intent of the legislature that the freedom of religion of all citizens shall be inviolate.

§7303. Authority
A. Legislative Provisions

1. The Child Care Facility and Child Placing Act 286 of 1985 as amended (R.S. 46:1401-1424) is the legal authority under which the department prescribes minimum standards for the health, safety and well-being of children placed in foster care and adoption. The rules are in LAC 67:V.Subpart 8, Chapter 73.

3. Public Law 103-382, the Multiethnic Placement Act of 1994, the U.S. Constitution and Title VI of the Civil Rights Act of 1964 provide that an entity which receives federal financial assistance and is involved in adoption or foster care placements may not discriminate on the basis of the race, color or national origin of the adoptive or foster parent or the child involved.

B. Facilities Requiring a License

1. Any institution, society, agency, corporation, facility, person or persons or any other group other than the parent(s) or guardian(s) of a child, engaged in placing a child or children in foster care and/or adoption in Louisiana or in placing a child or children from Louisiana into another state or foreign country is required to be licensed as follows or to work through a licensed agency in the state.

   a. Any agency with an office and staff within the state is required to have a license in Louisiana.

   b. Any out-of-state agency placing a child in Louisiana is required to have a license issued by the state in which the main office is located and have a Louisiana license or make placements in Louisiana in cooperation with an agency licensed in Louisiana.

   c. A child placing agency (CPA) which is operated in conjunction with other programs subject to licensing shall obtain a license for each of the programs.

C. Exemptions

1. The parent(s) or legal custodian(s) are authorized to place a child directly into a foster or adoptive home without a license. The parent(s) or custodian shall not be represented in placing the child(ren) by other than a licensed CPA.

2. Pursuant to ACT 64 of the 2010 Legislative Session, child placing agencies within the Department of Children and Family Services shall be exempt from the provisions of this Chapter. The department is authorized and mandated to perform its child-placing functions in accordance with the standards promulgated by the department for licensed child-placing agencies.

D. Penalties. As stipulated in R.S. 46:1421, whoever operates any child care facility without a valid license shall be fined not less than $75 nor more than $250 for each day of such offense.

E. Waiver Request

1. The secretary of the department, in specific instances, may waive compliance with a standard, as long as the health, safety, and well-being of the staff and/or the health, safety, rights or well-being of residents is not imperiled. Standards shall be waived only when the secretary determines, upon clear and convincing evidence,
that the economic impact is sufficient to make compliance impractical for the
provider despite diligent efforts, and when alternative means have been adopted to
ensure that the intent of the regulation has been carried out.

2. Application for a waiver shall be made in writing and shall include:
   a. a statement of the provisions for which a waiver is being requested; and
   b. an explanation of the reasons why the provisions cannot be met and why a
      waiver is being requested.

3. The request for a waiver will be answered in writing and approvals will be
   maintained on file by the requesting provider and the department. The department
   shall document the reasons for granting the waiver. A waiver shall be granted for a
   period of one year or as specified by the secretary and will not be renewed if the
   basis for it no longer exists. If the provider has been granted a waiver by the
   department, the waiver will be identified on the survey report of any subsequent
   annual survey report.

F. Variance Request
   1. The secretary of the department, in specific instances, may grant an exception to
      the standards temporarily for the purposes of allowing emergency placement of a
      child as long as the health, safety, and well-being of the child or other children in
      the home is not imperiled.
   2. A request for a variance shall be made in writing and shall include a statement of
      the provisions for which the variance is being requested.
   3. The request for a variance will be answered in writing and specify the period of
      time for which the variance is being granted. A variance may be granted for a
      length of time not to exceed 90 days, and may be renewed one time, for good
      cause shown, for an additional 90 day period not to exceed 180 days.

§7305. Definitions

   Abuse—any one of the following acts which seriously endangers the physical, mental,
   or emotional health of the child:

   1. the infliction, attempted infliction, or, as a result of inadequate supervision, the
      allowance of the infliction or attempted infliction of physical or mental injury upon the
      child by a parent or any other person;
   2. the exploitation or overwork of a child by a parent or any other person; and
   3. the involvement of the child in any sexual act with a parent or any other person,
      or the aiding or toleration by the parent or the caretaker of the child’s sexual involvement
      with any other person or of the child’s involvement in pornographic displays or any other
      involvement of a child in sexual activity constituting a crime under the laws of this state.

   Affiliate—
   1. with respect to a partnership, each partner thereof;
   2. with respect to a corporation, each officer, director and stockholder thereof;
3. with respect to a natural person, that person and any individual related by blood, marriage, or adoption within the third degree of kinship to that person; any partnership, together with any or all its partners, in which that person is a partner; and any corporation in which that person an officer, director or stockholder, or holds, directly or indirectly, a controlling interest;

4. with respect to any of the above, any mandatory, agent, or representative or any other person, natural or juridical acting at the direction of or on behalf of the licensee or applicant; or

5. director of any such.

Child—a person who has not reached age eighteen or otherwise been legally emancipated. The words “child” and “children” are used interchangeably in this Chapter.

Child Placing Agency—any institution, society, agency, corporation, facility, person or persons, or any other group engaged in placing children in foster care or with substitute parents for temporary care or for adoption or engaged in assisting or facilitating the adoption of children, or engaged in placing youth in transitional placing programs but shall not mean a person who may occasionally refer children for temporary care.

Complaint—an allegation that any person is violating any provisions of these standards or engaging in conduct, either by omission or commission, that negatively affects the health, safety, rights, or welfare of any child who is receiving services from a CPA.

Criminal Background Check—the requirement of state law and federal funding rule for checking criminal records for certain offenses prior to employing an individual who will have access to a child in a CPA as well as for prospective foster or adoptive parents.

Department—the Department of Children and Family Services.

Director—the person with authority and responsibility for the on-site, daily implementation and supervision of the overall provider’s operation.

Disqualification Period—means the prescriptive period during which the department shall not accept an application from a provider. Any unlicensed operation during the disqualification period shall interrupt running of prescription until the department has verified that the unlicensed operation has ceased.

Effective Date—the date of the revocation, denial, or non-renewal of a license shall be the last day for applying to appeal the action, if the action is not appealed.

Facility—any place, program, facility or agency operated or required by law to operate under a license, including facilities owned or operated by any governmental, profit, nonprofit, private, or church agency.

Foster Care—a social service that provides a planned period of substitute care in a foster home, a relative’s home, or other living arrangements for children or youth when their families cannot or will not care for them.

Foster Home—a private home of one or more persons who provide continuing 24-hour substitute parenting for one to six children living apart from their parent(s) or guardian’s and are placed for foster care under the supervision of the department or of a licensed child-placing provider.

Foster Parent—an individual(s) who provides foster care with the approval and under the supervision of the department or of a licensed child-placing provider.
**Human Service Field**—the field of employment similar or related to social services such as social work, psychology, sociology, special education, nursing, rehabilitation counseling, juvenile justice and/or corrections through which a person gains experience in providing services to the public and/or private children that serves to meet the years of experience required for a job as specified on the job description for that position.

**Home Study**—an evaluation of a home environment conducted in accordance with applicable requirements of the state in which the home is located to determine whether a proposed placement of a child would meet the individual needs of the child, including the child’s safety, permanency, health, well-being, and mental, emotional, and physical development.

**Injury of Unknown Origin**—an injury where the source of the injury was not observed by any person or the source of the injury could not be explained by the child and the injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma).

**Interstate Home Study**—a home study conducted by a state at the request of another state to facilitate an adoptive or foster placement in the state of a child in foster care under the responsibility of the state.

**Legal Custody**—the right to have physical custody of the child and to determine where and with whom the child shall reside; to exercise the rights and duty to protect, train, and discipline the child; the authority to consent to major medical, psychiatric, and surgical treatment; and to provide the child with food, shelter, education, and ordinary medical care, all subject to any residual rights possessed by the child’s parents.

**Legal Guardian**—the caretaker in a legal guardianship relationship. This could be the parent or any provider representative.

**Legal Guardianship**—the duty and authority to make important decisions in matters having a permanent effect on the life and development of the child and the responsibility for the child’s general welfare until he reaches the age of majority, subject to any child rights possessed by the child’s parents. It shall include the rights and responsibilities of legal custody.

**License**—any license issued by the department to operate any child care facility or CPA as defined in R.S. 46:1403.

**Neglect**—the refusal or unreasonable failure of a parent or caretaker to supply the child with necessary food, clothing, shelter, care, treatment, or counseling for any injury, illness, or condition of the child, as a result of which the child’s physical, mental, or emotional health and safety is substantially threatened or impaired (Ch.C Art 603).

**Parent**—any living person who is presumed to be a parent under the Civil Code or a biological or adoptive mother or father of a child.

**Provider**—an entity that is responsible for the placement of children in foster care to include the Department of Children and Family Services and any private child placing provider licensed by the department. All owners or operators of a facility, including the director of such facility. If the owner is a corporate entity the owners are the officers, directors, and shareholders of the facility.

**Related or Relative**—a natural or adopted child or grandchild of the caregiver or a child in the legal custody of the caregiver.
Respite Care—temporary care provided by another individual or family to provide relief to a foster care parent or to allow an adjustment period for the child placed in out-of-home care.

Service Plan—a written plan of action usually developed between the family, child, social worker, and other service providers, that identifies needs, sets goals, and describes strategies and timelines for achieving goals.

Specialized Foster Care—a foster care service to accommodate the needs of a child or youth who is unable to live with the child/youth’s own family and who has either an emotional, behavior, medical or developmental problem that requires more time consuming and specialized care with professional oversight based on the child’s specific needs but whose needs prevent placement in a basic level foster home.

Substantial Bodily Harm—a physical injury serious enough that a prudent person would conclude that the injury required professional medical attention. It does not include minor bruising, the risk of minor bruising, or similar forms of minor bodily harm that will resolve healthily without professional medical attention.

Therapeutic Foster Care—a foster care service to accommodate the needs of a child or youth who require extremely time consuming, specialized care and supervision from a trained person, and ongoing, frequent professional oversight, based on the child’s specific needs but whose needs prevent placement in a basic or specialized foster home.

Transitional Placing Program—a program that places youth, at least 16 years of age, in an independent living situation supervised by a provider with the goal of preparing the youth for living independently without supervision.

Unlicensed Operation—operation of any child care facility or child-placing agency, at any location, without a valid, current license issued by the department.

Variance—an exception granted temporarily for the purpose of emergency admittance of specific children.

Volunteer—an individual who works for the provider and whose work is uncompensated. This may include students, interns, tutors, counselors, and other non-staff individuals who may or may not work directly with the child. Persons who visit the provider solely for providing activities for the provider and who are not left alone with the child are not considered as volunteers.

Waiver—an exemption granted by the secretary of the department, or designee, from compliance with a standard that will not place the child or staff member at risk.

Youth—a person not less than sixteen years of age nor older than twenty one years of age.

§7307. Licensing Requirements

A. General Provisions

1. Before beginning operation, it is mandatory to obtain a license from the department.

2. In addition all facilities shall comply with the requirements of the Americans with Disabilities Act, 42 U.S.C. §12101 et seq. (ADA).
B. Initial Licensing Application Process

1. An initial application for licensing as a CPA provider shall be obtained from the department. A completed initial license application packet for an applicant shall be submitted to and approved by department prior to an applicant providing CPA services. The completed initial licensing packet shall include:

   a. application and non-refundable fee;
   b. Office of Fire Marshal approval for occupancy; if applicable;
   c. Office of Public Health, Sanitarian Services approval, if applicable;
   d. city fire department approval, if applicable;
   e. city or parish building permit office approval, if applicable;
   f. local zoning approval, if applicable;
   g. copy of proof of current general liability and property insurance for facility;
   h. copy of proof of insurance for vehicle(s);
   i. organizational chart or equivalent list of staff titles and supervisory chain of command;
   j. director resumé and proof of educational requirement;
   k. supervisor and case manager resumé and proof of educational requirement;
   l. list of consultant/contract staff to include name, contact info and responsibilities;
   m. copy of program plan;
   n. copy of table of contents of all policy and procedure manuals;
   o. copy of evacuation plan, if applicable;
   p. copy of house rules and regulations, if applicable;
   q. copy of grievance process;
   r. a floor sketch or drawing of the premises to be licensed, if applicable; and
   s. any other documentation or information required by the department for licensure.

2. If the initial licensing packet is incomplete, the applicant will be notified of the missing information and will have 10 working days to submit the additional requested information. If the department does not receive the additional requested information within the 10 working days, the application will be closed. After an initial licensing application is closed, an applicant who is still interested in becoming a CPA shall submit a new initial licensing packet with a new application fee to start the initial licensing process. Once the department has determined the application is complete, the applicant will be notified to contact the department to schedule an initial survey. If an applicant fails to contact the department and coordinate the initial survey within 45 days of the notification, the initial licensing application shall be closed. After an initial licensing application is closed, an applicant who is still interested in becoming a CPA shall submit a new initial licensing packet with a new application fee to re-start the initial licensing process.
C. Initial Licensing Survey

1. Prior to the initial license being issued to the CPA, an initial licensing survey shall be conducted on-site at the CPA to assure compliance with all licensing standards. The initial licensing survey shall be an announced survey. No resident shall be provided services by the CPA until the initial licensing survey has been performed and the department has issued an initial license.

2. In the event the initial licensing survey finds the CPA is compliant with all licensing laws and standards, and is compliant with all other required statutes, laws, ordinances, rules, regulations, and fees, the department may issue a full license to the provider after receipt of the annual licensing fee as prescribed by the department. The license shall be valid until the expiration date shown on the license, unless the license is modified, extended, revoked, suspended, or terminated.

3. In the event the initial licensing survey finds the CPA is noncompliant with any licensing laws or standards, or any other required statutes, laws, ordinances, rules, or regulations that present a potential threat to the health, safety, or welfare of the participants, the department shall deny the initial license.

4. In the event the initial licensing survey finds that the CPA is noncompliant with any licensing laws or standards, statutes, laws, ordinances, or rules but the department, in its sole discretion, determines that the noncompliance does not present a threat to the health, safety, or welfare of the participants, the department may issue an initial license for a period not to exceed three months. The provider shall submit a corrective action plan to the department. The corrective action plan shall include a description of how the deficiency shall be corrected and the date by which corrections shall be completed. The department must approve the corrective action plan prior to issuing the initial license. If the department determines, prior to the expiration date of the initial license, that such noncompliance or deficiencies have been corrected, a license will be issued. If the department determines that such noncompliance or deficiencies have not been corrected, the license will expire and all operations shall cease. The provider shall be required to begin the initial licensing process again by submitting a new initial license application packet and fee.

5. The license shall be displayed in a prominent place at the CPA except that those operated by a church or religious organization may be exempt from such requirement provided the license is available upon request.

6. Once a CPA has been issued a license, the department shall conduct licensing and other surveys at intervals deemed necessary by the department to determine compliance with licensing standards, as well as, other required statutes, laws, ordinances, rules, regulations, and fees. These surveys shall be unannounced.

7. The department shall remove any child or all children from any home or when it is determined that one or more deficiencies exist within the home that place the health and well being of the child or children in imminent danger. The child or children shall not be returned to the home until such time as it is determined that the imminent danger has been removed.

8. Department staff shall be given access to all areas of the facility and to all relevant files during any licensing or other survey. They shall be allowed to interview any provider staff or participant as necessary to conduct the survey.
9. If an applicant or member of his/her immediate family has had a previous license revoked, refused or denied, upon reapplication, the applicant shall provide written evidence that the reason for such revocation, refusal or denial no longer exists.

D. Fees

1. There shall be an annual fee as prescribed by the department for a license or renewed license, payable to the department 30 days prior to the date of issuance by certified check or money order. Non-payment of fee by due date may result in revocation of licensing.

2. Other license fees include:
   a. replacement fee of $25 for replacing a license when changes are requested, i.e., change in capacity, name change, age range, etc. No replacement charge will be incurred when the request coincides with the regular renewal of a license;
   b. a processing fee of $5 for issuing a duplicate license with no changes.

E. Renewal of License

1. The license shall be renewed on an annual basis.

2. The provider shall submit, at least 60 days prior to its license expiration date, a completed renewal application form and applicable fee. The following documentation must also be included:
   a. Office of Fire Marshal approval for occupancy;
   b. Office of Public Health, Sanitarian Services approval;
   c. city fire department approval, if applicable;
   d. copy of proof of current general liability and property insurance for facility; and
   e. copy of proof of insurance for vehicle(s).

3. Prior to renewing the CPA license, an on-site survey shall be conducted to assure compliance with all licensing laws and standards. If the CPA is found to be in compliance with the licensing laws and standards, and any other required statutes, laws, ordinances, or regulations, the license shall be renewed for a 12 month period.

4. In the event the annual licensing survey finds the CPA is non-compliant with any licensing laws or standards, or any other required statutes, ordinances or regulations but the department, in its sole discretion, determines that the noncompliance does not present a threat to the health, safety, or welfare of the participants, the provider shall be required to submit a corrective action plan to the department for approval. The department shall specify the timeline for submitting the corrective action plan based on such non-compliance or deficiencies cited but no later than 10 days from the date of notification. The corrective action plan shall include a description of how the deficiency shall be corrected and the date by which correction(s) shall be completed. Failure to submit an approved corrective action plan timely shall be grounds for non-renewal.
5. If it is determined that such noncompliance or deficiencies have not been corrected prior to the expiration of the license, the department may issue an extension of the license not to exceed 60 days.

6. When it is determined by the department that such noncompliance or deficiencies have been corrected, a license will be issued for a period not to exceed 12 months.

7. If it is determined that all areas of noncompliance or deficiencies have not been corrected prior to the expiration date of the extension, the department may revoke the license.

F. Notification of Changes

1. A license is not transferable to another person or location.

2. When a provider changes location, it is considered a new operation and a new application and fee for licensure shall be submitted 30 days prior to the anticipated move. All items listed in §7307.B.1 shall be in compliance for the new location. An onsite survey is required prior to change of location.

3. When a provider is initiating a change in ownership a written notice shall be submitted to the department. Within five working days of the change of ownership, the new owner shall submit a completed application, the applicable licensing fee and a copy of bill of sale or a lease agreement.

4. The provider shall provide written notification to the department within 30 days of changes in administration and professional personnel, program direction and admission criteria. A statement to the qualifications of the new employee shall be sent to the office.

G. Denial, Revocation, or Non-renewal of License

1. An application for a license may be denied, revoked or not renewed for any of the following reasons:
   a. cruelty or indifference to the welfare of the residents in care;
   b. violation of any provision of the standards, rules, regulations, or orders of the department;
   c. disapproval from any whose approval is required for licensing;
   d. nonpayment of licensing fee or failure to submit a licensing application;
   e. any validated instance of abuse, neglect, corporal punishment, physical punishment, or cruel, severe or unusual punishment, if the owner is responsible or if the staff member who is responsible remains in the employment of the licensee;
   f. the facility is closed with no plans for reopening and no means of verifying compliance with minimum standards for licensure; or
   g. any act of fraud such as falsifying or altering documents required for licensure;
h. provider refuses to allow the Licensing Section to perform mandated duties, i.e., denying entrance to the facility, lack of cooperation for completion of duties, intimidating or threatening DCFS staff, etc.

2. Even if a facility is otherwise in substantial compliance with these standards, an application for a license may be denied, revoked or not renewed for any of the following reasons:

a. the owner, director, officer, board of directors member, or any person designated to manage or supervise the provider or any staff providing care, supervision, or treatment to a resident of the facility has been convicted of or pled guilty or nolo contendere to any offense listed in R.S. 15:587.1. A copy of a criminal record check performed by the Louisiana State Police (LSP) or other law enforcement provider, or by the Federal Bureau of Investigation (FBI), or a copy of court records in which a conviction or plea occurred, indicating the existence of such a plea or conviction shall create a rebuttal presumption that such a conviction or plea exists;

b. the provider, after being notified that an officer, director, board of directors member, manager, supervisor or any employee has been convicted of or pled nolo contendere to any offense referenced above, allows such officer, director, or employee to remain employed, or to fill an office of profit or trust with the provider. A copy of a criminal record check performed by the LSP or other law enforcement provider, or by the FBI, or a copy of court records in which a conviction or plea occurred, indicating the existence of such a plea or conviction shall create a reputable presumption that such a conviction or plea exists;

c. failure of the owner, director or any employee to report a known or suspected incident of abuse or neglect to child protection authorities;

d. revocation or non-renewal of a previous license issued by a state or federal provider;

e. a substantial history of non-compliance with licensing statutes or standards, including but not limited to failure to take prompt action to correct deficiencies, repeated citations for the same deficiencies, or revocation or denial of any previous license issued by the department;

f. failure to timely submit an application for renewal or to timely pay required fees; and/or

g. operating any unlicensed facility and/or program.

3. If a license is revoked, denied or refused, a license may also be denied or refused to any affiliate of the licensee or applicant. For the purpose of this Section, “affiliate” means:

a. with respect to a partnership, each partner thereof;

b. with respect to a corporation, each officer, director and stockholder thereof; and

c. with respect to a natural person: anyone related within the third degree of kinship to that person; each partnership and each partner thereof which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder.

4. In the event a license is revoked or renewal is denied, (other than for cessation of business or non-operational status), or voluntarily surrendered to avoid adverse
action any owner, officer, member, manager, director or administrator of such licensee shall be prohibited from owning, managing, directing or operating another licensed facility for a period of not less than two years from the date of the final disposition of the revocation or denial action. The lapse of two years shall not automatically restore a person disqualified under this provision to eligibility for employment. The department, at its sole discretion, may determine that a longer period of disqualification is warranted under the facts of a particular case.

H. Posting of Notices of Revocation

1. The notice of revocation of the license shall be prominently posted.
   a. The Department of Children and Family Services shall prominently post a notice of revocation action at each public entrance of the CPA within one business day of such action. This notice must remain visible to the general public, other placing agencies, parents, guardians, and other interested parties who are involved with children who attend the child care facility.
   b. It shall be a violation of these rules for a provider to permit the obliteration or removal of a notice of revocation that has been posted by the department. The provider shall ensure that the notice continues to be visible to the general public, other placing agencies, parents, guardians, and other interested parties throughout the pendency of any appeals of the revocation.
   c. The provider shall notify the department’s licensing section in writing immediately if the notice is removed or obliterated.
   d. Failure to maintain the posted notice of revocation required under these rules shall be grounds for denial, revocation or non-renewal of any future license.

I. Disqualification of Facility and Provider

1. If a facility’s license is revoked or not renewed due to failure to comply with state statutes and licensing rules, the department shall not accept a subsequent application from the provider for that facility or any new facility for a minimum period of two years after the effective date of revocation or non-renewal or a minimum period of two years after all appeal rights have been exhausted, whichever is later (the disqualification period). Any pending application by the same provider shall be treated as an application for a new facility for purposes of this section and shall be denied and subject to the disqualification period. Any subsequent application for a license shall be reviewed by the secretary or her designee prior to a decision being made to grant a license. The department reserves the right to determine, at its sole discretion, whether to issue any subsequent license.

2. Any voluntary surrender of a license by a facility facing the possibility of adverse action against its license (revocation or non-renewal) shall be deemed to be a revocation for purposes of this rule, and shall trigger the same disqualification period as if the license had actually been revoked.

3. In addition, if the applicant has had a substantial history of non-compliance, including but not limited to revocation of a previous license, operation without a license, or denial of one or more previous applications for licensure, the
department may refuse to accept a subsequent application from that applicant for a minimum period of 24 months after the effective date of denial.

4. With respect to an application in connection with the revoked, denied, or not renewed facility, the disqualification period provided in this Section shall include any affiliate of the provider.

J. Appeal Process

1. If the department refuses to grant or renew a license, if a license is revoked, the procedure will be as follows.
   a. The department shall notify the licensee, or applicant in writing of the denial or revocation and the reasons for that denial or revocation and the right of appeal.
   b. The program director or owner may appeal this decision by submitting a written request with the reasons to the secretary, Department of Children and Family Services, Bureau of Appeals, P. O. Box 2994, Baton Rouge, LA 70821-9118. This written request shall be postmarked within 15 days of the receipt of the notification in §7107.H.1 above.
   c. The Division of Administrative Law shall set a hearing to be held within 30 days after receipt of such a request except as provided in the Administrative Procedures Act.
   d. An administrative law judge shall conduct the hearing. Within 90 days after the date the appeal is filed, the administrative law judge shall notify the appellant in writing of the decision, either affirming or reversing the original decision. If the department’s decision is upheld, the facility shall terminate operation immediately.

2. If the facility continues to operate without a license, the department may file suit in the district court in the parish in which the facility is located for injunctive relief.

K. Voluntary Closure

1. When a licensee voluntarily ceases operation, the licensee shall notify the department in writing at least 30 days before the closure date.

2. The provider shall make adequate preparation and arrangements for the care, custody and control of any children in the custody and/or care of the provider.

3. The provider shall make arrangements for the preservation of records.

L. Complaint Process

1. In accordance with R.S. 46:1418, the department shall investigate all complaints (except complaints concerning the prevention or spread of communicable diseases), including complaints alleging abuse or neglect, within prescribed time frames as determined by the department based on the allegation(s) of the complaint. All complaint investigation will be initiated within 30 days.

2. All complaint surveys shall be unannounced surveys.
3. A written report of any noncompliance or deficiencies will be given to the provider. The provider shall be required to submit a corrective action plan to the department for approval. The department shall specify the timeline for submitting the corrective action plan based on the areas of non-compliance cited but no later than 10 days from the date of receipt of the notification. The corrective action plan shall include a description of how the deficiency shall be corrected and the date by which corrections shall be completed. If it is determined that all areas of noncompliance or deficiencies have not been corrected, the department may revoke the license.

4. Except in cases alleging abuse or neglect, the complainant will be notified in writing of the results of the complaint investigation conducted by the department’s licensing section.

5. If, because of the nature of the allegations, state law or department policy requires that the complaint be handled by another office, or board (including another office or board within the department), the complaint will be referred to the appropriate office or board without delay. Upon such referral, except in cases involving abuse or neglect, the complainant will be notified, in writing, of the referral.

6. The complaint procedure shall be posted conspicuously in the facility including the name, address, and telephone number of the required department units to be notified.

§7309. Administration and Operation

A. Department Access

1. The provider shall allow representatives of the department in the performance of their mandated duties to inspect all aspects of a program’s function that impacts on children and to interview any staff member or child. The department representatives shall be admitted immediately and without delay, and shall be given free access to all areas of a facility, including its grounds.

2. The provider shall make any information that the provider is required to have under the present standards, and any information reasonably related to determination of compliance with these standards available to the department. The children’s rights shall not be considered abridged by this standard.

B. Other Jurisdictional Approvals

1. The provider shall comply and show proof of compliance with all relevant standards, regulations and requirements established by federal, state, local and municipal regulatory bodies.

2. Except for a child in the custody of or otherwise made the legal responsibility of the department or the Department of Corrections, Office of Juvenile Justice, the provider shall be responsible for obtaining the following:
   a. agreement for voluntary care signed by the custodian; or
   b. order from a court of competent jurisdiction placing the child into the custody of the child-placing provider.
C. Governing Body. The provider shall have an identifiable governing body with responsibility for and authority over the policies, procedures and activities of the provider.

1. The provider shall have documents identifying all members of the governing body, their addresses, the term of their membership (if applicable), officers of the governing body (if applicable) and the terms of office of all officers (if applicable).

2. When the governing body of a provider is composed of more than one person, the governing body shall hold formal meetings at least twice a year.

3. When the governing body is composed of more than one person, a provider shall have written minutes of all formal meetings of the governing body and bylaws specifying frequency of meetings and quorum requirements.

D. Responsibilities of a Governing Body. The governing body of the provider shall:

1. ensure the provider’s compliance and conformity with the provider’s charter;

2. ensure the provider’s continual compliance and conformity with all relevant federal, state, local and municipal laws and standards;

3. ensure the provider is adequately funded and fiscally sound by reviewing and approving the provider’s annual budget or cost report;

4. ensure the provider is housed, maintained, staffed and equipped appropriately considering the nature of the provider’s program;

5. designate a person to act as director and delegate sufficient authority to this person to manage the provider;

6. formulate and annually review, in consultation with the director, written policies and procedures concerning the provider’s philosophy, goals, current services, personnel practices and fiscal management;

7. have the authority to dismiss the director;

8. meet with designated representatives of the department whenever required to do so;

9. inform designated representatives of the department prior to initiating any substantial changes in the program, services or physical location of the provider.

E. Authority to Operate

1. A private provider shall have documentation of its authority to operate under state law.

2. A privately owned provider shall have documentation identifying the names and addresses of owners.

3. A corporation, partnership or association shall identify the names and addresses of its members and officers and shall, where applicable, have a charter, partnership agreement, constitution, and articles of association or bylaws.
F. Accessibility of Director. The director, or a person authorized to act on behalf of the
director, shall be accessible to provider staff or designated representatives of the
department at all times (24 hours per day, 7 days per week).

G. Statement of Philosophy

1. The provider shall have a written statement of its child placing philosophy, purpose
   and program. The statement shall contain a description of all the services the
   provider provides to include:
   a. the extent, limitation, and scope of the services for which a license is sought;
   b. the geographical area to be served; and
   c. the ages and types of children to be accepted for placement.

2. The statement shall be one that has been adopted by the governing body. When
   the provider is operated under a charter or articles of incorporation, all of its
   functions shall be stated therein.

3. When a provider adds a new function to its program, its governing body shall
   adopt a supplementary statement of such function.

H. Policies and Procedures

1. The provider shall have a clearly defined intake policy in keeping with its stated
   purpose and it should be clear from the practices of the provider that it is carrying
   out these purposes.
   a. Provider intake policy shall prohibit discrimination on the basis of race, color,
      creed, sex, national origin, handicapping condition, or ancestry.
   b. A provider shall have a written description of admission policies and criteria
      which expresses the needs, problems, situations or patterns best addressed by
      its program. These policies shall be available to the legally responsible person
      for any child referred for placement.

2. The provider shall have operational and program policy and procedure manuals
   that are current and clearly stated in writing to ensure the practices of the provider
   are in keeping with its stated purpose and with minimum requirements for child
   placement.

3. The provider policies and procedures shall cover such areas as:
   a. personnel;
   b. admission;
   c. social services related to child placement;
   d. financial arrangements;
   e. medical care;
   f. personal care and supervision for children;
   g. discipline;
   h. resource development and utilization;
i. social services related to post-placement;

j. abuse and neglect;

k. confidentiality;

l. records;

m. complaints; and

n. grievances.

4. The provider shall develop written policies and procedures regarding employees of the provider serving as a foster parent or respite care provider.

5. The provider shall develop written policies and procedures that address the prevention or appearance of:

   a. a conflict of interest; or

   b. misuse of influence.

I. Location and Equipment

1. The provider shall provide suitable space for the following purposes:

   a. office and reception areas which provide comfort, safety, privacy, and convenience for children and staff;

   b. areas for confidential interviewing with parent(s) and children and visitation between parent(s) and children if applicable to the program;

   c. storage areas for personnel and child records which provide controlled access, retrieval, and confidentiality.

2. The provider shall maintain suitable equipment in good working condition for the operation of the office and the functioning of the staff.

3. The provider shall provide furnishings which are clean and safe.

4. The provider shall assist children and families in arranging transportation necessary for implementing the child’s service plan.

5. The provider shall have means of transporting children which are equipped with safety seats in accordance with the laws and standards.

6. The provider and staff shall maintain and operate vehicles used for transporting children in safe condition, in conformity with appropriate motor vehicle laws and standards.

7. The provider shall carry liability insurance or determine that it is carried on all offices and vehicles used for providing services and transporting children.

§7311. Provider Responsibilities

A. Human Resources

1. Policies and Procedures. The provider shall have written policies and procedures that include:
a. a plan for recruitment, screening, orientation, ongoing training, development, supervision, and performance evaluation of staff members to include contract services and volunteers;

b. written job descriptions for each staff position including volunteers;

c. health screening of all staff in accordance with public health guidelines to include screening for communicable diseases;

d. an employee grievance process;

e. abuse and neglect reporting procedures that require all employees to report any incidents of abuse or neglect whether that abuse or neglect is done by another staff member, a family member, a child, or any other person; and

f. preventing discrimination.

2. Personnel Requirements

a. The provider shall employ a sufficient number of qualified staff and delegate sufficient authority to such staff to perform the following functions:

i. administrative;

ii. fiscal;

iii. clerical;

iv. child services;

v. record keeping and reporting;

vi. social service; and,

vii. ancillary services.

b. The provider shall ensure that all staff members are properly certified or licensed as legally required and appropriately qualified for their position.

c. Personnel can work in more than one capacity as long as they meet all of the qualifications of the position and have met the trainings requirements.

d. In all instances, child placement staff shall include a person meeting the qualifications of a supervisor of placement services.

e. A staff person shall be delegated supervisory authority and responsibility in the short-term absence of the supervisor of placement services for illness, vacation, jury or military duty, professional seminars and meetings or in short-term periods when the position is vacant.

f. A person serving as acting supervisor shall meet the qualifications of supervisor of placement services. If there is no one on staff who meets the qualification, the provider may meet the minimum requirements for licensing by entering into an agreement with another provider for supervision or by entering into a contractual agreement with a private practitioner who meets the qualifications and is a board certified social worker.
3. Personnel Qualifications
   a. Director. The director shall meet one of the following qualifications:
      i. a bachelor's degree in a human service field or business administration, public administration, childcare administration plus three years experience relative to the population being served. One year of administrative experience in social services may be substituted for two years of regular experience. A master's degree plus two years of social service experience may be substituted for the three years of experience. An alternative may be a bachelor of social work (BSW) degree or professional equivalent with three years experience working with children, one year of which may be experience in administration; or
      ii. a master's degree in health care administration or in a human service related field; or
      iii. in lieu of a degree, six years of administrative experience in health or social services, or a combination of undergraduate education and experience for a total of six years.

4. Personnel Job Duties
   a. The director shall be responsible for:
      i. implementing and complying with policies and procedures adopted by the governing body;
      ii. adhering to all federal and state laws and standards pertaining to the operation of the provider;
      iii. address areas of non-compliance identified by annual survey and complaint investigations;
      iv. directing the program;
      v. representing the provider in the community;
      vi. delegating appropriate responsibilities to other staff including the responsibility of being in charge of the provider during their absence;
      vii. recruiting qualified staff and employing, supervising, evaluating, training and terminating employment of staff;
      viii. providing leadership and carrying supervisory authority in relation to the provider;
      ix. providing consultation to the governing body in carrying out their responsibilities, interpreting to them the needs of children, making needed policy revision recommendations and assisting them in periodic evaluation of the provider's services;
      x. preparing the annual budget for the governing body's consideration, keeping the body informed of financial needs, and operating within the established budget;
      xi. supervising the provider's management including building, maintenance and purchasing;
xii. participating with the governing body in interpreting the provider’s need for financial support;

xiii. establishing effective communication between staff and children and providing for their input into program planning and operating procedures;

xiv. reporting injuries, deaths and critical incidents involving children to the appropriate authorities;

xv. supervising the performance of all persons involved in any service delivery/direct care to children; and,

xvi. completing an annual performance evaluation of all staff. For any person who interacts with children, a provider’s performance evaluation procedures shall address the quality and quantity of their work.

5. Orientation

a. The provider’s orientation program shall include the following topics for all staff within 15 working days of the date of employment:

   i. philosophy, organization, program, practices and goals of the provider;

   ii. specific responsibilities of assigned job duties;

   iii. administrative procedures;

   iv. children’s rights;

   v. detecting and reporting suspected abuse and neglect;

   vi. confidentiality; and

   vii. reporting incidents.

b. All staff shall sign a statement of understanding certifying that such training has occurred.

c. A new employee shall not be given sole responsibility until training is completed.

6. Annual Training

a. The provider shall ensure that all staff receives training on an annual basis in the following topics:

   i. administrative procedures and programmatic goals;

   ii. children’s rights;

   iii. detecting and reporting suspected abuse and neglect;

   iv. confidentiality; and

   v. reporting incidents.

b. All staff shall sign a statement of understanding certifying that such training has occurred.
c. The provider shall maintain sufficient information available to determine content of training. This information shall be available for review.

7. Volunteers
   a. Providers who utilize volunteers to perform staff functions shall:
      i. have orientation, training, and be given a job description for the duties they are to perform;
      ii. have a criminal background check as required in R.S. 15:587.1 and R.S. 46:51.2;
      iii. have a completed state central registry disclosure form prepared by the department whether or not his/her name is currently recorded on the state central registry for a justified finding of abuse or neglect and he/she is the named perpetrator as required in R.S. 46.1414.1.

B. Record Keeping
   1. Administrative Records
      a. The provider shall have an administrative file that shall contain, at a minimum, the following:
         i. a written program plan describing the services and programs offered by the provider;
         ii. organizational chart of the provider;
         iii. all leases, contracts and purchase-of-service agreements to which the provider is a party;
         iv. insurance policies. Every provider shall maintain in force at all times a comprehensive general liability insurance policy. This policy shall be in addition to any professional liability policies maintained by the provider and shall extend coverage to any staff member who provides transportation for any resident in the course and scope of his/her employment;
         v. all written agreements with appropriately qualified professionals, or a state provider, for required professional services or resources not available from employees of the provider; and,
         vi. written documentation of all residents’ exits and entrances from provider property not covered under summary of attendance and leave. Documentation must include, at a minimum, date, time and destination.

   2. Personnel Records
      a. The provider shall have a personnel file for each employee that shall contain, at a minimum, the following:
         i. the application for employment, including the resume of education, training, and experience, if applicable;
ii. a criminal background check in accordance with state law;

iii. evidence of applicable professional or paraprofessional credentials/certifications according to state law;

iv. documentation of any state or federally required medical examinations or testing;

v. documentation of employee’s orientation and annual training received;

vi. employee’s hire and termination dates;

vii. documentation of current driver’s license for operating provider or private vehicles in transporting residents;

viii. annual performance evaluations to include his/her interaction with residents, family, and other providers;

ix. personnel action, other appropriate materials, reports and notes relating to the individual’s employment with the provider; and,

x. annual state central registry disclosure form prepared by the department whether or not his/her name is currently recorded on the state central registry for a justified finding of abuse or neglect and he/she is the named perpetrator.

b. Staff shall have reasonable access to his/her file and shall be allowed to add any written statement he/she wishes to make to the file at any time.

c. The personnel file of staff shall be retained for at least three years after termination of employment.

3. Accounting Records

a. The provider shall establish a system of business management and staffing to assure maintenance of complete and accurate accounts, books and records.

b. The provider shall ensure that all entries in records are legible, signed by the person making the entry and accompanied by the date on which the entry was made.

c. All records shall be maintained in an accessible, standardized order and format, and shall be retained and disposed of according to state and federal law.

d. The provider shall have sufficient space, facilities and supplies for providing effective accounting record keeping services.

4. Confidentiality and Retention of Case Records

a. The provider shall have written policies and procedures for the maintenance, security and retention of records. The provider shall specify who shall supervise the maintenance of records, who shall have custody of records, and to whom records may be released and disposition or destruction of closed service record materials. Records shall be the property of the provider, and the provider, as
custodian, shall secure records against loss, tampering or unauthorized use or access.

b. The provider shall maintain the confidentiality of all children’s records to include all court related documents, as well as, educational and medical records. Every employee of the provider has the obligation to maintain the privacy of the child and his/her family and shall not disclose or knowingly permit the disclosure of any information concerning the child or his/her family, directly or indirectly, to other children in the provider or any other unauthorized person.

c. When the child is of majority age and not interdicted, a provider shall obtain the child’s written, informed permission prior to releasing any information from which the child or his/her family might be identified, except for authorized state and federal agencies.

d. When the child is a minor or is interdicted, the provider shall obtain written, informed consent from the legal guardian(s) prior to releasing any information from which the child might be identified, except for accreditation teams and authorized state and federal agencies.

e. The provider shall, upon written authorization from the child or his/her legal guardian(s), make available information in the record to the child, his/her counsel or the child’s legal guardian(s). If, in the professional judgment of the administration of the provider, it is felt that information contained in the record would be injurious to the health or welfare of the child, the provider may deny access to the record. In any such case, the provider shall prepare written reasons for denial to the person requesting the record and shall maintain detailed written reasons supporting the denial in the child’s file.

f. The provider may use material from the child’s’ records for teaching and research purposes, development of the governing body’s understanding and knowledge of the provider’s services, or similar educational purposes, provided names are deleted, other identifying information are disguised or deleted, and written authorization is obtained from the child or his/her legal guardian(s).

g. All records shall be retained and disposed of in accordance with state and federal laws. Any person who violates the requirement of confidentiality shall be fined not more than five hundred dollars or imprisoned for not more than ninety days or both.

h. The provider must maintain the original records in an accessible manner for a period of five years following the death or discharge of a child.

i. In the event of a change of ownership, the child records shall remain with the provider.

j. If the provider closes, the owner of the provider within the state of Louisiana shall store the child records for five years.

k. The provider is responsible for training all staff at least annually in confidentiality of information and records.

C. Incidents

1. Critical Incidents. The provider shall have written policies and procedures for documenting, reporting, investigating and analyzing all critical incidents.
a. The provider shall report any of the following critical incidents to the Child Protection Unit located in the parish in which the provider is located. The Child Protection Unit shall be responsible for notifying the DCFS Licensing Section, when it is identified that a potential non-compliance of a licensing standard has occurred:
   i. abuse;
   ii. neglect;
   iii. injuries of unknown origin; or
   iv. death.

b. The provider shall report any of the following critical incidents to the DCFS Licensing Section:
   i. attempted suicide;
   ii. serious threat or injury to the child's health, safety or well-being, i.e. elopement or unexplained absence of a child;
   iii. injury with substantial bodily harm while in seclusion or during use of personal restraint; or
   iv. unplanned hospitalizations, emergency room visits, and walk-in or other outpatient emergency care visit.

c. The director or designee shall:
   i. immediately verbally notify the legal guardian of the incident;
   ii. immediately verbally notify the appropriate law enforcement authority in accordance with state law;
   iii. submit the mandated critical incident report form within 24 hours of the incident to the appropriate unit as identified above based on the type of critical incident;
   iv. submit a final written report of the incident, if indicated, to the appropriate unit identified above based on the type of critical incident as soon as possible but no later than five working days;
   v. submit a final written report of the incident to the legal guardian as soon as possible but no later than five working days; and
   vi. conduct an analysis of the incident and take appropriate corrective steps to prevent future incidents from occurring.
   vii. maintain copies of any written reports or notifications in the child's record.

2. Other Incidents. The provider shall have written policies and procedures for documenting, reporting, investigating and analyzing all documenting, reporting, investigating and analyzing all other accidents, incidents and other situations or circumstances affecting the health, safety or well-being of a child or children.

a. The provider shall initiate a detailed report of any other unplanned event or series of unplanned events, accidents, incidents and other situations or circumstances affecting the health, safety or well-being of a child or children
excluding those identified in C.1.a. above within 24 hours of the incident. At a minimum, the incident report shall contain the following:

i. date and time the incident occurred;
ii. a brief description of the incident;
iii. where the incident occurred;
iv. any child or staff involved in the incident;
v. immediate treatment provided, if any;
vi. symptoms of pain and injury discussed with the physician;
vii. signature of the staff completing the report;
viii. name and address of witnesses;
ix. date and time the legal guardian was notified;
x. any follow-up required;
xi. preventive actions to be taken in the future; and
xii. any documentation of supervisory and administrative reviews.

b. A copy of all written reports shall be maintained in the child’s record.

D. Abuse and Neglect

1. The provider shall have a written policy and procedure for detecting and reporting suspected abuse or neglect that:

a. describes communication strategies used by the provider to maintain staff awareness of abuse prevention, current definitions of abuse and neglect, mandated reporting requirements to the child protection provider and applicable laws;
b. ensures the child is protected from potential harassment during the investigation;
c. addresses when an examination by a medical professional is indicated;
d. ensures that any staff member who abuses or neglects a child will be disciplined;
e. ensures the staff member involved in the incident does not work directly with the child involved in the allegation(s) until an internal investigation is conducted by the provider or the child protection unit makes an initial report;
f. ensures the staff member that may have been involved in the incident is not involved in conducting the investigation;
g. ensures that confidentiality of the incident is protected.

2. Any case of suspected child abuse or neglect shall be reported according to the guidelines outlined in the Children’s Code Articles Ch.C. 609 and Ch.C. 610.
E. Children’s Rights

1. Provider Responsibility

a. The provider shall have written policies and procedures that ensure each child’s rights are guaranteed and protected.

b. None of the child’s rights shall be infringed upon or restricted in any way unless such restriction is necessary to the resident’s individual service plan. When individual rights restrictions are implemented, the provider shall clearly explain and document any restrictions or limitations on those rights, the reasons that make those restrictions medically necessary in the child’s individual service plan and the extent and duration of those restrictions. The documentation shall be signed by provider staff, the child and the child’s legal guardian(s) or parent(s), if indicated. No service plan shall restrict the access of a child to legal counsel or restrict the access of state or local regulatory officials to a resident.

c. Children with disabilities have the rights guaranteed to them under the Americans with Disabilities Act (ADA), 42 U.S.C. §12101 et seq. and regulations promulgated pursuant to the ADA, 28 C.F.R. Parts 35 and 36 and 49 C.F.R. Part 37; §504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. §794, and regulations promulgated pursuant thereto, including 45 C.F.R. Part 84. These include the right to receive services in the most integrated setting appropriate to the needs of the individual; to obtain reasonable modifications of practices, policies, and procedures where necessary (unless such modifications constitute a fundamental alteration of the provider’s program or pose undue administrative burdens); to receive auxiliary aids and services to enable equally effective communication; to equivalent transportation services; and to physical access to a provider’s facilities.

2. Privacy

a. A child has the right to personal privacy and confidentiality. Any records and other information about the child shall be kept confidential and released only with the child’s or legal guardian’s expressed written consent or as required by law.

b. A child shall not be photographed or recorded without the express written consent of the child and the child’s legal guardian(s). All photographs and recordings shall be used in a manner that respects the dignity and confidentiality of the child.

c. A child shall not participate in research projects without the express written consent of the child and the child’s legal guardian(s).

d. A child shall not participate in activities related to fundraising and publicity without the express written consent of the child and the child’s legal guardian(s).

3. Contact with Family and Collaterals

a. A child has the right to consult and have visits with his/her family (including but not limited to his or her mother, father, grandparents, brothers, and sisters), legal guardian(s) and friends subject only to reasonable rules. The reasons for
any special restrictions shall be recorded in the child’s service plan and explained to the child and his or her family. The service plan manager shall review the special restrictions every 30 days and, if restrictions are renewed, the reasons for renewal shall be recorded in the child’s service plan. No service plan shall restrict home visits without approval from the legal guardian.

b. A child has the right to telephone communication. The provider shall allow a child to receive and place telephone calls in privacy subject only to reasonable rules and to any specific restrictions in the child’s service plan. The service plan manager shall formally approve any restriction on telephone communication in a child’s service plan. The service plan manager shall review the special restrictions every 30 days and, if restrictions are renewed, the reasons for renewal shall be recorded in the child’s service plan. The cost for long distance calls shall not exceed the usual and customary charges of the local phone company provider. There shall be no restrictions on communication between a child and the child’s legal counsel.

c. A child has the right to send and receive mail. The provider shall allow children to receive mail unopened, uncensored and unread by staff unless contraindicated by the child’s service plan. The service plan manager shall review this restriction every 30 days. No service plan shall restrict the right to write letters in privacy and to send mail unopened, uncensored and unread by any other person. Correspondence from a child’s legal counsel shall not be opened, read or otherwise interfered with for any reason. Children shall have access to all materials necessary for writing and sending letters and, when necessary, shall receive assistance.

d. A child has the right to consult freely and privately with legal counsel, as well as, the right to employ legal counsel of his/her choosing.

e. A child has the right to communicate freely and privately with state and local regulatory officials.

4. Safeguards

a. A child has the right to be free from mental, emotional, and physical abuse and neglect and be free from chemical or mechanical restraints. Any use of personal restraints shall be reported to the child’s legal guardians(s).

b. A child has the right to live within the least restrictive environment possible in order to retain their individuality and personal freedom.

c. Children shall not be subjected to corporal punishment or cruel, severe, unusual, degrading or unnecessary punishment.

5. Civil Rights

a. A child’s civil rights shall not be abridged or abrogated solely as a result of placement in the provider’s program.

b. A child shall not be denied admission, segregated into programs or otherwise subjected to discrimination on the basis of race, color, religion, national origin, sexual orientation, physical limitations, political beliefs, or any other non-merit
factor. Facilities must comply with the requirements of the Americans with Disabilities Act, 42 U.S.C. §12101 et seq. (ADA).

6. Participation in Program Development.
   a. A child has the right to be treated with dignity in the delivery of services.
   b. A child has the right to receive preventive, routine and emergency health care according to individual need and that will promote his or her growth and development.
   c. A child has the right to be involved, as appropriate to age, development and ability, in assessment and service planning.
   d. A child has the right to consult with clergy and participate in religious services in accordance with his/her faith. The provider shall have a written policy of its religious orientation, particular religious practices that are observed and any religious restrictions on admission. This description shall be provided to the child and the child’s legal guardian(s). When appropriate, the provider shall determine the wishes of the legal guardian(s) with regard to religious observance and make every effort to ensure that these wishes are carried out. The provider shall, whenever possible, arrange transportation and encourage participation by those children who desire to participate in religious activities in the community.

F. Prohibited Practices

1. The provider shall have written policies and procedures regarding its discipline and behavior management program. The provider shall ensure its policy:
   a. is maintained in writing and current;
   b. is available to the child and the child’s parent or custodian;
   c. includes:
      i. the goal and purpose of the provider’s discipline and behavior management program;
      ii. approved methods of discipline and behavior management; and,
      iii. a list of persons authorized to administer discipline and behavior management methods to children in foster care; and
      iv. the provider’s method of monitoring and documenting implementation of the policy.

2. The provider shall maintain a list of prohibited practices that shall include the following:
   a. use of a chemical or mechanical restraint;
   b. corporal punishment such as slapping, spanking, paddling or belting;
   c. marching, standing or kneeling rigidly in one spot;
d. any kind of physical discomfort except as required for medical, dental or first aid procedures necessary to preserve the resident's life or health;

e. denial or deprivation of sleep or nutrition except under a physician's order;

f. denial of access to bathroom facilities;

g. verbal abuse, ridicule or humiliation, shaming or sarcasm;

h. withholding of a meal, except under a physician's order;

i. requiring a resident to remain silent for a long period of time;

j. denial of shelter, warmth, clothing or bedding;

k. assignment of harsh physical work;

l. punishing a group of residents for actions committed by one or a selected few;

m. withholding family visits;

n. extensive withholding of emotional response;

o. denial of school services and denial of therapeutic services; and

p. other impingements on the basic rights of children for care, protection, safety, and security.

3. The child, where appropriate, and the child’s legal guardian(s) shall receive a list of the prohibited practices. There shall be documentation of acknowledgement of receipt of the list of prohibited practices by the child and, where appropriate, the child’s legal guardian(s) in the child’s record.

G. Grievance Process

1. The provider shall have a written grievance policy and procedure for the child designed to allow them to make complaints without fear of retaliation. The child shall be informed of the advocacy services available.

   a. The provider shall make every effort to ensure that all child(ren) are aware of and understand the grievance procedure.

   b. The child’s records shall contain a record of any grievances and their resolutions.

H. Quality Improvement

1. The provider shall have a written policy and procedure for maintaining a quality improvement program to include:

   a. systematic data collection and analysis of identified areas that require improvement;

   b. objective measures of performance;

   c. periodic review of resident records;
d. quarterly review of incidents to include documentation of the date, time and identification of residents and staff involved in each incident; and

e. implementation of plans of action to improve in identified areas.

2. Documentation related to the quality improvement program shall be maintained for at least two years.

§7313. Foster Care Services

A. Provider Responsibilities

1. Type of Services
   a. The provider may provide any or all of the following types of foster care services in a certified foster home:
      i. basic foster care services;
      ii. specialized foster care services;
      iii. therapeutic foster care services; and
      iv. respite care services.

2. Number of Children
   a. The foster home shall have no more than eight dependents including foster children and their own children and shall care for a maximum of six foster children at any given time with the exception of a sibling group, who may remain together.
   b. A maximum of two children under two years of age can be placed in the same foster home at the same time, with the exception of a sibling group, who may remain together.

3. Background Checks
   a. The provider shall perform a state and national criminal background check on the applicant(s) and any member of the applicant’s household in accordance with the R.S. 46:51.2 for any crime enumerated under R.S. 15:587.1 and Public Law 105-89.
   b. An inquiry of the state central registry for members of the household 18 years of age and older shall be conducted. No person who is recorded on the state central registry with a valid (justified) finding of abuse or neglect of a child can reside in the home. The parent(s) and all other members of the household, 18 years of age or older, shall sign a release for a clearance with the State Central Registry. If the applicant(s) or any other adult living in the home of applicant resided in another state within the proceeding five years, such the provider shall request and obtain information from that state’s child abuse and neglect registry.
4. Personnel Qualifications

a. Supervisor. The supervisor shall meet the following qualifications:
   i. a master’s degree from an accredited school of social work;
   ii. two years experience in child placement;
   iii. in all instances, child placement staff shall include a person meeting the qualifications of a supervisor of placement services;
   iv. a staff person shall be delegated supervisory authority and responsibility in the short-term absence of the supervisor of placement services for illness, vacation, jury or military duty, professional seminars and meetings or in short-term periods when the position is vacant; and
   v. a person serving as acting supervisor shall meet the qualifications of supervisor of placement services. If there is no one on staff who meets the qualification, the agency may meet the minimum requirements for licensing by entering into an agreement with another CPA for supervision or by entering into a contractual agreement with a private practitioner who meets the qualifications and is a licensed clinical social worker.

b. Child Placement Worker. The Child Placement Worker (CPW) shall meet the following qualifications:
   i. have a minimum of a bachelor’s degree in social work or any bachelor’s degree plus one year of social service experience;
   ii. a child placement worker located in a branch office apart from the supervisor of placement services shall have a master’s degree from an accredited school of social work;
   iii. in providers where the child placement staff is comprised of one placement worker, this person shall meet the qualifications of the supervisor of placement services.

c. Child Placement Worker (CPW) Assistant. The CPW assistant shall:
   i. be at least 18 years of age;
   ii. have a high school diploma or equivalency; and
   iii. have one year of experience providing basic child welfare support services to children.

5. Personnel Job Duties

a. The supervisor shall be responsible for:
   i. supervising staff providing services in the provider program areas;
   ii. guides employees in the assessment of services or placement needs of children; the development of psychosocial assessment of case goals/objectives and/or case plans for children and their families; and the implementation of the case plan;
   iii. determines work assignments and periodically monitors workers’ productivity and activity;
iv. may serve as a consultant to other supervisors or employees;
v. may design and deliver training curricula or on-the-job training opportunities;
vi. gathers and analyzes data in order to design and implement recruitment campaigns to recruit potential adoptive and foster family resources to meet the placement needs of children in provider custody; and
vii. reviews and approves foster home studies, certifications and placements.

b. The CPW shall be responsible for:
i. assessing, developing, and executing a plan to achieve permanence for the child including return to the family, adoptions, transfer of custody, independent living, or other alternative plans;
ii. providing services to a caseload of children removed from their homes by court order, voluntary surrender, or voluntary placement agreement and placed in a foster home or a more restrictive setting;
iii. overseeing the placement to ensure the child’s well-being, assesses probability of return, and plan for the child’s permanence;
iv. developing and implementing a recruitment plan for certifying perspective foster and adoptive families;
v. preparing and conducting extensive orientation and training for potential foster and adoptive homes;
vi. examining and evaluating information gathered about families, housing, and environment in relation to provider criteria and licensing regulation for certification of perspective adoptive and foster homes;
vii. complete home studies;
viii. upon completion of written home studies, recommend approval or denial of certification for perspective adoptive and foster homes based on a combined evaluation and assessment process;
ix. re-evaluating for continued annual re-certification for foster and adoptive homes. Develops and implements a corrective action plan to correct deficiencies; and
x. maintaining listing of all foster and adoptive homes in area and recommends appropriate resources to workers placing children.

c. The CPW assistant shall be responsible for:
i. assisting professional staff in providing services to the children;
ii. instructing children in the practical application of improved standards of housekeeping, shopping, personal hygiene, medical and childcare, and other necessary home management skills;
iii. lifting or assisting children into the transit with their personal belongings and any medically needed equipment such as a wheel chair, an oxygen tank, a walker, etc.;
iv. observing and reporting children’s behavior to professional staff to aid in the assessment and treatment plan of the case;

v. monitoring family visitation between caretaker and child(ren) with parents, as required;

vi. preparing narrative reports and maintaining visitation log as required;

vii. scheduling and arranging child transportation for follow-up visits;

viii. effectively communicating with children to defuse potentially dangerous situations such as physical/verbal confrontations between children and/or towards provider staff;

ix. completing various forms and reports; and

x. may be responsible for vehicle maintenance and documentation of such.

6. Child’s Record

a. The provider shall maintain a record for each child placed, which contain (if applicable):

i. identifying information including the name, address, sex, race, nationality, birth date and birth place of the child;

ii. the provider’s written authorization to care for the child;

iii. a copy of the home study;

iv. the current name, address, telephone number and marital status of the parent(s) and/or custodian(s) of the child;

v. the name, address, and telephone number of siblings if placed elsewhere and significant relatives or others considered in the case plan;

vi. copies of legal documents verifying status of the child including birth certificate, court orders or dispositions, voluntary surrenders for adoption, final decree of adoption;

vii. the medical history, circumstances health record, and available psychological and psychiatric reports or specialist evaluations;

viii. the social assessment and background of the parent(s) and family;

ix. summary which reflects the dates of contact with the child, initial assessment and case plan, all subsequent assessments and case plans, content of the supervisory visits;

x. a record of the provider’s contacts with the child’s family, including copies of correspondence with other interested persons and organizations;

xi. home study summary and plan indicating the circumstances leading to the decision to place the child, the provider’s involvement with the parent(s), including services offered, delivered, or rejected;

xii. educational information records, evaluations and reports;
xiii. summary of case reviews which reflect the contacts with and the status of all family members in relation to the case plan as well as the achievements or changes in the goals;

xiv. summary of any administrative or outside service reviews on the progress of each child toward goal determination;

xv. summary of the child’s contacts with family members which reflect the quality of the relationships as well as the way the child is coping with them;

xvi. a record of the child's placements with names of care-givers, addresses, begin and end dates of care. Signed placement agreements shall be filed in the record;

xvii. chronological record, noting significant events and contacts with the child and documentation of supervisory visits;

xviii. documentation of compliance with the case plan;

xix. the basis for selection of the home or residential provider for the specific child; and

xx. summary of case disposition, date of discharge, name, address of person(s) or provider to whom child was discharged and the reason for discharge.

7. Parent(s) Record

a. The provider shall maintain a record for each child placed, which contain (if applicable):

i. identifying information for each parent including name, address, telephone number, birth date, race, religion, the family composition, and interested others;

ii. effort to maintain child in own home;

iii. reason for placement;

iv. the social history;

v. the medical history, including any psychological or psychiatric reports and specialists reports;

vi. strengths and needs of the family and the services required;

vii. worker’s assessment, home study, initial and subsequent case plans, including conditions for return of child;

viii. verification of custody of child;

ix. signed agreements between the provider and parent(s) or custodian (for voluntary placements);

x. chronological record, noting significant events and dates of contact with parent(s) and progress toward goals;

xi. written summary of visits between parent(s) and child;
xii. case review reports;
xiii. discharge summary.
xiv. the application;
xv. references from at least three sources;
xvi. criminal record check reports;
xvii. a summary of contacts from application until placement;
xviii. correspondence;
xix. copies of legal documents verifying marital status;
xx. summary containing the placement decision, replacement and post-placement contacts with the family and the child adopted;
xxi. a copy of the information given to the adoptive parent(s) concerning the child(ren) placed or to be placed with them; and
xxii. disposition summary for certified homes at decertification stating the reason.

8. Staffing Requirements
   a. Supervisors of placement services shall be responsible for not more than six full time child placement workers and/or aides and volunteers.
   b. Child placement worker case loads shall be limited to allow for all required contracts with the parent(s), children, foster families, and collateral parties. The provider shall maintain a maximum average case load size of 25 active placement cases.

9. Interstate Compact on the Placement of Children
   a. The provider accepting any child who resides in another state shall show proof of compliance with the terms of the Interstate Compact on Juveniles, the Interstate Compact on the Placement of Children and the Interstate Compact on Mental Health. Proof of compliance shall include clearance letters from the compact officers of each state involved.
   b. The provider shall send written notice to the administrator of the Interstate Compact on the Placement of Children on forms provided by the department before placing into or receiving a child from another state. No interstate placement shall occur without prior approval from the compact administrator from the receiving state.
   c. The provider shall conduct or accept only a state approved home study for interstate foster home placements.
   d. The provider shall conduct or accept only a state approved home study for interstate adoptive placements.
   e. If a child makes a brief visit out of state, not accompanied by provider personnel, the provider shall obtain prior consent from designated department staff.
f. A provider shall comply with subsection (a) of this section if a child placed with the provider visits or receives respite care in another state for a period to exceed:
   i. 30 days; or
   ii. the child’s school vacation period.

B. Certification of a Foster Home

1. Recruitment of an Applicant
   a. The provider’s staff shall recruit a prospective foster home and approve the applicant for participation as a foster home if the provider meets all of the required standards.
   b. The provider shall have a written plan for ongoing recruitment of foster homes which includes the methods of recruitment, resources to be used, time-related goals for applicant recruitment, designated staff, and funding to implement the plan.

2. Home Study
   a. The provider shall complete a home study on a foster home applicant(s) prior to placement of a child in the home.
   b. The applicant(s) shall be allowed the opportunity to review a copy of their home study whether the application was approved or denied for certification. Any quotations from reference letters or other third party letters or telephone reports from agencies or professionals shall be deleted. Identifying information regarding the child’s biological family shall be removed, unless a release of information is obtained from the birth parent(s).
   c. With written permission of the applicant(s), the provider may forward a copy of the home study to another child placement provider for placement consideration or re-application to another child placing provider.
   d. The home study shall include verification of the following:
      i. marital status;
         (a). verification the applicant is legally married or single;
      ii. citizenship/age requirement; and
         (a). proof of the applicant’s:
            (i). identity, such as a federally or state-issued photo identification card;
            (ii). United States citizenship, such as a birth certificate, or legal alien status, such as a permanent child card, as described in 8 U.S.C. 1151 as evidence;
            (iii). that they meet the following age requirements unless otherwise specified:
               [a]. at least 21 years of age; and
[b]. less than 65 years of age;

(iv). if the foster parent(s) is a relative, the foster parent(s) shall be considered if:

[a]. between 18 and 21 years of age or over 65 years of age; and

[b]. is able to meet the needs of the child to be placed in the applicant’s home;

iii. income;

(a). verification that the applicant has sufficient income, separate from foster care reimbursement, to meet the needs of the family;

iv. references;

(a). three personal references who are not related to the applicant and one reference who is related to the applicant but does not live in the home;

v. health;

(a). a statement for each member of the applicant’s household that shall be signed by a licensed physician or licensed health care professional verifying that the individual:

(i). is free of a communicable or infectious disease; and

(ii). has no illness or condition that would present a health, to include past and present mental health, or safety risk to a child placed in the applicant’s home;

(iii). is physically able to provide necessary care for a child;

e. The home study shall also include:

i. at least two home consultation visits and a third visit which may be a home or office visit; separate face to face interviews with each age appropriate member of the household and an interview with an adult child of the applicant, who does not live in the applicant’s home, regarding the applicant’s parenting history;

ii. discussion of motivation or origin of interest in foster care; the child(ren) requested in regard to the number, age, sex, characteristics; or acceptability in regard to health or developmental conditions or other special needs;

iii. history of any previous application for adoption. The provider shall document the attempt to obtain a copy of any previous home study from the responsible provider. If an applicant was approved to foster or adopt a child by another provider or the department and the applicant’s home was closed, verification of the closure and a statement to indicate whether the closure was at the request of the applicant or the provider;

iv. background information and social information of applicant(s) and all members of the household to include but not limited to:

(a). personality in general and in relation to being an adoptive family;
(b). family background, customs, relationship patterns, formative experiences with adoption, and (if immigrants) early adjustment in the new country;

(c). marriage(s), marital or non-marital relationship(s), nature, quality, and agreement on respective roles, how are mutual needs met and how would a new child affect the relationship;

(d). children in the family and family interaction patterns and relationships, where/how would a new child fit in and affect family relationships;

(e). hobbies, interests, social contacts, contacts with extended family, integration into/involvement in community, how will these be affected by the addition of a new child;

(f). discussion of past and present mental and physical health of all applicant and family members;

(g). discussion of religious faith, affiliation, practices, attitudes towards religion, openness to religion of others and how parent(s) view the role of religion in rearing children;

(h). an assessment of the attitude of each member of the applicant’s household extended family and significant others involved with the family toward the placement of a child into the home;

(i). disciplinary beliefs and practices;

(j). plan for child care if parent(s) work outside of the home; special provisions for meeting needs of specific special needs placement;

(k). attitude and capacity for handling a foster care disruption if that should be necessary; and

(l). if a business open to the public adjoins the applicant’s household, consideration of potential negative impacts on the child and family, including:
   (i). hours of operation;
   (ii). type of business; and
   (iii). clientele.

3. Training the Foster Home Parent(s)

   a. The foster parent(s) shall participate in training provided or approved by the agency to develop and enhance their skills.

   b. The provider shall develop and provide orientation and preparation to a prospective foster parent, to include the following:

      i. provider program description with mission statement;
      ii. information about the rights and responsibilities of the home; and
      iii. background information about the foster child and the child’s family;
      iv. an example of an actual experience from a foster parent that has fostered a child;
v. information regarding:
(a). the stages of grief;
(b). identification of the behavior linked to each stage of grief;
(c). the long-term effect of separation and loss on a child;
(d). permanency planning for a child, including independent living services;
(e). the importance of attachment on a child’s growth and development and how a child may maintain or develop a healthy attachment;
(f). family functioning, values, and expectations of a foster home;
(g). cultural competency;
(h). how a child enters care and experiences foster care, and the importance of achieving permanency; and
(i). identification of changes that may occur in the home if a placement occurs, to include:
   (i). family adjustment and disruption;
   (ii). identity issues;
   (iii). discipline issues and child behavior management; and
   (iv). specific requirements and responsibilities of a foster parent.

c. The foster parent(s) shall annually participate in a minimum of 15 hours of approved training. The hours may be shared among the adult members of the family, however, each adult shall receive a minimum of five hours; and shall maintain a record of all preparation and training completed.

4. Parent(s) Requirements
   a. General Requirements
      i. Foster parent(s) shall:
         (a). only accept children for family foster care only from a licensed CPA or the state agency;
         (b). not care for unrelated adults on a commercial basis nor accept children into the home for day care at the same time they are certified to provide family foster care;
         (c). not accept children beyond the maximum capacity allowable for a family foster home;
         (d). permit the provider to visit the home;
(e). share with the provider information about the child placed by the provider;
(f). notify the provider prior to:
   (i). leaving the state with a child placed by the provider for more than two nights; or
   (ii). allowing a child placed by the provider to be absent from the foster home for more than three days;
(g). report, if applicable, within two business days to the provider if there is a:
   (i). change in address;
   (ii). change in the number of people living in the home;
   (iii). insignificant change in circumstance in the foster home; or
   (iv). failure of the foster child or foster parent to comply with the supervision plan;
(h). cooperate with the provider regarding the following when the staff arranges between a child and the child’s birth family:
   (i). visits;
   (ii). telephone calls;
   (iii). mail; or
   (iv). email;
(i). surrender a child or children to the authorized representative of the provider or the state provider, which has custody of the child, upon request;
(j). keep confidential all personal or protected health information as shared by the department or provider according to state law and 45 C.F.R. Parts 160 and 164, concerning a child placed in a home or the child’s birth family;
(k). support an assessment of the service needs, including respite care, and the development of a service plan of a child placed by the provider;
(l). participate in a case planning conference concerning a child placed by the provider;
(m). cooperate with the support and implementation of the permanency goal established for a child placed by the provider;
(n). provide medical care to a child as needed, including:
   (i). administration of medication to the child and daily documentation of the administration; and
   (ii). annual physicals and examinations for the child;
(o). comply with general supervision and direction of the provider concerning the care of the child placed by the provider.

(p). be knowledgeable of disciplinary measures and shall:
   (i). recognize, encourage, and regard acceptable behavior;
   (ii). teach by example and use fair and consistent rules with logical consequences;
   (iii). use methods of discipline that are relevant to the behavior;
   (iv). supervise with an attitude of understanding, firmness, and discipline;
   (v). give clear directions and provide guidance consistent with the child’s level of understanding;
   (vi). redirect the child by stating alternatives when behavior is unacceptable;
   (vii). express themselves so the child understands that the child’s feelings are acceptable but certain actions or behavior are not;
   (viii). help the child learn what conduct is acceptable in various situations;
   (ix). encourage the child to control the child’s own behavior, cooperate with others and solve problems by talking things out;
   (x). communicate with the child by showing an attitude of affection and concern; and
   (xi). encourage the child to consider others’ feelings.

b. Exterior Environment Requirements
   i. The foster home shall be reasonably safe, in good repair and comparable in appearance and maintenance to other family homes in the community.
   ii. The home and the exterior around the home shall be free from objects, materials and conditions which constitute a danger to the children served.
   iii. The home shall have a safe outdoor play area which children may use either on the property or within a reasonable distance of the property. Any play equipment on the property shall be safe, well constructed and suitable for the children served.
   iv. Any swimming and wading pools areas shall be locked and be made inaccessible to children except when supervised.

c. Interior Environment Requirements
   i. Foster parent(s) shall have the necessary equipment for the safe preparation, storage, serving and clean up of meals.
   ii. Foster parent(s) shall maintain all cooking and refrigeration equipment in working and sanitary condition.
iii. The home shall have a comfortable dining area furnished with sufficient furniture so that all members of the household can eat together.

iv. The home shall have sufficient living or family room space comfortably furnished and accessible to all members of the family.

v. Sleeping arrangements in a foster home shall be subject to the prior approval of the placing agency.

vi. Foster parent(s) shall permit no more than four children to a bedroom.

vii. The home shall have sufficient bedroom space to allow at least 75 square feet for individual occupant of a bedroom and an additional 55 square feet for each additional occupant.

viii. Providers receiving federal funds may not use standards related to income, age, education, family structure and size or ownership of housing which exclude groups of prospective parents on the basis of race, color, or national origin, where these standards are arbitrary or unnecessary or where less exclusionary standards are available.

ix. Foster parent(s) shall provide each child with his/her own bed and each infant with his/her own crib. The bed shall be no shorter than the child’s height and no less than 30 inches wide. It shall have a clean, comfortable, non-toxic mattress with a water proof cover.

x. Foster parent(s) shall not permit children over the age of six years to share a bedroom with a person of the opposite sex.

xi. Children shall not share a bedroom with adults, except when the child needs close supervision due to illness or except at the discretion of the placing agency.

xii. Foster parent(s) shall provide a chest, dresser or other adequate storage space for a child’s clothing and personal belongings in the child’s bedroom and a designated space for hanging up clothes near the bedroom occupied by the child.

xiii. Bedrooms shall have windows which provide sufficient natural light and ventilation for the health of the children.

xiv. Foster parent(s) shall allow some scope in the decoration of sleeping areas for the personal tastes and expressions of the child.

xv. Foster parent(s) shall provide bed linen and sufficient blankets and pillows for all children.

xvi. The family foster home shall have a minimum of one flush toilet; one wash basin with running water, and one bath or shower with hot and cold water.

xvii. Foster parent(s) shall equip each bathroom with toilet paper, towels, soap and other items required for personal hygiene and grooming.

xviii. Allow each child sufficient privacy with the exclusion of security/video cameras from areas such as the child’s bedroom and/or bathroom.

d. Safety Requirements

i. The home shall be well heated and well ventilated.
ii. The foster parent(s) shall:
   (a). provide screens for windows and doors used for outside ventilation;
   (b). have a telephone in the home;
   (c). ensure the safe storage of drugs, poisons or other harmful materials;
   (d). store alcoholic beverage out of reach of small children;
   (e). take measures to keep the home and premises free of rodents and insects;
   (f). restrict children's access to potentially dangerous animals. Pets shall have current immunizations;
   (g). store unloaded firearms and ammunition in separate locked places, inaccessible to children; and
   (h). have household first aid supplies for treating minor cuts, burns and other minor injuries.

e. Fire Safety Requirements
   i. The home shall be free from fire hazards, such as faulty electric cords and appliances, or non-maintained fireplaces and chimneys.
   ii. Foster parent(s) living in apartment buildings shall give evidence that the building has been approved for building and fire safety within the last two years.
   iii. Family foster homes including mobile homes shall have two doors which provide unrestricted exits in case of fire.
   iv. Foster parent(s) shall:
      (a). equip the home with operating smoke alarms within 10 feet of each bedroom;
      (b). place a portable chemical fire extinguisher in the cooking area of the home;
      (c). establish an emergency evacuation plan and shall practice it at least quarterly with the children to make sure all children understand the procedures;
      (d). store combustible items away from sources of heat;
      (e). shield all home heating units and other hot surfaces against accidental contact; and
      (f). maintain safe conditions with properly installed, maintained and operated solid fuel heating stoves, systems, and fireplaces.

f. Sanitation and Health Requirements
   i. Foster parent(s) shall keep the home clean and free of hazards to the health and physical well being of the family.
ii. The home shall have a continuous supply of clean drinking water. If the water is not from a city water supply, the foster parent(s) shall have the water tested and approved by the local health authority.

iii. The milk served to children shall either be Grade A and pasteurized or from an approved source.

iv. All plumbing in the home shall be in working order.

v. The home shall have an adequate supply of hot water for bathing and dishwashing. Hot water accessible to children shall not exceed 120 degrees Fahrenheit at the outlet.

g. Daily Living Services Requirements

i. Provide structure and daily activities designed to promote the individual, social, intellectual, spiritual, and emotional development of the child(ren) in their home.

ii. Assist the foster child(ren) to develop skills and to perform tasks which will promote independence and the ability to care for themselves.

iii. Cooperate with the provider to help the foster child maintain an awareness of his past, a record of the present and a plan for the future.

iv. Ask foster children to assume work responsibilities reasonable for their age and ability and commensurate with those expected of their own children.

v. As appropriate to the child’s age and abilities, make every effort to teach good habits of money management, budgeting and shopping.

vi. Through careful daily monitoring, make every effort to teach a child good habits of personal hygiene and grooming appropriate to the child’s sex, age and culture.

h. Food and Nutrition Requirements

i. Provide at least three nutritionally balanced meals daily according to the child’s service plan.

ii. Provide for any special dietary needs of the foster child placed in their home on the advice of a licensed physician or in accordance with the child’s case plan.

iii. If applicable, the dietary laws of the child’s religion shall be observed in the food provided to the child.

i. Clothing Requirements

i. Provide each foster child with their own clean, well fitting, attractive, seasonal clothing appropriate to age, sex, individual needs and comparable to other household members and to the community standards.

ii. A child’s clothing shall be his/her own, not required to be shared.

iii. A child’s clothing shall go with the child when they leave.

iv. Only shoes in good repair and condition shall be provided for the child.
v. Allow the foster child(ren) to assist in the choosing of their own clothing whenever possible.

j. Personal Belongings Requirements
i. Allow the child to bring, possess and acquire personal belongings subject only to reasonable household rules.
ii. Personal belongings shall be sent with the child when he/she leaves the home.
iii. Ensure that each child is provided with clean towels, washcloths, his/her own toothbrush, his/her own comb or hair brush and other toiletry items suitable to the child's age and sex.

k. Money Requirements
i. Ensure that the child has the opportunity to have spending money in amounts appropriate to their age and abilities, either through a regular allowance, paid work, employment or money paid directly to the child from other sources.
ii. A child’s money from any source shall be his/her own and may be subject to restrictions only according to his/her service plan.
iii. Children shall not be required to pay for any mandated foster home service, except according to their service plans.
iv. Children shall not be required to pay for necessary toiletry items.
v. As appropriate to the child’s age and abilities, every effort shall be made to teach good habits of money management, budgeting and shopping.

l. Transportation
i. The foster parent(s) shall have access to:
   (a). reliable transportation;
   (b). school;
   (c). recreation;
   (d). medical care; and
   (e). community facilities.
ii. A foster parent(s) who drives shall:
   (a). possess a valid driver’s license;
   (b). possess proof of liability insurance; and
   (c). abide by passenger restraint laws.
   (d). Support System

m. Foster parent(s) shall have or develop an adequate support system for supervising and providing care for the child(ren) on an ongoing basis to allow foster parent(s) opportunities for conducting personal business and for enjoying occasional breaks from the responsibility of caring for the child(ren).
n. Foster parent(s) shall provide one responsible adult (over age 18) for direct supervision of children or on call at all times.

o. Any person given the responsibility for a child on a regular basis must be identified to and approved by the placing agency.

5. Additional Requirements for Specialized Foster Care Services

a. A foster home providing specialized foster care services shall accommodate the needs of a child who is unable to live with the child's own family and who has one or both of the following:
   i. an emotional or behavior problem which may include a Diagnostic and Statistical Manual (DSM) diagnosed mental illness, aggressive or destructive behavior, or multiple placement failures and whose needs prevent placement in a basic level foster home; and
   ii. a medical or developmental problem or condition that requires more time consuming and specialized care with professional oversight based on the child's specific needs but whose needs prevent placement in a basic level foster home.

b. The foster parent(s) shall have the following educational requirements:
   i. high school diploma or equivalent; and
   ii. two years of experience in specialized fields or in parenting a child with special needs.

c. Specialized foster homes shall not exceed six dependents, including foster children. They shall care for no more than four specialized foster care children, unless an additional child is a sibling.

d. The provider shall provide a minimum of 30 hours of orientation and preparation for a prospective specialized foster care parent.

e. The child placement worker shall:
   i. have the first face-to-face visit with the child and specialized foster care parent on the day of the child's placement or the following work day;
   ii. have telephone contact twice a month with at least one of the specialized foster care parents of each child on the specialized child placement worker's caseload;
   iii. visit the specialized foster care parent monthly in the foster home;
   iv. on a monthly basis, visit the foster child face-to-face in the foster home without the foster parent being present;
   v. carry a caseload of not more than 18 specialized foster care children, taking into account:
      (a). required responsibilities other than the case management of a child in foster care;
      (b). additional support, contact, and preparation needed by a specialized foster home, due to the extent of the needs of the child served; and
(c). the intensity of services provided to the child and the child’s family;

vi. conduct a semi-annual case consultation, including the:
   (a). foster home;
   (b). child’s placement worker;
   (c). supervisor; and
   (d). child and the child’s family of origin, to the extent possible;

vii. identify the support needed by the foster family, including a plan for respite care; and

viii. document the semi-annual case consultation and revision to a child’s service plan as determined by the case consultations.

f. The foster home parent(s) shall maintain certification in CPR and first aid.

g. The foster home parent(s) shall complete a minimum of 20 hours of annual training.
   i. Ten hours of the twenty of on-going training per year may be met by professional therapeutic consultation or medical training aimed to assist in parenting a child placed or being placed with verification provided by the consultant or trainer.

   ii. For two-parent specialized homes, the total training hours may be combined to satisfy the total required hours, as long as the primary caretaker receives 12 of the total required hours and the other parent receives eight of the total required hours.

6. Additional Requirements for Therapeutic Foster Care Services

   a. A foster home providing therapeutic foster care services shall accommodate the needs of a child who is unable to live with the child’s own family and who has one or both of the following:

      i. serious emotional or behavioral problems and meets one or more of the following criteria:
         (a). Diagnostic and Statistical Manual (DSM) diagnosed mental illness;
         (b). imminent release from a treatment provider;
         (c). aggressive or destructive behavior;
         (d). at risk of being placed in more restrictive settings, including institutionalization; or
         (e). numerous placement failures;

      ii. a medical or developmental problem or condition so serious that it requires extremely time consuming, specialized care and supervision from a trained person, and ongoing, frequent professional oversight, all of which would be a significant burden to a caregiver. These may include, but are not limited to:
         (a). a chronic and progressive illness or medical condition;
(b). the need for a special service or ongoing medical support; or
(c). a health condition stable enough to be in a home setting only with monitoring by an attending:
   (i). health professional;
   (ii). registered nurse; or
   (iii). licensed practical nurse.

b. Therapeutic foster homes shall not exceed four dependents, including foster children. They shall care for no more than two therapeutic foster care children, unless an additional child is a sibling.

c. The foster parent(s) shall have the following educational requirements:
   i. high school diploma or equivalent; and
   ii. two years of college or formal education in human services, child development or nursing and two years work experience in specialized field; or
   iii. four years of experience in specialized fields or in parenting a child with special needs.

d. The provider shall provide a minimum of 36 hours of orientation and preparation for a prospective therapeutic foster care parent.

e. The CPW shall:
   i. have the first face-to-face visit with a child and therapeutic foster care parent on the day of the child’s placement or the following work day;
   ii. have another face-to-face visit with the therapeutic foster parent or child within 10 calendar days of the child’s placement;
   iii. have telephone contact, on a weekly basis with at least one of the specialized foster care parents of each child on the specialized child placement worker’s caseload;
   iv. visit a therapeutic foster care parent a minimum of two times a month with at least one visit being in the foster home;
   v. visit the foster child face-to-face in the foster home without the foster parent being present a minimum of two times a month with at least one visit in the therapeutic foster care home and one visit outside the foster home;
   vi. carry a caseload of not more than 12 therapeutic foster care children, taking into account:
      (a). required responsibilities other than the case management of a child in foster care;
      (b). additional support, contact, and preparation needed by a therapeutic foster care home, due to the extent of the needs of the child served; and
      (c). the intensity of services provided to the child and the child’s family;
   vii. conduct a quarterly case consultation, including the:
(a). foster home;
(b). child’s CPW;
(c). supervisor; and
(d). child and the child’s family of origin, to the extent possible;

viii. identify the support needed by the foster family, including a plan for respite care; and

ix. recommend and prepare an aftercare plan for a child, prior to discharge from therapeutic foster care, to ensure a successful transition; and

x. document a quarterly case consultation and revision to a child’s service plan as determined by the case consultations.

f. The foster home parent(s) shall maintain certification in CPR and first aid.

g. The foster home parent(s) shall complete a minimum of 24 hours of annual training.

i. Fourteen hours of the twenty-four of on-going training per year may be met by professional therapeutic consultation or medical training aimed to assist in parenting a child placed or being placed.

ii. For two-parent therapeutic foster care homes, the total training hours may be combined to satisfy the total minimum required hours, as long as the primary caretaker receives 16 of the total required hours and the other parent receives eight of the total required hours.

h. If the child is medically-fragile, training on how to care for the specific needs of the child shall be conducted by a licensed health care professional.

i. If the child is medically-fragile, the foster home must be is located within:

   i. one hour drive of a medical hospital with an emergency room; and

   ii. thirty minute drive of a local medical facility.

7. Requirements for Respite Services

a. The provider shall develop written policies and procedures to address the respite care needs of a child or a foster parent.

b. Respite care shall not be used as a means of placement for a child.

c. A respite care provider shall:

   i. be a certified foster home;

   ii. receive from the provider or foster parent, preparation for placement of a child, including:

      (a). pertinent information regarding the child’s history; and

      (b). information regarding the service plan of the child;

      (c). provide adequate supervision in accordance with the child’s service plan; and

      (d). give relief to a foster parent caring for a child or provide for an adjustment period for a child.
8. Denial of a Foster Home Request
   a. The applicant shall be notified, in writing within 30 days, if the request to
      become a foster home parent is not recommended if the applicant is unwilling to
      withdraw the request to become a foster home parent after receiving a
      recommendation to withdraw.
   b. The provider shall enter a dispositional summary in the applicant(s) case record
      clearly indicating the reason for denial of the application for certification, the
      manner in which the decision was presented to the family and whether or not
      they agreed with the decision.
   c. If the applicant disagrees with the department's recommendation to not accept
      the applicant as a foster home, department staff shall review the request to
      become a foster home parent and issue a final written determination regarding
      the department's recommendation.

9. Annual Re-evaluation of the Foster Home
   a. The provider shall conduct a personal interview in the home.
   b. The provider shall assess the following:
      i. any change in the home;
      ii. the ability of the home to meet the needs of a child placed in the home;
          and
      iii. the home's continued compliance with the required standards.

10. Decertification of a Foster Home
    a. A home shall be decertified if:
       i. it is determined that the family does not meet the general requirements
          for a foster home;
       ii. a situation exists that is not in the best interest of a child;
       iii. sexual abuse or exploitation by the parent or by another resident of the
            home is substantiated;
       iv. substantiated child abuse or neglect by a resident of the household;
       v. a serious physical or mental illness develops that may impair or
          preclude adequate care of the child by the parent; or
       vi. a child has not been placed in the home within the preceding two year
           period; and
       vii. the foster home parent requests a voluntary decertification.
(a). Upon voluntary request, the parent shall notify the provider, in writing, at least 30 days before the requested decertification date.

(b). The provider shall make adequate preparation and arrangements for the care, custody and control of any children in the home.

b. A home may be decertified according to the terms of the contract between the provider and the home.

c. The provider shall confirm, in a written notice to the home parent, the decision to decertify a home. The notice shall be delivered within 30 calendar days of contact with a foster home parent.

d. The written notice for decertification of a home shall include:
   i. notice that the provider shall not place a child in the home;
   ii. the reason why the home is being decertified; and
   iii. effective date.

11. Reapplication for Certification

a. Persons who desire to re-certify their foster home must re-apply. To reapply, a former foster home parent shall:
   i. attend an informational meeting; and
   ii. submit the:
      (a). names of references; and
      (b). authorization for all required background checks.

b. If the foster home has been decertified more than five years, a new home study must be completed.

c. If the home has been decertified five years or less and at the time of decertification the home was in good standing and the re-assessments were up-to-date; the home can be re-certified with an addendum to the home study.

d. If the re-assessments were not in compliance, a new home study must be completed.

e. If the home was decertified during an investigation or needing a corrective action plan, a new home study must be completed.

f. A reapplying former foster home parent shall reenroll and complete the required preparation, as specified in the standards, unless the former foster home parent:
   i. has previously completed preparation; and
   ii. is considered a placement resource for children.

C. Child Placement

1. Admission

   a. The provider shall:
i. place a child only in an approved foster home; and

ii. keep a child who has been committed to the Department of Corrections, Office of Juvenile Justice for the commission of a sex crime in a separate foster home from a child committed to the department.

b. The provider shall select a foster home for a child based upon the individual needs of the child, including:

   i. the child’s assessment;

   ii. any information concerning the child’s needs in placement; and

   iii. measures to support the safety of the child.

c. Generally, the level at which children are placed should represent:

   i. the level of supervision to be provided;

   ii. the level of support services to be provided or available;

   iii. the level of staff training required; and

   iv. the level of restrictiveness of the placement to the child.

d. The child shall participate in the process and in the decision that placement is appropriate, to the extent that the child’s age, maturity, adjustment, family relationships, and the circumstance necessitating placement justify the child’s participation.

e. The provider shall document the placement in the foster home file.

2. The provider shall have a written agreement with the foster home stating the:

   a. responsibilities of the provider and the foster parent(s); and

   b. terms of each placement which include, but not limited to the following:

      i. the child is being placed with the foster parent(s) temporarily;

      ii. the family agrees to work in a partnership with the agency to provide foster care services to children in state custody;

      iii. the foster parent(s) agrees to keep all personal information about the child or the child’s family confidential and not share with reporters, relatives, television (media), or any organization;

      iv. the foster parent(s) meets the certification requirements for foster care;

      v. the foster parent(s) will be reimbursed each month by the agency a daily board rate;

      vi. the foster parent(s) agrees to cooperate with the agency/provider in making a planned move for the child if replacement should be necessary, except in emergency circumstances;

      vii. the foster parent(s) will report to the agency(provider) any changes in their circumstances that have an effect on the child or the foster care placement;

      viii. the foster parent(s) will not take the child out-of-state or authorize any special medical care or treatment for the child without the consent of the agency(provider); and
ix. the agency (provider) will provide supportive services to the foster parent(s) to promote a healthy parent-child adjustment and bonding.

3. Service Plan
   a. The provider shall:
      i. within 30 days of a child’s placement, develop or obtain:
         (a). a service plan based upon the individual needs of the child and, if appropriate, the child’s family, which 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. review a child’s service plan on a semi-annual basis or more frequently as the child’s needs or circumstances dictate; and
         c. reassess and document semi-annually, in the child’s service plan, placement and permanency goals, including independent living services, if indicated.

4. Supervision of the Child
   a. The provider shall establish policies and procedures for supervision of a foster home by a worker other than the child placement worker assigned to the foster home to:
      i. 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;
      ii. ensure a foster child’s placement stability and safety; and
      iii. be individualized, as needed, for the child or the foster home.
   b. The provider shall conduct face-to-face visits with the child as often as necessary to carry out the case plan, but not less than two visits during the first month of care and monthly visits thereafter and document in the case record.
   c. The provider shall identify and make available necessary supports to a foster home, including:
      i. a plan for respite care; and
      ii. 24 hour crisis intervention.
   d. The provider shall provide information to a foster parent regarding the behavior and development of the child placed by the provider.
e. The provider shall inform the foster parent of:
   i. inappropriate sexual acts or sexual behavior of the child as specifically known to the provider; and
   ii. any behaviors of the child that indicate a safety risk for the placement.

f. The provider shall document each effort to:
   i. protect the legal rights of the family and the child; and
   ii. maintain the bond between the child and the child’s family, in accordance with the child’s permanency plan.

g. The provider shall assure that the 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;

h. The provider shall be responsible for monitoring the child’s school progress and attendance; and

i. The provider shall secure psychological and psychiatric services, vocational counseling, or other services if indicated by the child’s needs.

5. Discharge from Care

a. The provider shall discharge the child from care only to the person, persons or agency having legal custody of him or on written authorization of these or the court.

b. The provider shall complete a discharge summary, to be put in the child’s records, which should include:
   i. the name and address of the person, persons, or agency to whom the child was discharged;
   ii. the reason for discharge;
   iii. the date of discharge;
   iv. the date of entrance;
   v. case plan goals achieved while in care;
   vi. follow-up recommendations; and
   vii. person or agency responsible.

§7315. Adoption Services

A. Provider Requirements

1. General Requirements

   a. The provider shall assure that all expectant parent(s) considering adoption as a permanent plan are advised of the legal statutes relative to their particular situation. The provider should encourage the parent(s) to seek independent legal counsel if so desired.
b. The provider shall avoid the use of coercion in securing surrenders from parent(s). A surrender shall not be executed any earlier than the third day after the birth or placement of the child.

c. The provider shall advise the parent(s) that a valid surrender for adoption to a child placing provider is final and irrevocable and makes the provider legally responsible for selecting the most appropriate permanent placement for the child. Any previous placement agreements or understandings between the provider and the parent(s) are considered preferences which are not legally binding in the absence of a court order and secondary to the child’s right to a timely permanent placement.

d. The provider shall not bring pressure on parent(s) to resume parental responsibility after acceptance of the surrender. Where the child is not in a permanent placement and the parent(s) wish to resume parental responsibility, the provider may consider adoptive placement with the parent(s).

e. The provider shall discuss the potential children available for adoption with the prospective adoptive family in compliance with state laws and provider policies on confidentiality and ethical practices. The provider shall have at least one up-to-date appropriate state or Louisiana Adoption Resource Exchange Photo listing of children to show families.

f. The provider shall inform the prospective adoptive parent(s) of the Louisiana Adoption Resource Exchange, a resource within the department for assisting agencies in linking the waiting child(ren) available for adoption with the waiting prospective adoptive parent(s). If the prospective adoptive parent(s) are interested, the provider shall assist them with registration forms provided by the department.

g. The provider shall advise the adoptive parents of the current provisions of their appropriate state or the Louisiana Voluntary Registry within the department to facilitate reunions between adult adoptees and birth family members.

2. Background Checks

a. The provider shall perform a state and national criminal background check on the applicant(s) and any member of the applicant’s household in accordance with the R.S. 46:51.2 for any crime enumerated under R.S. 15:587.1 and Public Law 105-89.

b. An inquiry of the State Central Registry for members of the household 18 years of age and older shall be conducted. No person who is recorded on the State Central Registry with a valid (justified) finding of abuse or neglect of a child can reside in the home. The parent(s) and all other members of the household, 18 years of age or older, shall sign a release for a clearance with the State Central Registry. If the applicant(s) or any other adult living in the home of such applicant resided in another state within the proceeding five years, the provider shall request and obtain information from that state’s child abuse and neglect registry.

3. Interstate Placements

a. The provider shall send written notice to the administrator of the Interstate Compact for the placement of children on forms provided by the authorized
agency before placing into or receiving a child from another state. No interstate placement shall occur without prior approval from the compact administrator from the receiving state.

4. Intercountry Adoptions

a. Definitions

Birth Certificate—the child’s official birth certificate and, if the certificate is not in English, a certified translation of the certificate.

Child—a person under seventeen years of age and not emancipated by marriage.

Foreign Orphan—a foreign-born child who is under the age of 16 at the time a visa petition is filed on his behalf and whose parents have both died or disappeared, or abandoned or deserted him, or who has become separated or lost from both parents; whose sole surviving parent is incapable of providing for the child’s care and has in writing irrevocably released the child for emigration and adoption; or who is a child born outside of marriage whose father acknowledges paternity and signs a relinquishment along with the mother.

b. Persons who may petition for inter-country adoption:

i. A United States citizen and spouse jointly or an unmarried United States citizen at least twenty-five years of age may petition for inter-country adoption of a foreign orphan. At least one petitioner shall be a domiciliary of Louisiana. When one joint petitioner dies after the petition has been filed, the adoption proceedings may continue as though the survivor was a single original petitioner.

c. Placement Authority. No foreign orphan who is the subject of an inter-country adoption shall be placed in the home of the prospective adoptive parents prior to their obtaining a certification for adoption.

d. Birth Certificate Requirement

i. Prior to the initiation of any adoption, the petitioners shall obtain a certified copy of the child’s birth certificate, and, if the certificate is not in English, a certified translation of the certificate, which shall be attached to the petition for adoption.

ii. If a certified copy of the birth certificate and certified translation are not available, the court may make findings on the date, place of birth, and parentage of the adopted person in accordance with the provisions of R.S. 40:79©(2).

e. Record of Adoption Decree

i. A person born in a foreign country who is adopted in the state of Louisiana, but who is not a United States citizen, or who is a naturalized United States citizen, and a person born in a foreign country and adopted outside the United States by adoptive parents who are residents of the state of Louisiana at the time of the adoption, may obtain a new birth certificate according to the following conditions, limitations, and procedures:
(a) where a certified copy of the original foreign birth certificate of the adopted person, and, if the certificate is not in English, a certified verbatim translation of the certificate are available, the state registrar, upon receipt of the certificate translation and a certified copy of the order or decree of adoption, shall prepare a birth certificate in the new name of the adopted person and shall seal and file the foreign certificate and order or decree of adoption;

(b) where the certified copy of the original birth certificate of the adopted person and certified translation are not available, the court having jurisdiction of adoptions in the parish, upon evidence presented by the Department of Children and Family Services from information secured at the port of entry or upon evidence from other reliable sources, may make findings on the date, place of birth, and parentage of the adopted person. Upon receipt of a certified copy of such findings of the court, together with a certified copy of the order or decree of adoption, the state registrar shall prepare a birth certificate in the new name of the adopted person and shall seal and file the certified copy of the findings of the court and the certified copy of the order or decree of adoption;

(c) a birth certificate issued pursuant to the provisions of this Subsection shall show specifically the true or probable country, island, or continent of birth. Except as provided in the following Paragraph, the birth certificate shall be annotated with the provision “not proof of United States citizenship”;

(d) where a certified copy of a certificate of naturalization is received by the state registrar together with the documents required by this Subsection, the date and number of the certificate of naturalization shall be included in the birth certificate, and the birth certificate shall be accepted by all state agencies as evidence of United States citizenship.

f. Types of Adoption. There are two types of inter-country adoptions of foreign orphans in Louisiana:

i. recognition of a foreign decree of adoption;

ii. adoption of a foreign orphan.

B. Adoption of a Foreign Orphan

1. Services in inter-country placements shall be provided by the state or licensed CPA authorized by the department to provide child placement in foster care and adoption services in Louisiana and shall comply with applicable federal and state laws.

2. The provider shall include in its statement of purpose a description of any inter-country placement services provided by the provider which may include but not be limited to:

a. provision of intake services to help the family determine if it can parent a child of another country and culture;
b. facilitation between the family and the foreign placement entity in direct adoptions or between the family and another child placing provider;

c. link families with regulatory authorities in the United States and/or foreign country;

d. provision of a home study for family to the U.S. Citizenship and Naturalization Service (USCIS) with accompanying:
   i. placement recommendation;
   ii. certification that family has met the pre-adoptive requirements in the child's proposed state of residence;
   iii. signatures of the person completing the home study, the placement supervisor, and the provider administrator;
   iv. verification that the provider is licensed or authorized to operate in Louisiana;

e. facilitate the provision of state-approved home studies for Louisiana families residing abroad through International Social Services to enable them to comply with the provisions of the Immigration and Naturalization Act;

f. selection and preparation for the child(ren) to be placed and/or family;

g. follow-up and supervision of the child's adoptive placement status;

h. assistance to the family with legal finalization of the adoption in Louisiana to include:
   i. verification of documents attesting to the child's legal availability for adoption;
   ii. court reports to the department in connection with the petition to finalize the adoption in a Louisiana court;

i. assistance to the family in obtaining a revised birth certificate for the child; and

j. post adoption services.

3. The provider shall conduct or accept only a home study conducted in accordance with these regulations for inter-country adoptive placements.

4. The provider working directly with foreign entities or with out-of-state licensed agencies to arrange for the placement of children shall establish working relationships and agreements in writing which address the service, legal, and financial responsibilities of the two parties.

5. The following conditions shall be met by the authorized adoption service or person in another country before a child can be placed for adoption in Louisiana:

   a. the child shall be qualified for adoption and be in the permanent custody of an authorized provider, organization or person in the foreign country;

   b. a duly constituted governmental unit or judicial court of the child’s country has authorized the provider, organization, or person to arrange the adoption, who shall observe the laws or customs of the foreign country;

   c. there shall be proper emigration and immigration permits; and

   d. there shall be social and medical history of the child, to the extent available.
6. Providers in Louisiana and those authorized agencies placing foreign born children in to Louisiana shall be subject to the proceeding rules. In addition, such providers shall:
   a. be responsible for making another adoptive plan if the placement disrupts prior to finalization of the adoption;
   b. provide foster care until other appropriate legal steps are complete for the child’s permanent care if the adoption disrupts;
   c. arrange for needed medical care for a child if the adoptive parents decide not to keep the child;
   d. advise adoptive parents of the necessity to have the child naturalized as a separate action from the adoption, if applicable;
7. A provider working in conjunction with another out-of-state CPA to arrange for international child placement shall ensure that the other provider is licensed in its state.
8. the provider shall ensure that all actions related to the international placement and adoption of children satisfy the laws and regulations of Louisiana and any other state in which it is authorized to operate, those of the foreign nation involved and the federal immigration laws.
9. The provider providing international placement services shall provide written information to families that at a minimum:
   a. describes provider’s services and programs;
   b. defines the legal and financial responsibilities of the provider and the family;
   c. defines its relationship with any other foreign or domestic child placing entity;
   d. identifies direct and indirect costs associated with accomplishing the inter-country adoption;
10. the provider involved with assisting the family to arrange for the child’s emigration, immigration or adoption shall:
   a. ensure that all documents related to the child’s legal status, emigration, social and medical status and immigration are valid and accurate;
   b. ensure that documents required for the child’s adoption or re-adoption in the United States comply with the laws and requirements for adoption in the state in which adoptive parents will file the adoption petition. When documents are not available or are in question the provider shall be responsible for helping the adoptive parents correct these circumstances;
   c. ensure that families are aware of their responsibility to notify USCIS of changes in the child’s residence after the child’s adoption and prior to the child’s naturalization;
11. the provider shall send written notice to the department on plans to place a Louisiana child in another country or when approval is given to USCIS for a Louisiana family to adopt a foreign born child;
12. the provider which provides inter-country adoption services to the family shall:
a. notify USCIS and the department when the child’s legal adoption has been finalized so files can be updated;
b. notify the USCIS and the department when the child’s legal adoption has not been finalized within six months of the time provided by state law;
c. notify the USCIS and the department when custody and/or residence of the child changes prior to finalization of the adoption.

13. the provider working with an out of state provider to place a foreign born child in Louisiana shall give written notice to the administrator of the Interstate Compact on the Placement of Children before placing a child into or receiving a child from another state. No placement shall occur without prior approval from the compact administrator of the receiving state. A child adopted through the court of jurisdiction in a foreign country or entering Louisiana directly from the foreign country for purposes of adoption are not subject to the Interstate Compact on the Placement of Children.

14. the provider shall comply with all applicable provisions of the Intercountry Adoption Act, Public Law 106-279.

C. Personnel Qualifications

1. Supervisor. The supervisor shall meet one of the following qualifications:
   a. a master’s degree from an accredited school of social work; and
   b. two years experience in child placement;
   c. in all instances, child placement staff shall include a person meeting the qualifications of a supervisor of placement services;
   d. a staff person shall be delegated supervisory authority and responsibility in the short-term absence of the supervisor of placement services for illness, vacation, jury or military duty, professional seminars and meetings or in short-term periods when the position is vacant;
   e. a person serving as acting supervisor shall meet the qualifications of supervisor of placement services. If there is no one on staff who meets the qualification, the agency may meet the minimum requirements for licensing by entering into an agreement with another CPA for supervision or by entering into a contractual agreement with a private practitioner who meets the qualifications and is a Board Certified Social Worker.

2. Child Placement Worker. The child placement worker (CPW) shall meet the following qualifications:
   a. have a minimum of a bachelor’s degree in social work or any bachelor’s degree plus one year of social service experience;
   b. a child placement worker located in a branch office apart from the supervisor of placement services shall have a master’s degree from an accredited school of social work;
c. in providers where the child placement staff is comprised of one placement worker, this person shall meet the qualifications of the supervisor of placement services.

3. Child Placement Worker (CPW) Assistant. The CPW assistant shall:
   a. be at least 18 years of age;
   b. have a high school diploma or equivalency; and
   c. have one year of experience providing basic child welfare support services to children.

D. Personnel Job Duties
   1. The supervisor shall be responsible for:
      a. supervising staff providing services in the provider program areas;
      b. guiding employees in the assessment of services or placement needs of children; the development of psychosocial assessment of case goals/objectives and/or case plans for children and their families; and the implementation of the case plan;
      c. determining work assignments and periodically monitors workers' productivity and activity;
      d. may serve as a consultant to other supervisors or employees;
      e. may design and deliver training curricula or on-the-job training opportunities;
      f. gathering and analyzing data in order to design and implement recruitment campaigns to recruit potential adoptive and foster family resources to meet the placement needs of children in provider custody;
      g. reviewing and approving home studies, certifications and placements.

   2. The CPW shall be responsible for:
      a. assessing, developing, and executing a plan to achieve permanence for the child including return to the family, adoptions, transfer of custody, independent living, or other alternative plans;
      b. providing services to a caseload of children removed from their homes by court order, voluntary surrender, or voluntary placement agreement and placed in a foster home or a more restrictive setting;
      c. overseeing the placement to ensure the child’s well-being;
      d. probability of return, and plan for the child’s permanence;
      e. developing and implementing a recruitment plan for certifying perspective foster and adoptive families;
      f. preparing and conducting extensive orientation and training for potential foster and adoptive homes;
g. examining and evaluating information gathered about families, housing, and environment in relation to provider criteria and licensing regulation for certification of perspective adoptive and foster homes;

h. upon completion of written home studies, recommending approval or denial of certification for perspective adoptive and foster homes based on a combined evaluation and assessment process;

i. re-evaluating for continued annual re-certification for foster and adoptive homes;

j. develops and implements a corrective action plan to correct deficiencies.

k. maintaining listing of all foster and adoptive homes in area and recommends appropriate resources to workers placing children.

3. The CPW assistant shall be responsible for:

a. assisting professional staff in providing services to the children;

b. instructing children in the practical application of improved standards of housekeeping, shopping, personal hygiene, medical and childcare, and other necessary home management skills;

c. lifting or assisting children into the transit with their personal belongings and any medically needed equipment such as a wheel chair, an oxygen tank, a walker, etc.;

d. observing and reporting children’s behavior to professional staff to aid in the assessment and treatment plan of the case;

e. monitoring family visitation between caretaker and child(ren) with parents, as required;

f. preparing narrative reports and maintaining visitation log as required;

g. scheduling and arranging child transportation for follow-up visits;

h. effectively communicating with children to defuse potentially dangerous situations such as physical/verbal confrontations between children and/or towards provider staff;

i. completing various forms and reports;

j. may be responsible for vehicle maintenance and documentation of such.

E. Case Record

1. The provider shall maintain a record from the time of the application for services through the completed legal adoption and termination of provider services for:

a. a child accepted for care;

b. the child’s family; and

c. an adoptive applicant.

2. The case record shall contain material on which the provider’s decision may be based and shall include or preserve:
a. information and documents obtained as required 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 the following:
   i. a description of the situation that necessitated placement of the child away from the child’s family, or surrender of parental rights;
   ii. a certified copy of the order to surrender parental rights and committing the child to the provider for the purpose of adoption;
   iii. verification of the child’s birth record and the registration number;
   iv. a copy of the child’s medical record up to the time of adoption finalization;
   v. a copy of the required home study with verification of all supporting documents;
   vi. date of adoptive placement;
   vii. a statement of the basis for the selection of this adoptive home for the child;
   viii. 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;
   ix. child’s adoptive name; and
   x verification of preparation and orientation training.

3. The provider alone shall have full access to the adoptive parent(s) information.

4. Adoption case records shall be:
   a. maintained indefinitely following final placement of a child; and
   b. sealed and secured from unauthorized scrutiny in accordance with state law.

5. The provider shall submit microfilm/micro fished adoptive case records to the department, if:
   a. the provider closes; and
   b. no other operational governing entity exists.

F. Certification of an Adoptive Home

1. Recruitment of an Applicant
a. The provider’s staff shall recruit a prospective adoptive home and approve the applicant for participation as an adoptive home if the provider meets all of the required standards.

b. The provider shall have a written plan for ongoing recruitment of adoptive homes which includes the methods of recruitment, resources to be used, time-related goals for applicant recruitment, designated staff, and funding to implement the plan. The provider shall engage in active recruitment of potential adoptive parents who reflect the racial and ethnic diversity of children needing placement.

c. The provider shall provide information to the prospective adoptive parent(s) about:
   i. the adoption process;
   ii. the provider’s policies and practices, legal procedures and the approximate time the process will take;
   iii. adoptive standards;
   iv. types of children available;
   v. the fees, structure, and the availability of a subsidy if applicable.

d. The provider shall provide services to adoptive applicants to assist them in making an informed decision about adoption. The home study should be an opportunity for applicant(s) and provider placement workers to participate in a joint, mutual assessment and evaluation of their potential for meeting the needs of the children available for adoption.

2. Home Study

   a. The provider shall complete a home study on adoptive home applicant(s) prior to placement of a child in the home.

   b. The applicant(s) shall be allowed the opportunity to review a copy of their home study whether the application was approved or denied for certification. Any quotations from reference letters or other third party letters or telephone reports from agencies or professionals shall be deleted. Identifying information regarding the child’s biological family shall be removed, unless a release of information is obtained from the birth parent(s).

   c. With written permission of the applicant(s), the provider may forward a copy of the home study to another child placement provider for placement consideration or re-application to another child placing provider.

   d. The home study shall include verification of the following:
      i. marital status:
         (a). verification the applicant is legally married or single;
      ii. citizenship/age requirement:
         (a). proof of the applicant’s:
            (i). identity, such as a federally or state-issued photo identification card;
(ii). United States citizenship, such as a birth certificate, or legal alien status, such as a permanent child card, as described in 8 U.S.C. 1151 as evidence;

(b). be at least 18 years of age;

iii. income:

(a). verification that the applicant has sufficient income, separate from foster care reimbursement, to meet the needs of the family;

iv. references:

(a). three personal references who are not related to the applicant and one reference who is related to the applicant but does not live in the home;

v. health:

(a). a statement for each member of the applicant’s household that shall be signed by a licensed physician or licensed health care professional verifying that the individual:

(i). is free of a communicable or infectious disease;

(ii). has no illness or condition that would present a health, to include past and present mental health, or safety risk to a child placed in the applicant’s home; and

(iii). is physical able to provide necessary care for a child;

e. The study shall also include:

i. at least two home consultation visits and a third visit which may be a home or office visit; separate face to face interviews with each age appropriate member of the household and an interview with an adult child of the applicant, who does not live in the applicant’s home, regarding the applicant’s parenting history;

ii. discussion of motivation or origin of interest in adoption care, the child(ren) requested in regard to the number, age, sex, characteristics or acceptable in regard to health or developmental conditions or other special needs;

iii. history of any previous application for adoption. The provider shall document the attempt to obtain a copy of any previous home study from the responsible provider. If an applicant was approved to foster or adopt a child by another provider or the department and the applicant’s home was closed, verification of the closure and a statement to indicate whether the closure was at the request of the applicant or the provider;

iv. background information and social information of applicant(s) and all members of the household to include but not limited to:

(a). personality in general and in relation to being an adoptive family;
(b). family background, customs, relationship patterns, formative experiences with adoption, and (if immigrants) early adjustment in the new country;

(c). marriage(s), marital or non-marital relationship(s), nature, quality, and agreement on respective roles, how are mutual needs met and how would a new child affect the relationship;

(d). children in the family and family interaction patterns and relationships, where/how would a new child fit in and affect family relationships;

(e). hobbies, interests, social contacts, contacts with extended family, integration into/involvement in community, how will these be affected by the addition of a new child;

v. discussion of past and present mental and physical health of all applicants and family members.

vi. discussion of religious faith, affiliation, practices, attitudes towards religion, openness to religion of others and how parent(s) view the role of religion in rearing children;

vii. assessment of the attitude of each member of the applicant’s household extended family and significant others involved with the family toward the placement of a child into the home;

viii. discussion of disciplinary beliefs and practices;

ix. plan for child care if parent(s) work outside of the home; special provisions for meeting needs of specific special needs placement;

x. attitude and capacity for handling an adoptive disruption if that should be necessary;

xi. attitudes and capacities to parent an adoptee, general attitude toward birth-parent(s) and the reason the child is in need of adoption; understanding and acceptance of the adoptee’s separate background, heritage and identity, (if applicable) need for sibling and/or family contact; readiness and capacity to discuss adoption with the child and deal with adoption related issues that arise; adjustment of previously adopted children (if applicable);

xii. for individuals or couples wishing to adopt whose good health may not continue throughout the minority of the child or whose life expectancy may be shorter than the minority years of the child, there shall be established a plan for guardianship of the child in the event that incapacity or death precedes the child’s reaching the age of majority;

xiii. if a business open to the public adjoins the applicant’s household, consideration of potential negative impacts on the child and family, including:

   (a). hours of operation;
   (b). type of business; and
   (c). clientele.
3. Training the Adoptive Parent(s)
   a. The adoptive parent(s) shall participate in training provided or approved by the agency to develop and enhance their skills.
   b. The provider shall develop and provide orientation and preparation to a prospective adoptive parent, to include the following:
      i. provider program description with mission statement;
      ii. information about the rights and responsibilities of the home; and
      iii. background information about the adoptive child and the child's family.
      iv. an example of an actual experience from an adoptive parent that has adopted a child;
      v. information regarding:
         (a). the stages of grief;
         (b). identification of the behavior linked to each stage of grief;
         (c). the long-term effect of separation and loss on a child;
         (d). permanency planning for a child, including independent living services;
         (e). the importance of attachment on a child's growth and development and how a child may maintain or develop a healthy attachment;
         (f). family functioning, values, and expectations of a foster home;
         (g). cultural competency;
         (h). how a child enters care and experiences adoptive care, and the importance of achieving permanency;
         (i). identification of changes that may occur in the home if a placement occurs, to include:
            (i). family adjustment and disruption;
            (ii). identity issues; and
            (iii). discipline issues and child behavior management; and
         (j). specific requirements and responsibilities of an adoptive parent.

4. Parent(s) Requirements
   a. General Requirements
     i. Adoptive parent(s) shall:
        (a). accept children for adoption only from a licensed CPA or the state agency;
        (b). not care for unrelated adults on a commercial basis nor accept children into the home for day care at the same time they are certified to provide adoptive care;
(c). not accept children beyond the maximum capacity allowable for an adoptive home;
(d). permit the provider to visit the home;
(e). share with the provider information about the child placed by the provider;
(f). notify the provider prior to:
   (i). leaving the state with a child placed by the provider for more than two nights; or
   (ii). allowing a child placed by the provider to be absent from the adoptive home for more than three days;
(g). report, if applicable, within two business days to the provider if there is a:
   (i). change in address;
   (ii). change in the number of people living in the home;
   (iii). significant change in circumstance in the home; or
   (iv). failure of the adoptive child or parent to comply with the supervision plan;
(h). cooperate with the provider regarding the following when the staff arranges between a child and the child's birth family:
   (i). visits;
   (ii). telephone calls;
   (iii). mail; or
   (iv). email;
(i). surrender a child or children to the authorized representative of the provider or the state provider, which has custody of the child, upon request;
(j). keep confidential all personal or protected health information as shared by the department or provider according to state law and 45 C.F.R. Parts 160 and 164, concerning a child placed in a home or the child’s birth family;
(k). support an assessment of the service needs, including respite care, and the development of a service plan of a child placed by the provider;
(l). participate in a case planning conference concerning a child placed by the provider;
(m). cooperate with the support and implementation of the permanency goal established for a child placed by the provider;
(n). provide medical care to a child as needed, including:
   (i). administration of medication to the child and daily documentation of the administration; and
(ii). annual physicals and examinations for the child;

(o). comply with general supervision and direction of the provider concerning the care of the child placed by the provider;

(p). for individuals or couples wishing to adopt whose good health may not continue throughout the minority of the child or whose life expectancy may be shorter than the minority years of the child, there shall be established a plan for guardianship of the child in the event that incapacity of death precedes the child’s reaching the age of majority;

(q). be knowledgeable of disciplinary measures and shall:

   (i). recognize, encourage, and regard acceptable behavior;

   (ii). teach by example and use fair and consistent rules with logical consequences;

   (iii). use methods of discipline that are relevant to the behavior;

   (iv). supervise with an attitude of understanding, firmness, and discipline;

   (v). give clear directions and provide guidance consistent with the child’s level of understanding;

   (vi). redirect the child by stating alternatives when behavior is unacceptable;

   (vii). express themselves so the child understands that the child’s feelings are acceptable but certain actions or behavior are not;

   (viii). help the child learn what conduct is acceptable in various situations;

   (ix). encourage the child to control the child’s own behavior, cooperate with others and solve problems by talking things out;

   (x). communicate with the child by showing an attitude of affection and concern; and

   (xi). encourage the child to consider others’ feelings.

b. Exterior Environment Requirements

   i. The adoptive home shall be reasonably safe, in good repair and comparable in appearance and maintenance to other homes in the community.

   ii. The home and the exterior around the home shall be free from objects, materials and conditions which constitute a danger to the children served.

   iii. The home shall have a safe outdoor play area which children may use either on the property or within a reasonable distance of the property. Any play equipment on the property shall be safe, well constructed and suitable for the children served.
iv. Any swimming and wading pools areas shall be locked and be made inaccessible to children except when supervised.

c. Interior Environment Requirements

i. Adoptive parent(s) shall have the necessary equipment for the safe preparation, storage, serving and clean up of meals.

ii. Adoptive parent(s) shall maintain all cooking and refrigeration equipment in working and sanitary condition.

iii. The home shall have a comfortable dining area furnished with sufficient furniture so that all members of the household can eat together.

iv. The home shall have sufficient living or family room space comfortably furnished and accessible to all members of the family.

v. Sleeping arrangements in an adoptive home shall be subject to the prior approval of the placing agency.

vi. Adoptive parent(s) shall permit no more than four children to a bedroom.

vii. Providers receiving federal funds may not use standards related to income, age, education, family structure and size or ownership of housing which exclude groups of prospective parents on the basis of race, color, or national origin, where these standards are arbitrary or unnecessary or where less exclusionary standards are available.

viii. Adoptive parent(s) shall provide each child with his/her own bed and each infant with his/her own crib. The bed shall be no shorter than the child's height and no less than 30 inches wide. It shall have a clean, comfortable, non-toxic mattress with a waterproof cover.

ix. Adoptive parent(s) shall not permit children over the age of six years to share a bedroom with a person of the opposite sex unless the children are inclusive of the same sibling group.

x. Children shall not share a bedroom with adults, except when the child needs close supervision due to illness or except at the discretion of the placing agency.

xi. Bedrooms shall have windows which provide sufficient natural light and ventilation for the health of the children.

xii. Adoptive parent(s) shall provide bed linen and sufficient blankets and pillows for all children.

xiii. The home shall have a minimum of one flush toilet; one wash basin with running water, and one bath or shower with hot and cold water.

xiv. Adoptive parent(s) shall equip each bathroom with toilet paper, towels, soap and other items required for personal hygiene and grooming.

xv. Adoptive parent(s) shall allow each child sufficient privacy with the exclusion of security/video cameras from areas such as the child's bedroom and/or bathroom.

d. Safety Requirements

i. The home shall be well heated and well ventilated.
ii. The adoptive parent(s) shall:
   (a). provide screens for windows and doors used for outside ventilation;
   (b). have a telephone in the home;
   (c). ensure the safe storage of drugs, poisons or other harmful materials;
   (d). store alcoholic beverage out of reach of small children;
   (e). take measures to keep the home and premises free of rodents and insects.
   (f). restrict children’s access to potentially dangerous animals. Pets shall have current immunizations;
   (g). store unloaded firearms and ammunition in separate locked places, inaccessible to children;
   (h). have household first aid supplies for treating minor cuts, burns and other minor injuries.

e. Fire Safety Requirements
   i. The home shall be free from fire hazards, such as faulty electric cords and appliances, or non-maintained fireplaces and chimneys.
   ii. Adoptive parent(s) living in apartment buildings shall give evidence that the building has been approved for building and fire safety within the last two years.
   iii. Adoptive homes including mobile homes shall have two doors which provide unrestricted exits in case of fire.
   iv. The adoptive parent(s) shall:
      (a). equip the home with operating smoke alarms within 10 feet of each bedroom.
      (b). place a portable chemical fire extinguisher in the cooking area of the home.
      (c). establish an emergency evacuation plan and shall practice it at least quarterly with the children, if applicable, to make sure all children understand the procedures.
      (d). store combustible items away from sources of heat.
      (e). shield all home heating units and other hot surfaces against accidental contact.
      (f). maintain safe conditions with properly installed, maintained and operated solid fuel heating stoves, systems, and fireplaces.

f. Sanitation and Health Requirements
   i. Adoptive parent(s) shall keep the home clean and free of hazards to the health and physical well being of the family.
ii. The home shall have a continuous supply of clean drinking water. If the water is not from a city water supply, the adoptive parent(s) shall have the water tested and approved by the local health authority.

iii. All plumbing in the home shall be in working order.

iv. The home shall have an adequate supply of hot water for bathing and dishwashing. Hot water accessible to children shall not exceed 120 degrees Fahrenheit at the outlet.

g. Daily Living Services Requirements. The adoptive parent(s) shall:

   i. provide structure and daily activities designed to promote the individual, social, intellectual, spiritual, and emotional development of the child(ren) in their home;

   ii. assist the adoptive child(ren) to develop skills and to perform tasks which will promote independence and the ability to care for themselves;

   iii. help the adoptive child maintain an awareness of his past, a record of the present, and a plan for the future;

   iv. ask adoptive children to assume work responsibilities reasonable for their age and ability and commensurate with those expected of their own children;

   v. make every effort to teach good habits of money management, budgeting, and shopping as appropriate to the child’s age and abilities;

   vi. make every effort to teach a child good habits of personal hygiene and grooming appropriate to the child’s sex, age and culture through careful daily monitoring;

h. Food and Nutrition Requirements. The adoptive parent(s) shall:

   i. provide at least three nutritionally balanced meals daily according to the child’s service plan;

   ii. provide for any special dietary needs of the adoptive child placed in their home on the advice of a licensed physician or in accordance with the child’s case plan.

i. Clothing Requirements. The adoptive parent(s) shall:

   i. provide each adoptive child with their own clean, well fitting, attractive, seasonal clothing appropriate to age, sex, individual needs and comparable to other household members and to the community standards;

   ii. a child’s clothing shall be his/her own, not be required to be shared;

   iii. a child’s clothing shall go with the child when they leave;

   iv. only shoes in good repair and condition shall be provided for the child;

   v. allow the foster child(ren) to assist in the choosing of their own clothing whenever possible.

j. Support System
i. The adoptive parent(s) shall have or develop an adequate support system for supervising and providing care for the child(ren) on an ongoing basis to allow the parent(s) opportunities for conducting personal business and for enjoying occasional breaks from the responsibility of caring for the child(ren).

ii. The adoptive parent(s) shall provide one responsible adult (over age 18) for direct supervision of children or on call at all times.

iii. Any person given the responsibility for a child on a regular basis must be identified to and approved by the placing agency.

5. Updating Home Study

a. For families who have had an adoptive placement and who wish to apply for adoption of another child, the original home study may be updated.

b. If more than a year has passed since the family was certified for adoption, the provider shall complete an update prior to placement of a child in the home including updated background checks.

c. Applications for a second child shall not precede the finalization of the adoption of any unrelated children placed previously.

6. Denial of an Adoption Home Request

a. The applicant shall be notified, in writing, within 30 days if the request to become an adoptive home parent is not recommended for one of the following reasons:
   i. the applicant is unwilling to withdraw the request to become an adoption parent after receiving a recommendation to withdraw; or
   ii. the applicant desires to adopt, but is unwilling to adopt a child under the custodial control of the department.

b. The applicant shall enter a dispositional summary in the applicant(s) case record clearly indicating the reason for denial of the application for certification, the manner in which the decision was presented to the family and whether or not they agreed with the decision.

c. If the applicant disagrees with the department’s recommendation to not accept the applicant as an adoption home, department staff shall review the request to become an adoption home parent and issue a final written determination regarding the department’s recommendation.

7. Decertification of an Adoption Home.

a. A home shall be decertified if:
   i. it is determined that the family does not meet the general requirements for an adoption home;
ii. a situation exists that is not in the best interest of a child;
iii. sexual abuse or exploitation by the parent or by another resident of the home is substantiated;
iv. substantiated child abuse or neglect by a resident of the household occurs that is serious in nature or warrants removal of a child;
v. a serious physical or mental illness develops that may impair or preclude adequate care of the child by the parent; or
vi. a child has not been placed in the home within the preceding two year period.

b. A home may be decertified according to the terms of the contract between the provider and the home.

c. If it is necessary to decertify a home, the reason shall be stated by the provider in a personal interview with the family.

d. The provider shall confirm, in a written notice to the home parent, the decision to decertify a home. The notice shall be delivered within 30 calendar days of the interview with the adoption home parent.

e. The written notice for decertification of a home shall include:
   i. notice that the provider shall not place a child in the home;
   ii. the reason why the home is being decertified; and
   iii. effective date.

8. Reapplication for Certification

a. Persons who desire to re-certify their adoption home must re-apply. To reapply, a former adoption home parent shall:
   i. attend an informational meeting; and
   ii. submit the:
      (a). names of references; and
      (b). authorization for criminal records background check.

b. If the adoption home hasn’t been certified for more than five years, a new home study must be completed.

c. If the adoption home hasn’t been certified for five years or less and at the time of the de-certification, the home was in good standing and the re-assessments were up-to-date, the home can be certified with an addendum and updated forms.

d. If the re-assessments were not in compliance, a home study must be completed.

e. If the home was de-certified during an investigation or needing a Corrective Action Plan, a home study must be completed.
G. Child Placement

1. Placement Authority
   a. Prior to adoptive placement, the provider shall establish the availability of a child through the following procedures:
      i. acceptance of legally executed voluntary surrender(s) from the parent(s);
      ii. if the parent is surrendering the child, prior to the execution of the surrender, a surrendering parent shall participate in a minimum of two counseling sessions relative to the surrender;
      iii. the provider shall execute an affidavit attesting that the surrendering parent attended a minimum of two sessions, and stating whether the surrendering parent appeared to understand the nature and consequences of his intended act. The affidavit of the counselor shall be attached to the act of surrender;
      iv. if, in the opinion of the provider, there is any question concerning the parent’s mental capacity to surrender, the basis for these concerns shall be stated in the affidavit. If indicated, the affidavit shall contain a specific recommendation for any further evaluation that may be needed to ascertain the parent’s capacity.
      v. if he is a major, any surrendering father of a child may waive the counseling. In this case, the provider shall execute an affidavit attesting to the father’s waiver and that he appeared to understand the nature and consequences of his intended act. The affidavit shall be attached to the act of surrender.
      vi. court order(s) of abandonment against the parent(s);
      vii. court ordered termination of parental rights against the parent(s); or
      viii. documentation of death of parent(s);
      ix. any combination of the above.
   b. A child’s biological parent shall not be induced to terminate parental rights by a promise of financial aid or other consideration.
   c. If the court finds the adoptive home to be unsuitable and refuses to grant a judgment, the provider shall remove the child from the home.

2. Assessment of the Child for Placement
   a. A child shall not be placed for adoption until the adoptive home has been certified.
   b. The child shall participate in the placement process and in the decision that placement is appropriate, to the extent that the child’s age, maturity, adjustment, family relationships, and the circumstance necessitating placement justify the child’s participation.
   c. The provider shall obtain the following, if applicable:
      i. a developmental history of the adoptive child to include:
(a). birth and health history;
(b). early development;
(c). characteristic ways the child responds to people and situations;
(d). any deviation from the range of normal development;
(e). the experiences of the child prior to the decision to place the child for adoption;
(f). maternal attitude during pregnancy and early infancy;
(g). continuity of parental care and affection;
(h). out-of-home placement history;
(i). separation experiences; and
(j). information about the mother, all fathers and family background:
   (i). that may affect the child’s normal development in order to determine the presence of a significant hereditary factor or pathology; and
   (ii). including an illness of the biological mother or father, siblings, grandparents, great-grandparents, or cousins;

ii. a social history of the biological or legal parent, to include:
   (a). name;
   (b). date of birth;
   (c). nationality;
   (d). education;
   (e). religion or faith; and
   (f). occupation;
   (g). race;
   (h). height;
   (i). eye color;
   (j). weight;
   (k). complexion.

iii. Information obtained from observation of the child by a:
   (a). social services worker; or
   (b). foster parent; or
   (c). physician or other licensed health care professional;
   (d). Information from the mother, if possible, identifying the biological father, or legal father, if different from the biological father, for the purpose of determining the father's parental rights and hereditary rights. If either biological or legal parent is unavailable, unwilling, or unable to assist with the completion of necessary information, the
provider shall document information, to the extent possible, from the existing case record.

3. Selection of a Home
a. The provider shall select an adoptive family for a child based on the assessment of the child’s needs, as well as, an assessment of the prospective family’s ability to meet those needs.

b. The provider may assess a child’s racial, cultural ethnic and religious heritage and preserve them to the extent possible without jeopardizing the child’s right to care and a permanent placement.

c. Selection of a family shall be based on three broad criteria:
   i. the best interest of the child is the primary consideration;
   ii. the existence of psychological parent-child bonds between the child available for adoption and significant adults in the child’s life;
   iii. the ability of the family to meet the needs of the child.

d. The following factors regarding selection of a family shall be carefully considered:
   i. placement of siblings as a family group is usually the preferred placement choice unless contraindicated by:
      (a). assessment of the nature of sibling relationships;
      (b). the likelihood that placement would be unduly delayed by waiting for a family who will accept all of the children in a sibling group;
      (c). the existence of significant affectionate attachment between a child and foster parent(s) who wish to adopt only the member of the sibling group already placed in the home. The provider may agree to this when an assessment indicates that the child’s psychological bond to the foster parent(s) is so strong that it is more important to the child than the sibling relationship(s). In this situation an assessment must be made of the foster parent(s) willingness to maintain sibling contact after finalization of the adoption;
   ii. the prospective family’s willingness and ability to provide for the medical, educational, and psychological services identified as being needed by the child;
   iii. the family’s ability to accept the child’s background and his mental, physical and psychological imitations/strengths;
   iv. the probable impact of such factors such as life style, expectations, culture and perception of family life on the ability of the family and the child to bond to each other.

e. Adoption of a child by foster parent(s) shall be considered when:
   i. the foster parent(s) are interested in adopting the child;
   ii. an assessment indicates that foster parent adoption is the most desirable permanent plan for the child;
iii. the child has lived with the foster family for a period of time and the child and family have formed affectionate and healthy ties;
iv. removal and placement would be likely to cause lasting emotional damage to the child;
v. foster parent(s) meet certification standards for adoptive homes.
f. Adoption by a relative(s) shall be considered when:
i. the relative(s) is interested in adopting the child;
ii. an assessment indicates that this plan is in the best interest of the child;
iii. the child and relative(s) have formed affectionate and healthy ties;
iv. the relative(s) meets certification standards for adoptive homes.
g. Birthparent(s) may be considered for permanent placement of the child when:
i. the birthparent(s) is interested in adopting the child;
ii. an assessment indicates that this plan is in the best interest of the child;
iii. the child and birthparent(s) have the capacity to form an affectionate and healthy parent-child relationship;
iv. the parent(s) meets the certification standards for adoptive homes. Waivers may be considered for certification criteria where in the best interest of the child.
h. The provider having legal custody of the child may select an adoptive family for placement of the children if legal availability has not been established under the following conditions.
i. The provider has reasonable assurance that the child’s availability will be established and legal procedures have been initiated or made a part of the case plan, pending implementation.
ii. Professional evaluation indicates that the establishment of a parent child bond at the earliest possible age is in the best interest of the child.
iii. The adoptive family meets the requirements for certification as a family foster home and has been certified as such prior to placement.
iv. The foster/adoptive family has been advised of the legal risks involved and is willing to enter into this case plan under a written family foster agreement stipulating the special provisions in §7313.U.3.
i. The provider shall not place a second child in a home for adoption until a previously placed child’s adoption has been finalized except where the second child is a sibling to the first child and the placement is in the best interest of both children.

4. Placement Agreement with Adoptive Parent(s)
a. The provider shall have a signed agreement with each adoptive parent which includes the following.
i. The child’s availability for adoption has been established.
ii. The child is being placed with the adoptive parent(s) for purposes of adoption.

iii. The adoptive parent(s) meets the certification requirements for adoption.

iv. The child remains in the custody of the provider until the adoption is finalized.

v. The family assumes financial responsibility for the child except in special needs placements approved by the department for an adoption subsidy or in accordance with special provisions for financial responsibility as included in the agreement.

vi. The number of supervisory visits in the first six months of placement to assess the progress of the placement.

vii. The provider and family agree to finalize the adoption after six months barring unforeseen circumstance that warrant removal of the child or to extend the placement agreement for another time-limited period not to exceed 18 months in all.

viii. The family agrees to cooperate with the provider in making a planned move for the child if replacement should be necessary except in emergency circumstances.

ix. The family will not petition the court for adoption until the provider has given written consent.

x. The family will report to the provider any changes in their circumstances that have an effect on the child or the adoption.

xi. The family will not take the child out-of-state or authorize any special medical care or treatment for the child without the consent of the provider.

xii. The provider will provide supportive services to the family to promote a healthy parent-child adjustment and bonding.

5. Preparation of the Prospective Adoptive Parent
   a. The provider shall prepare the prospective adoptive family for the placement of the particular child(ren).
   
   b. Preparation shall include:
      
      i. visitation with the child in accordance with the child’s age, level of understanding and preparation needs;
      
      ii. thorough discussion and agreement on any special provisions of placement.

   c. During preparation, the provider shall discuss the child’s readiness to accept the selected placement with the child, in accordance with the child’s age and ability to understand.
6. Supervision of the Child

a. The provider placing a child shall remain responsible for the child until a final decree has been granted.

b. The child and family shall be seen within three weeks of placement and once every two month period thereafter and a visit within 30 days prior to the final decree.

c. At least two of the supervisory visits shall be in the adoptive home and shall include both adoptive parents (if applicable) and all other members of the household.

d. Observations made during the visits shall be used in making recommendations for finalization of the adoption or to assist the family if problems arise that cannot be resolved to the satisfaction of the family and provider. The provider shall assist the family directly and/or refer the family to a provisional resource outside of provider to address the problem(s).

e. In special needs placements, more supervisory visits should be made, at least one each two month period to provide information, assistance and support to the family.

f. Written reports of the supervisory visits shall be dated, sent to the department as part of the confidential report and placed in the child's record and adoptive parent(s) record.

g. The provider shall be available to give the child and adoptive parent(s) assistance, consultation and emotional support with situations and problems encountered in permanent placement.

h. The provider shall ensure continuation of case management, visits, and telephone contacts based upon the needs of the child until the adoption is legally granted.

i. The provider shall be made aware of any change in the adoptive home including health, education, or behavior.

j. The provider shall be responsible for assisting adoptive parents to finalize the adoption or in cases where the adoption cannot be finalized, to develop an alternative permanent plan and placement for the child.

H. Adoption Petition Process

1. The provider shall give written consent to the family for adoption at the end of six months or one year, whichever is applicable, of placement if the family wants finalization and any problems that have arisen during the placement are in a satisfactory stage of resolution.

2. The provider shall submit all documents establishing availability of the child (TPR, surrender or death certificate) and the child's certified birth certificate to the court when filing the adoption petition with the court.

3. Upon notification by the court of the filed petition, the department shall request from the adoption agent, in writing, any required information that must be part of the confidential report and the date the information is to be submitted. If the child
was born in this state, the adoption agent shall also submit a completed Adoption Report to the Clerk of Court office.

4. The provider shall submit the requested information to the department by the date specified in the notification correspondence.

5. Upon receipt of the required information, the department will review it for accuracy and thoroughness. If any required information has not been submitted, the department will notify the provider.

6. Once all of the required information has been received and reviewed by the department, the provider shall be notified, in writing, that the report has been submitted to the court.

7. If all of the required information is not provided, the report submitted to the court will reflect what information is missing that was not provided by the adoption agent.

8. When filing a petition for the adoption of a foreign orphan, the petition shall be accompanied by a certification for adoption, a certified copy of the Immigration and Naturalization Service documentation of orphan status, the original or a certified copy of a valid foreign custody decree, together with a notarized translation, and the original or certified copy of a valid birth certificate, together with a notarized translation, and an affidavit of fees and expenses.

9. When filing a petition for recognition of a foreign decree of adoption, the petition shall be accompanied by a certification for adoption, a certified copy of the Immigration and Naturalization Service documentation of orphan status, documentary proof of citizenship status, the original or a certified copy of a valid foreign custody decree, together with a notarized translation, and the original or certified copy of a valid birth certificate, together with a notarized translation, and an affidavit of fees and expenses.

I. Adoption Disruption

1. When it has been identified that there is an adoption disruption, and except in emergency situations, the provider shall assist the adoptive family and child to plan an adoption disruption and replacement of the child in a manner least detrimental to the child and family. After all available resources are used and the family is still thinking about discontinuing the placement, the provider shall hold a planning conference to review the situation. The planning conference shall be attended by the adoptive parents, the child (if and when in the best interest of the child), the placement worker, the placement supervisor and (if applicable) the previous foster care worker/custodian. The planning conference should cover the following:
   a. problems in the placement;
   b. what resources have been used;
   c. what other resources may be helpful;
   d. the pros and cons of continuing the placement;
   e. deciding whether to disrupt the placement or maintain the placement;
   f. if maintaining the placement is the plan, identifying additional services to be used;
g. if disruption is the plan, discussing the placement alternatives for the child;
h. planning how the disruption will occur.

2. The provider shall assist the family in giving the child, of sufficient age of understanding, a reason for the disruption. Where this is not possible, the provider shall inform the child.

3. The provider shall provide services to families who suffer an adoption disruption to deal with their grief and decide if another adoptive placement is an appropriate plan.

J. Final Decree

1. When a final decree has been rendered by the court, the provider shall review the final decree document for accuracy and ensure that the document has been filed with the applicable Clerk of Court.

2. If the child was born in this state, the provider shall submit the required fee for a revised birth certificate, along with a completed Certificate of Live Birth form PHS 19 and proof of citizenship, if applicable, to the department within 15 working days of the adoption finalization.

3. If the child was born in another state, the adoption agent shall submit a request to the agency responsible for the maintenance of vital records from the state in which the child was born in order to revise the child's birth certificate and ensure that the adoptive family receives a copy of the revised birth certificate.

4. In an inter-country adoption, the court shall issue a judgment recognizing the foreign adoption and rendering a final decree of adoption upon finding that:
   a. at least one of the adopting parents is a domiciliary of the state of Louisiana;
   b. the original or a certified copy of the foreign adoption decree, together with a notarized transcript, has been filed and is presumed to have been granted in accordance with the law of the foreign country;
   c. the child has qualified as a foreign orphan and is in the United States in accordance with applicable Immigration and Naturalization Service regulations;
   d. the child is either a permanent resident or a naturalized citizen of the United States;
   e. the petitioners have the ability to care for, maintain, and educate the child.

§7317. Transitional Placing Program

A. General Requirements

1. Program Description
   a. A provider shall have a written program description describing:
      i. the overall philosophy and approach to independent living;
      ii. the long-term and short-term goals;
      iii. the types of youth best served;
iv. the provider’s approach to service planning;
v. ongoing programs available to the youth during placements; and
vi. any living arrangements provided.

b. The provider must include a written description of direct services, support services, and services to be arranged to achieve the goals of the transitional placing program.

i. Direct services shall include, but are not limited to, the following:
   (a). services related to education and vocational training e.g., career planning; preparation for the GED or higher education; job readiness; job search assistance; job placement; job follow-up activities; vocational training; tutoring and other remedial education;
   (b). programs and services in basic independent living skills e.g., money management; home management (housekeeping, etc.); consumer skills; identifying community resources; time management; communication skills; use of transportation; physical and mental health care; locating safe and stable housing; problem solving/decision making; sex education; menu planning and nutrition; cooking;
   (c). individual and/or group counseling as well as workshops and conferences to promote self-esteem; self confidence; development of interpersonal and social skills; preparation for transition to independence and termination of services; after care.

ii. Support services shall include, but not be limited to, the following:
   (a). vocational assessment or training;
   (b). GED classes;
   (c). preparation for college entrance exams;
   (d). driver’s education, if appropriate;
   (e). counseling.

2. Number of Youth
a. The provider shall ensure that no more than three youth are placed in an apartment.

b. The provider who utilizes communal living arrangements (home situation) housing for four or more must obtain fire and health approval.

c. The provider’s arrangements for selecting youth and youth groups for a specific living situation shall make allowance for the needs of each youth for reasonable privacy and shall not conflict with the program plan of any youth of the living situation or with the overall philosophy of the provider.

d. No youth shall be placed together in a living situation except by mutual agreement between the youth. Signed agreements shall be maintained in each record.
3. Personnel Qualifications
   a. Child Placement Worker. The Child Placement Worker (CPW) shall meet the following qualifications:
      i. have a minimum of a bachelor’s degree in social work or any bachelor’s degree plus one year of social service experience;
      ii. a child placement worker located in a branch office apart from the supervisor of placement services shall have a master’s degree from an accredited school of social work;
      iii. in providers where the child placement staff is comprised of one placement worker, this person shall meet the qualifications of the supervisor of placement services.
   b. Child Placement Worker (CPW) Assistant. The CPW assistant shall:
      i. be at least 18 years of age;
      ii. have a high school diploma or equivalency; and
      iii. have one year of experience providing basic child welfare support services to youth.

4. Personnel Job Duties
   a. The CPW shall be responsible for:
      i. assessing, developing, and executing a plan to achieve permanence for the youth including return to the family, adoptions, transfer of custody, independent living, or other alternative plans;
      ii. providing services to a caseload of youth removed from their homes by court order, voluntary surrender, or voluntary placement agreement and placed in a foster home or a more restrictive setting;
      iii. overseeing the placement to ensure the youth's well-being. Assesses probability of return and plan for the youth’s permanency;
      iv. developing and implementing a recruitment plan for certifying perspective foster and adoptive families;
      v. preparing and conducting extensive orientation and training for potential foster and adoptive homes;
      vi. examining and evaluating information gathered about families, housing, and environment in relation to provider criteria and licensing regulation for certification of perspective adoptive and foster homes;
      vii. upon completion of written home studies, recommending approval or denial of certification for perspective adoptive and foster homes based on a combined evaluation and assessment process;
      viii. re-evaluating for continued annual re-certification for foster and adoptive homes. Develops and implements a corrective action plan to correct deficiencies;
ix. maintaining listing of all foster and adoptive homes in area and recommends appropriate resources to workers placing youth.

b. The CPW assistant shall be responsible for:
   i. assisting professional staff in providing services to the youth;
   ii. instructing youth in the practical application of improved standards of housekeeping, shopping, personal hygiene, medical and childcare, and other necessary home management skills;
   iii. lifting or assisting youth into the transit with their personal belongings and any medically needed equipment such as a wheelchair, an oxygen tank, a walker, etc.;
   iv. observing and reporting youth’s behavior to professional staff to aid in the assessment and treatment plan of the case;
   v. monitoring family visitation between caretaker and youth with parents, as required;
   vi. preparing narrative reports and maintaining visitation log as required;
   vii. scheduling and arranging youth transportation for follow-up visits;
   viii. effectively communicating with youth to defuse potentially dangerous situations such as physical/verbal confrontations between youth and/or towards provider staff;
   ix. completing various forms and reports.
   x. may be responsible for vehicle maintenance and documentation of such.

5. Advisory Board
   a. The provider shall develop written procedures for a Youth Advisory Board consisting of youth representatives receiving services to provide feedback relative to program policies, practices, and services.
      i. The Youth Advisory Committee shall be allowed to meet at least monthly.
      ii. The provider shall maintain documented minutes of the Youth Advisory Board and resolutions of problems addressed.

6. Money
   a. A provider shall have a written policy describing how they will manage the youth’s money.
   b. A provider shall only accept a youth’s money when such management is mandated by the youth’s service plan. The provider shall manage and account for money of youth who are minors.
   c. Providers who manage youth’s money shall maintain in the youth’s file a complete record accounting for his/her money.
i. The provider shall maintain a current balance sheet containing all financial transactions to include the signature of staff and the youth for each transaction.

ii. The money shall be kept in an individual account in the name of the youth.

d. Youth’s monetary restitution for damages shall only occur when there is clear evidence of individual responsibility for the damages and the service team approves the restitution. The youth and his/her legal guardian(s) shall be notified in writing within 24 hours of any claim for restitution and shall be provided with specific details of the damages, how, when and where the damages occurred, and the amount of damages claimed. If the amount is unknown, an estimate of the damages shall be provided and an exact figure provided within 30 days. The resident and his/her legal guardian(s) shall be given a reasonable opportunity to respond to any claim for damages. If the provider receives reimbursement for damages either through insurance or other sources, the resident shall not be responsible for restitution.

7. Food Service

a. When meals are prepared in a central kitchen, the provider shall ensure that menus include the basic four food groups and each youth’s nutritional needs are met. Menus shall be maintained on file for at least a month.

b. If youths develop and prepare their menus and meals, the provider shall give assistance to ensure nutritional standards.

8. Critical Incidents

a. If the youth is 18 to 21, the provider shall notify the law enforcement agency exercising local authority and jurisdiction.

9. Emergency Preparedness

a. The provider shall ensure the development of an emergency evacuation policy and safety plan for each youth that is specific for location of the living unit in the event of a fire, natural or national disaster. The youth’s record shall document that the youth has acknowledged receiving a copy of this policy and plan at admission.

b. A provider shall document that all youth are trained in emergency procedures within one week of admission. Such training shall include:

i. instruction in evacuation from the living situation;

ii. instruction in contacting police, fire and other emergency services; and

iii. instruction in fire and accident prevention.

B. Certification of an Independent Living Unit

1. Requirements for a Living Unit
a. The living unit shall be occupied by only a youth approved to occupy the living unit by the provider.

b. Nonresidents shall be asked to vacate the living unit.

c. Each youth shall have his/her own bed.

d. The provider shall assure and document that the living unit:
   i. does not present a hazard to the health and safety of the youth;
   ii. is well ventilated and heated; and
   iii. complies with state and local health requirements regarding water and sanitation;
   iv. is furnished with items to include:
      (a). window coverings;
      (b). basic local telephone service;
      (c). food and kitchenware;
      (d). linen;
      (e). bedding;
      (f). routine supplies.

C. Placement of a Youth

1. Initial Placement
   a. The provider shall:
      i. place a youth only in an approved foster care setting; and
      ii. keep a youth who has been committed to the Department of Corrections, Office of Juvenile Justice for the commission of a sex crime in a separate living arrangement from a youth committed to the department.

2. Service Agreement
   a. The provider shall ensure that a written service agreement is completed prior to placement. A copy of the agreement, signed by the provider, the youth, if applicable the legally responsible party and all those involved in its formulation, shall be kept in the youth’s record and a copy shall be available to DSS, the youth, and where appropriate, the legally responsible person.

   b. The service agreement shall include:
      i. a delineation of the respective roles and responsibilities of the provider and where applicable, the referring provider;
      ii. specification of all services to be provided including the plan for contact between the youth and provider staff;
iii. facility rules that will govern continued participation in the transitional living program, and consequences of inappropriate behavior of youth while in care;
iv. the provider’s expectations concerning the youth and the youth’s responsibility;
v. criteria for discharge;
vi. specification of financial arrangements including any fees to be paid by the youth;
vii. authorization to care for the youth;
viii. authorization for medical care;
ix. attendance and absences from the provider to also include curfew times; and
x. criteria for notifying the funding provider of any change of address of the youth and any significant change in the youth’s life or program.
c. The provider shall select a living arrangement for a youth based upon the individual needs of the youth based on an assessment of the youth’s skills and knowledge.
d. The assessment shall be completed within 10 days of the youth’s placement.
e. The assessment tool shall assess the following:
   i. money management and consumer awareness;
   ii. job search skills;
   iii. job retention skills;
   iv. use of and access to:
      (a). community resources;
      (b). housing; and
      (c). transportation;
   v. educational planning;
   vi. emergency and safety skills;
   vii. legal knowledge;
   viii. interpersonal skills, including communication skills;
   ix. health care knowledge, including knowledge of nutrition;
   x. human development knowledge, including sexuality;
   xi. management of food, including food preparation;
   xii. ability to maintain personal appearance;
   xiii. housekeeping; and
   xiv. leisure activities.
f. The youth shall participate in the intake process and in the decision that placement is appropriate, to the extent that the youth’s age, maturity, adjustment, family relationships, and the circumstance necessitating placement justify the youth’s participation.

g. The provider shall document the placement in the provider’s file.

h. The assessment will be placed in the youth’s record.

3. Service Plan

a. The provider shall:

i. within 30 days of a youth’s placement, develop a written service plan based upon the individual needs of the youth and, if appropriate, the youth’s family, which addresses the:

(a). educational, job training, housing, and independent living goals;

(b). objectives to accomplish a goal;

(c). methods of service delivery necessary to achieve a goal and an objective;

(d). person responsible for each activity;

(e). specific timeframes to achieve a goal and an objective;

(f). identification of a discharge plan;

(g). plan for aftercare services; and

(h). plan for services from a cooperating provider;

ii. review the youth’s service plan, placement and permanency goals on a quarterly basis or more frequently as the youth’s needs or circumstances dictate.

4. Supervision of the Youth

a. The provider shall have a written plan for providing support and supervision.

b. The provider staff shall have contact with the youth on a daily basis which may include, but is not limited to, a confirmed e-mail or text or telephone contact.

c. The provider staff shall have at least three face-to-face visits weekly. A youth may not be seen less than the above amount unless specified by his/her plan, which has been signed by the parent or legal guardian.

d. All contacts with the youth shall be documented; and

e. There shall be provisions for emergency access by youth to an appropriate provider staff member on a 24-hour basis.

f. The provider shall, through at least monthly visits by staff to the living situation, determine and document that:
i. there is no reasonable cause for believing that the youth’s mode of life or living situation presents any unacceptable risks to the youth’s health or safety including a review for use of alcohol or illegal contraband;

ii. the living situation is maintained in a clean and safe condition;

iii. the youth is receiving any necessary medical care;

iv. the current provider plan provides appropriate and sufficient services to the youth.

g. Document annual compliance with fire and building codes for any living unit in which the provider places the youth.

5. Discharge Process

a. A provider shall have a written discharge policy detailing the reasons a youth may be discharged.

b. A provider shall, whenever possible, notify the youth’s parent(s), tutor or curator as soon as possible or within fourteen working days prior to the planned discharge of a youth.

c. A provider shall compile a complete written discharge summary immediately upon discharge; such summary to be included in the youth’s record. When the youth is discharged to another provider, this summary must accompany the youth. This summary shall include:

   i. a summary of services provided during involvement in the program;

   ii. a summary of growth and accomplishments during involvement;

   iii. the assessed needs which remain to be met and alternate service possibilities that might meet those needs.