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PART I

DEFINITIONS AND AUTHORITY

22 VAC 40-141-10. Definitions.

The following words and terms, when used in this chapter <u>regulation</u>, shall have the following meanings, <u>meaning</u> unless the context clearly indicates otherwise:

"Assistant" means an individual 18 years of age or older who is selected by the independent foster parent to assist the provider in the care and supervision of the children in the home.

"Child" means any individual less than 18 years of age.

"Child Protective Service Central Registry" means the name index of individuals involved in child abuse and neglect investigations with a founded disposition and maintained by the Virginia Department of Social Services.

"Child with special needs" means a child with diagnosed physical, mental, or emotional disabilities such as, but not limited to, cerebral palsy, sensory impairment, learning disabilities, behavior disorders, chronic illnesses, a deficit in social functioning, mental retardation or emotional disturbance and who may require special monitoring or specialized programs, interventions or facilities.

"Commissioner" means the Commissioner of the Department of Social Services, his designee, or authorized representative. also known as the Director of the Virginia Department of Social Services.

"Cooling device" means a mechanical device used to cool a room, such as an electric fan or air conditioner.

"Department" means the Virginia Department of Social Services.

"Department's representative" means an employee or designee of the Virginia

Department of Social Services, acting as the authorized agent of the commissioner in carrying

out the responsibilities and duties specified in Chapter 10 (§ 63.1-195 et seq.) of Title 63.1 of the

Code of Virginia.

"Good character and reputation" means findings have been established and knowledgeable and objective people agree that the individual (i) maintains business, professional, family, and community relationships which are characterized by honesty, fairness, truthfulness and dependability and (ii) has a history or pattern of behavior that demonstrates that the individual is suitable and able to care for, guide, supervise, and protect children. Relatives by blood or marriage, and persons who are not knowledgeable of the individual, such as recent acquaintances, shall not be considered objective character and reputation references.

"Independent foster home" means a private family home in which any child, other than a child by birth or adoption of such person, resides as a member of the household and has been placed therein independently of a child-placing agency except (i) a home in which are received only children related by birth or adoption of the person who maintains such home and children of personal friends of such person and (ii) a home in which is received a child or children committed under the provisions of subdivision 4 of § 16.1-278.2, subdivision 6 of § 16.1-278.4, or subdivision 13 of § 16.1-278.8 of the Code of Virginia.

"Infant" means any child from birth up to 16 months of age.

"Major injuries, illnesses and accidents" means injuries, illnesses or accidents which require emergency medical care or treatment.

"Parent" means the legal parent or parents or legal guardians of the child.

"Placing agreement" means the written agreement signed by the child's parents or guardians and the independent foster home parents in which the parents or guardians authorize the child's placement in the independent foster home for a period of 180 days or fewer. The placing agreement specifies the rights and responsibilities of each party but does not transfer

legal custody to the independent foster home parent. The agreement addresses acquisition of, and consent for, any medical treatment needed by the child; financial responsibility for the placement; visitation with the child's family; and if appropriate to the child's age, unauthorized absences from the home. The parents or guardians may withdraw the placing agreement at any time during the placement period.

"Provider" means independent foster parents who give 24-hour substitute family care, room and board, and services for up to eight children who reside in the provider's home as members of the household. A provider may be husband and wife.

"Temporary entrustment agreement" means the agreement signed by the child's parents or guardians and the licensed independent foster parent in which the parents or guardians temporarily confer physical and legal custody of their child to the licensed provider for less than 90-180 days. The temporary entrustment agreement specifies the rights and obligations of the child, the parents or guardians and the provider, includes the responsibilities of the parents for financial support, and grants authority for medical care of the child. Temporary entrustment agreements may be withdrawn by the parents at any time during the 90-day-180-day period. Placements for longer than 90 days must be approved by the local juvenile and domestic relations court.

"Time-out" means a discipline technique in which a child is moved for a brief time away from the stimulation and reinforcement of ongoing activities and other children to allow the child to regain composure when losing self-control.

22 VAC 40-141-20. Legal authority.

The licensed independent foster parent is permitted by law to accept children for care who are entrusted to the provider by the parents or legal guardians or whose parents have signed a placing agreement authorizing the child's temporary placement in the independent foster home. This A temporary entrustment transfers custody of the child from the parents or legal guardians to the independent foster parents. A placing agreement authorizes the child's placement in the independent foster home while allowing the parents or guardians to maintain legal custody. The entrustment must be approved by the juvenile and domestic relations court if the child is to remain in placement for more than 90 days. The local juvenile and domestic relations court must approve the temporary entrustment agreement if the child is to remain in the placement for more than 90 days.

Individuals are exempt from licensure if they only provide care to children who are born to or adopted by the individual or children of relatives or personal friends. Subdivision 4 of § 16.1-278.2 of the Code of Virginia referenced in the definition of an independent foster home refers to the placement decisions for children by local boards of social services or a public agency designated by the community policy and management team. Subdivision 6 of § 16.1-278.4 of the Code of Virginia refers to the court transfer of legal custody from the parents to another individual or agency. Subdivision 13 of § 16.1-278.8 of the Code of Virginia refers to the court's disposition of delinquent juveniles. Individuals receiving children under these provisions are not subject to licensure under this regulation.

Part II

General Requirements for Providers

22 VAC 40-141-30. General requirements.

A. Children placed in independent foster homes by the parents or legal guardians shall not remain in care longer than 90 days without the approval of the local juvenile and domestic relations court 180 days.

If it appears that a child cannot be returned to the child's parents in less than 90 days, the provider shall petition the local juvenile and domestic relations court within 30 days of placement to request an assessment of the care and custody of the child.

For a child placed in the independent foster home by a temporary entrustment agreement; if it appears that the child cannot be returned to the child's parent or guardian within 90 days of the date of placement, the provider shall petition the local juvenile and domestic relations court within 30 days of placement to request an assessment of the care and custody of the child.

Exception: A child's placement in the independent foster home may exceed 180 days for reasons of parental illness/recuperation or military deployment if that was the reason for the placement and the provider refers the child to the local department of social services and makes a request for an assessment of the care and custody of the child to determine if additional services or evaluations are necessary.

- B. Providers shall be at least 21 years of age.
- C. Providers shall have either a bachelor's degree in a field related to family services, child care and development, social work or education or a high school diploma or G.E.D. and at least one year of experience providing care to children in the age range to be placed in the home.

Providers who accept children with special needs shall have experience or training directly relevant to the developmental levels and special needs of the children in care.

Exception: Licensed and registered family day care home providers and family day care homes approved by licensed family day care systems shall be exempt from the requirements of this subsection when providing foster care to the children enrolled in the day care home.

D. The provider shall be responsible for the home's day-to-day operation and for meeting licensing requirements.

22 VAC 40-141-40. Child abuse or neglect record. Background checks.

- A. The applicant for licensure, the provider, assistant and adult household members, and any other adult who is involved in the day-to-day operations of the independent foster home or will be alone with, in control of, or supervising one or more children placed in the home shall receive and provide to the licensing representative: the results of a search of Virginia's Child Protective Service's Central Registry and shall not have a founded child abuse or neglect record.
 - 1. The results of a criminal history record check conducted by the Virginia State

 Police through the Central Criminal Records Exchange and shall not have an offense as

 described in § 63.2-1719 of the Code of Virginia;
 - 2. The results of a search of Virginia's Child Protective Services central registry and shall not have a founded child abuse or neglect record; and
 - 3. A sworn disclosure statement or affirmation disclosing whether the person has a criminal conviction or is the subject of any pending criminal charges within or outside the

- Commonwealth and whether or not the person has been the subject of any founded complaint of child abuse or neglect within or outside the Commonwealth.
- B. The provider shall not permit a known sex offender to reside in the home or to have contact with the children in care.

22 VAC 40-141-50. References and employment history.

- A. The provider shall provide three references with the initial application from unrelated persons who have knowledge of the provider's character and reputation and ability, skill and experience in the provision of services to children.
- B. The provider shall submit information on the provider's employment history.

22 VAC 40-141-60. Assessment of knowledge, skills and abilities.

- A. The provider, and any assistants left alone with children, shall be able to speak, read, and write in English sufficient to understand and carry out the responsibilities and requirements of the Licensing Standards for Independent Foster Homes to ensure the care, safety, and protection of children.
- A.B. The provider and any assistants shall be knowledgeable about and physically and mentally capable of providing the necessary care for children.
- B.C. The provider and assistants shall be able to sustain positive and constructive relationships with children in care; shall relate to children with respect, courtesy, patience and affection; and shall demonstrate an understanding and respect for the families of children in care.
- C.D. The provider and assistant shall be capable of handling emergencies with dependability and good judgment.

- D. The provider and assistant shall be able to communicate and follow instructions to assure care, safety and protection for children.
- E. The provider shall have the financial income to meet the basic needs of the provider's own family as well as to meet the needs of each child in placement if the parents are unable to pay for the child's care.
- F. The provider shall have knowledge, skills and abilities in parenting skills and behavior management of children in the age or special needs group of the children to be placed with the provider.
- G. The provider and assistant shall respect the confidentiality of the child and his family in accordance with § 63.1-209 § 63.2-104 of the Code of Virginia.
- H. The provider and assistant shall be responsible, of good character and reputation and shall display behavior that demonstrates stability and maturity.
- I. The provider shall demonstrate marital stability, if married.
- J. The provider shall complete the required Home Study Assessment form provided by the department and submit the completed form with the initial application for licensure.

22 VAC 40-141-70. Training.

A. When such training is available <u>from the Department of Social Services</u>, <u>local</u>

<u>departments of social services</u>, <u>or licensed child-placing agencies</u>, the provider shall

complete an initial foster parent orientation and training session within the first six

months of initial licensure. On an annual basis, the provider shall also attend at least 20

hours of related training.

- B. The provider, any assistants, and any other adult expected to be alone in the home with children shall receive, prior to licensure or employment, certification in first aid and cardiopulmonary resuscitation appropriate to the age of children in care, from an approved source such as the American Red Cross, the American Heart Association.

 National Safety Council or an equivalent resource approved by the department.
- B.C. The provider and any other adult expected to be alone in the home with children shall receive and maintain current certificates in first aid and cardiopulmonary resuscitation, appropriate to the age of children in care, from an approved source such as the American Red Cross, the American Heart Association, or the National Safety Council or an equivalent resource approved by the department.
- D. The provider shall attend at least 20 hours of related training each year. The provider shall maintain documentation of training attended.

22 VAC 40-141-80. Medical requirements for provider, assistant and household members.

A. Within 90 days prior to the initial application, the applicant for licensure as an independent foster home provider, each assistant and each permanent member of the household and each adult member of the household shall obtain a tuberculin skin test indication the absence of tuberculosis in a communicable form undergo an assessment for risk of tuberculosis infection and disease. The applicant shall provide documentation from the health department, a physician, or a physician's designee that each individual is "free from tuberculosis in a communicable form." Individuals needing additional testing to determine the absence of tuberculosis in a communicable form shall obtain a tuberculin skin test and:

- 1. The statement shall include the type of test used, the date of the test results.
- 2. The statement shall be signed and dated by a physician, the physician's designee, or an official of a local health department.
- B. If an individual is not able to receive a tuberculin test for health reasons, this shall be documented by a physician. The physician's statement shall also include the date when the test can be safely administered. The individual shall obtain the tuberculin test no later than 30 days after the date indicated by the physician.
- C. An individual who had a positive reaction to a tuberculin skin test and whose physician certifies the absence of communicable tuberculosis shall obtain chest x-rays on an annual basis for the following two years. The statement shall document the date of the x-rays and be signed by a licensed physician, the physician's designee, or an official of a local health department.
- D. Any individual who, upon examination or as a result of tests, shows indications of communicable tuberculosis or a physical condition that may jeopardize the safety of children in care shall be removed from contact with children, and where indicated, from food served to children. Contact may resume when a licensed physician certifies that the risk to children has been eliminated or substantially reduced.
- E. The provider, any assistants, and any adult household members shall undergo subsequent screening or testing, as appropriate, every two years thereafter.
- F. Any individual who comes in contact with a known case of tuberculosis or develops

 chronic respiratory symptoms shall, within 30 days of exposure or development, receive

 an evaluation to indicate the absence of tuberculosis in a communicable form.

PART III

SERVICES AND SUPERVISION

22 VAC 40-141-85. Temporary entrustment agreements. Temporary Entrustment Agreement Requirements

- A. A <u>written</u> temporary entrustment agreement <u>or placing agreement</u> shall be received on every child placed directly by the child's parents or guardians in the independent foster home. Prior to entering into a temporary entrustment agreement, the provider shall consider the needs of the child and whether the home can meet those needs, the needs of any other children residing in the home, and the impact of the individual child joining the household.
- B. The temporary entrustment agreement shall be for placement of less than 90 180 days. If the provider is aware at the time of admission that the placement will extend beyond 90 days, the provider shall petition the local juvenile and domestic relations court for approval of the entrustment agreement within 30 days of placement. If the length of placement is not known at admission, the provider shall petition the court for approval as soon as the provider is aware that the placement will be for longer than 90 days.
- C. Each subsequent entrustment agreement for the same child shall be considered placement for longer than 90 days and shall receive approval by the local juvenile and domestic relations court.
- D. The entrustment agreement shall not extend beyond the child's 18th birthday.

- E. The parents or guardians may request the return of their <u>a</u> child at any time prior to the 90th day of placement without the court's approval. The entrustment agreement shall be considered revoked upon the parents' or guardians' request.
- F. If the provider opposes the request for the child to return home or to a prior custodian, the provider shall immediately file the appropriate petition with the local juvenile and domestic relations court.
- G. When petitioning the local juvenile and domestic relations court for approval of an entrustment agreement, § 16.1-277.01 of the Code of Virginia requires that the licensed independent foster home, as a child welfare agency, file a foster care plan with the court.

 The foster care plan shall meet the requirements established in § 16.1-281 of the Code of Virginia.

22 VAC 40-141-90. Supervision of children in care. Placing agreement requirements

A. A written placing agreement or temporary entrustment agreement shall be received on every child placed directly by the child's parents or guardians in the independent foster home. Prior to entering into a placing agreement, the provider shall consider the needs of the child and whether the home can meet those needs, the needs of any other children residing in the home, and the impact of the individual child joining the household.

B. A placing agreement shall:

- Allow the child's parents or guardians to retain legal custody of the child during the placement in the independent foster home;
- 2. Be for a placement of less than 180 days. If the provider, at any time, becomes aware that the placement will exceed 179 days, the provider shall contact the local

department of social services and request an assessment of the child and an evaluation of services needed and to determine if a petition to assess the care and custody of the child should be filed in the local juvenile and domestic relations court;

- 3. <u>Include identifying information, including proof of identity of the child, the</u> child's name, date of birth, sex and date of placement;
- 4. Address the acquisition of and consent for medical treatments needed by the child and include Medicaid or other insurance information;
- 5. Address the rights and responsibilities of each party involved;
- 6. Address the responsibilities of the child's parents or legal guardians for financial support; and
- 7. Be signed by the child's parent or legal guardian and the foster parent no later than the child's placement in the independent foster home.
- C. A placing agreement shall not extend beyond the child's 18th birthday.
- D. The parents or guardians may request the return of a child at any time prior to the 180th
 day of a placing agreement. The placing agreement shall be considered revoked upon the parents' or guardians' request.
- E. Each subsequent placing agreement for the same child shall be considered an extension

 of the placement and whenever the child has been in the independent foster home for a

 total of 180 days the provider shall contact the local department of social services and

 request an assessment of the child and an evaluation of services needed and to determine

if a petition to assess the care and custody of the child should be filed in the local juvenile and domestic relations court.

22 VAC 40-141-95. Supervision of children in care.

- A. The provider is responsible at all times for the safety and supervision of children placed in the home.
- B. A responsible adult shall always be available to substitute in case of an emergency and the name, address, and telephone number of this adult, along with a signed statement of agreement to serve as a substitute, shall be documented.
- C. Children shall be supervised in a manner which ensures that the caregiver is aware of what the children are doing at all times and can promptly assist or redirect activities when necessary.
- D. In deciding how closely to supervise children, providers shall consider:
 - 1. The ages of the children;
 - 2. Individual differences and abilities of the children;
 - 3. The layout of the house and play area, including neighborhood circumstances or hazards; and
 - 4. Risk activities children are engaged in.
- E. Children under the age of six and children with special needs shall be within sight or sound supervision at all times.
- F. Providers shall not bathe with a child unless recommended by a physician.
- G. Providers shall ensure the safety of children at all times during diapering.

22 VAC 40-141-100. Capacity.

- A. The provider shall not exceed the maximum capacity stipulated on the license.
- B. The maximum number of children in an independent foster home shall be eight, including the children of the provider and the assistant under age 13 and any other children who reside in the home, with the following conditions: An exception may be granted by the licensing authority for sibling groups which may cause the home to exceed the licensed capacity.
 - The adult caretaker to child ratio shall be one to four for (i) preschool children
 during the regular waking hours and (ii) children with special needs, as indicated
 by a licensed physician or licensed clinical psychologist, during the regular
 waking hours. as indicated by a licensed physician or licensed clinical
 psychologist.
 - 2. The capacity of a home shall also be based on the physical accommodations of the home, the abilities and experience of the provider, the needs of the children already in the home and children to be placed, and the number of assistants.
 - 3. An adult household member shall not be considered an adult caretaker unless the individual actively participates in the care and supervision of the children.

22 VAC 40-141-110. Essentials for each child.

A. The diet for children shall be well-balanced and appropriate to the daily nutritional needs of each child. Special diets shall be provided as prescribed by a physician <u>or dentist</u> for individual children <u>and established religious dietary practices for each child shall be observed.</u>

- B. Clothing, towels, wash cloths, toothbrushes, combs and hairbrushes, and other personal needs shall be provided for each child on an individual basis and shall be kept clean and replaced as needed. Clothing shall be kept clean, in good repair, and appropriate for the age and size of each child.
- C. Drinking water shall be available at all times, unless prohibited by a physician's order.
- D. Normal activities of daily living such as meals appropriate to the child's nutritional needs, time for sleep and rest appropriate to the child's age, bathing, etc. shall be opportunities for teaching and guiding behavior. To the extent that normal activities of daily living are used to teach and guide behavior, the provider's actions shall not be extreme, unusual or abusive.

22 VAC 40-141-120. Transportation of children.

- A. The provider shall have transportation available at all times in case of an emergency.

 Any individual who transports children shall have a valid driver's license and vehicle liability insurance.
- B. Providers and any individuals who transport children shall assure that all passengers use safety belts and child restraint devices in accordance with Virginia law.
- C. The provider and assistant transporting children shall not have driving violations on file with the Department of Motor Vehicles related to driving under the influence of alcohol or drugs, reckless driving, or any offense which places other occupants of the vehicle at risk within the five years prior to the application, and thereafter as a condition of continued licensure. A copy of the provider's and the assistant's driving record shall be provided to the licensing representative upon application and at the time of submitting a

- renewal application. Driving violations as described in this section shall be reported to the licensing representative within 24 hours.
- D. The provider shall not knowingly allow children to be transported by any person who has driving violations on file with the Department of Motor Vehicles related to driving under the influence of alcohol or drugs, reckless driving, or any other offense which places other occupants of the vehicle at risk within the previous five years.

 Exception: The parents or legal guardians of a child shall not be prohibited from transporting their child as a result of this requirement unless it poses an immediate danger to the health and safety of that child.

22 VAC 40-141-130. Medical care of children.

- A. The provider shall have the name, address and telephone number of each child's physician easily accessible.
- B. The provider shall have first aid supplies easily accessible to adults in the home, but not accessible to children <u>under the age of 13.</u>
- C. First aid supplies shall include scissors, tweezers, sterile nonstick gauze pads, adhesive bandages in assorted sizes, a sealed package of alcohol wipes or antiseptic cleansers, a thermometer, a chemical cold pack if an ice pack is not available, first aid instruction manual or cards, an insect bite or sting preparation, one triangular bandage, current syrup of ipecac to be used only when instructed by the regional poison control center or child's physician, flexible roller or stretch gauze, disposable nonporous gloves, and an eye dressing or pad.

- D. The provider shall receive medical history information, including immunizations received, for each child at the time of placement.
- E. At the time of placement, the provider shall receive documentation of a physical examination of the child completed with 90 days before placement, or the child shall receive a physical examination within 30 days after placement. The current form required by the Virginia Department of Health or any other form which provides the same information to report immunizations received and the result of the physical examination shall be used.

Exception: If a child's parent objects to the child receiving immunizations or physical examination on religious grounds, the parent must submit a signed statement noting the objection on religious grounds and certifying to the best of the parent's knowledge, the status of the child's health.

- F. The provider shall ensure that the child receives necessary medical care and follow-up.
- G. The provider shall give prescription drugs to children in care only in accordance with an order signed by a licensed physician or authentic prescription label and shall keep all prescription and nonprescription medications locked inaccessible to children under the age of 13 and stored as instructed by the physician or pharmacist.
 - The provider shall keep in the child's record daily documentation of all
 prescription and nonprescription medication administered to a child in care.

 Exception: Providers are not required to record the amount of diaper ointment or sunscreen applied.

- Out-of-date and unused medications shall be properly discarded or returned to the child's parent or guardian.
- H. The provider may permit self-administration of medication by a child in care if:
 - The child is physically and mentally capable of properly taking medication without assistance;
 - The provider maintains a written statement from the parent or a physician documenting the child's capacity to take medication without assistance.
 - 3. The provider assures that the child's medications and any other medical supplies are not accessible to children under the age of 13.
- I. The provider shall report all major illnesses, injuries, and accidents, missing children, the death of a child and any placement of a child outside of the foster home to the child's parent or guardian and to the licensing representative within 24 hours. If the provider is not able to contact the parent or guardian, attempted contacts shall be documented.
- J. The provider shall receive written authorization for <u>routine and</u> emergency medical <u>and</u> dental care for each child.

22 VAC 40-141-140. Disease prevention.

- A. Children's hands shall be washed with soap and water before eating meals or snacks, after toileting, and after any contact with body fluids.
- B. The provider and assistant shall wash their hands with soap or a germicidal cleansing agent after diapering a child, helping a child with toileting, personal toileting, any contact with body fluids, and before handling food, feeding or helping a child with feeding.

- C. When a child's clothing or diaper becomes wet or soiled, it shall be changed immediately. When a child's diaper is changed, the soiled area shall be thoroughly cleaned with a disposable wipe.
- D. The provider shall keep surfaces for preparing and eating food sanitary. Surfaces used for changing diapers shall be used for that purpose alone. Diapering surfaces shall be washed with soap and water or a germicidal agent after each use.

22 VAC 40-141-150. Discipline of children.

- A. Discipline shall be constructive in nature and emphasize positive approaches to managing the child's behavior. The provider shall establish rules and expectations that encourage and teach desired behaviors and discourage undesired behavior. The provider shall explain the rules of conduct house rules and expectations and the behavior management approach to each child who is old enough to understand.
- B. There shall be no physical punishment, rough play or severe disciplinary action administered to the body such as, but not limited to, spanking, striking or hitting with a part of the body or an implement, pinching, pulling or roughly handling a child, shaking a child, forcing a child to assume an uncomfortable position (e.g., standing on one foot, keeping arms raised above or horizontal to the body), restraining to restrict movement through binding or tying, enclosing in a confined space, or using exercise as punishment.
- C. Physical restraint shall not be used on children in care unless the provider has received training from a source approved by the department in crisis intervention and physical restraint techniques.

"Physical restraint" means restraining a child's body movements by means of 'physical crisis intervention techniques' or a therapeutic intervention utilizing adult physical contact only, as a short-term, emergency means of managing out-of-control behavior. It is not intended to mean everyday, commonly-accepted parenting practices and interventions such as holding a child to prevent falling or crossing into the path of a moving vehicle, or holding a child's hand to prevent placing it on a hot stove, etc.

- D. The provider shall not make threats; make belittling remarks about any child, the child's family, the child's race, religion, or cultural background; use profanity; or make other statements that are frightening or humiliating to the child.
- E. When separation or time-out is used as a discipline technique, it shall be brief and appropriate to the child's developmental level and circumstances. The child who is separated from others shall be in a safe, lighted, and well-ventilated place; shall not be confined or locked in a room or compartment and shall be within hearing and vision of the provider or assistant at all times and if under the age of 13, or diagnosed with special needs, shall be within hearing and vision of the provider or assistant at all times.

 Children age 13 and older shall be within hearing or vision of the provider or assistant at all times when separated from others for disciplinary reasons.

Children <u>under the age of 13 or those with special needs</u> shall not be placed in time-out for period of time exceeding one minute for each year of age. Time-out shall not be used for children under two years of age.

F. The provider shall not subject children to cruel, severe, humiliating, or unusual actions.

- G. The provider shall not delegate discipline or permit punishment of a child by another child or by an adult not known to the child.
- H. The provider shall not deny a child contact or visits with his family as a method of discipline.

22 VAC 40-141-160. Activities for children.

The provider shall provide daily indoor and outdoor recreational and other activities appropriate to the needs, interests, and abilities, of the children in care. Each child shall also be permitted to have individual free time as appropriate to the child's age and ability.

22 VAC 40-141-170. Abuse and neglect reporting responsibilities of providers.

The provider shall immediately report any suspected abuse and neglect of any child in care to child protective services and to the licensing representative. The provider shall comply with \$63.1-248.3 \ 63.2-1509 of the Code of Virginia.

22 VAC 40-141-180. Services to children.

- A. The provider shall arrange for necessary services, as specified in the foster care service plan or individual service plan, and as recommended by a licensed physician or other professional working with the child, where applicable. These services may include, but are not limited to:
 - 1. Professional evaluations and counseling;
 - 2. Educational services and tutoring; and
 - 3. Transportation to necessary appointments and services.

- B. The provider shall enroll each school-age child in school within five days after placement when school is in session.
- C. The provider shall promote the child's education by giving the child educational guidance and counseling in the child's selection of courses, establishing contact with the child's school, and working with the child's school to promote academic achievement and to resolve any problems brought to the provider's attention by the school.
- D. In accordance with § 16.1-281 of the Code of Virginia, the independent foster home, as a licensed child welfare agency, shall prepare and submit to the local juvenile and domestic relations court a foster care service plan on every child entrusted to the provider by an entrustment agreement (i) within 30 days of signing the child's entrustment agreement for placements of 90 days or more or (ii) within 60 days of signing the entrustment agreement for placements for less than 90 days, unless the child is returned to the child's parents or guardians within 60 days of placement in the independent foster home. The foster care service plan shall include:
 - 1. The reasons why the child is placed with the independent foster home;
 - 2. A summary of the child's situation at the time of placement in relation to the child's family. The summary shall include information about the child's health and educational status;
 - 3. The permanency planning goal recommended for the child, including the projected length of stay in the home;
 - 4. A description of the needs of the child and the child's family;

- 5. The programs, care, services, and other support that the independent foster home will offer or arrange for the child and the child's parents or guardians to meet those needs;
- 6. The target dates for completion of the services provided or arranged for the child and the child's family;
- 7. The participation, conduct, and financial support that will be sought from and the responsibilities of the child's parents or guardians;
- 8. The visitation or other contacts to be held between the child and the child's parents or guardians;
- 9. In writing and where appropriate for children age 16 and older, the programs and services which will help the child prepare for the transition from foster care to independent living; and
- 10. A copy of the independent foster home license.
- E. For every child placed in the independent foster home by a placing agreement, the provider, with the assistance of the parents or legal guardians, shall prepare an individualized service plan at the time of admission. The written individualized service plan shall outline the services needed and those which will be provided to the child and his family and identify the goals and objectives designed to reunite the child with his family. Copies of the child's individualized service plan shall be provided to the parents or legal guardians, to the child, if age 13 or older or upon the child's request, and a copy filed in the child's record. The individualized service plan shall describe:
 - 1. The reasons why the child is placed in the independent foster home;

- 2. A summary of the child's situation at the time of placement in relation to the child's family, including a statement of the child's health and educational status;
- 3. A description of the child's needs;
- 4. The goals for the child, including the projected length of placement in the independent foster home;
- 5. The programs, care, services and other means of support that the independent foster home will offer or the arrangements for the child and the child's parent or guardian to provide services or supports;
- 6. Projected dates for completion of services provided or arranged for the child;
- 7. <u>Projected level of involvement of the child's parents or guardians and visitation arrangements;</u>
- 8. Where appropriate for children age 16 and older, the programs and services which will help the child prepare for independent living;
- F. The individualized service plan shall be updated at least every 30 days.
- G. In accordance with federal and state law, the provider shall ensure that the child's health and safety are the paramount concern throughout the placement, case planning, service provision and review process.
- H. If consistent with the child's health and safety, the <u>foster care plan or individualized</u>

 <u>service</u> plan shall be designed to support reasonable efforts which lead to the return of the child to his parents or guardians within the shortest <u>practicable feasible</u> time, which shall be specified in the plan.

- I. If the provider determines that it is not reasonably likely that the child can be returned to the child's prior family with a feasible time, consistent with the best interests of the child, and in a separate section of the foster care plan or individualized service plan, the provider shall:
 - 1. Describe the reasons for this conclusion; and
 - 2. Determine and describe the opportunities for the court to consider placing the child with a relative or for the court to refer the child and the child's family to the local department of social services for further services and permanency planning.
- J. The provider shall submit the child's <u>foster care plan or individualized service plan</u> at the time of petitioning the local juvenile and domestic relations court for approval of the entrustment agreement <u>or to assess the care and custody of the child, whichever is appropriate.</u>
- K. The provider shall participate in all court hearings involving the child's entrustment, service plans, and custody child, as long as the child is placed in the independent foster home.
- L. The provider shall include the child, whenever possible and appropriate to the child's age and development, the parents or prior guardians of the child, and professionals involved with the child in the development of the foster care service plan or individualized service plan.
- M. The provide shall follow the requirements of § 16.1-282 related to the review of the foster care service plan and shall petition the local juvenile and domestic relations court within

five months of the court's approval of the entrustment agreement or within five months of the dispositional hearing at which the initial foster care plan was reviewed.

PART IV

STANDARDS FOR THE HOME OF THE PROVIDER

22 VAC 40-141-190. Physical accommodations in the independent foster home.

- A. The home shall be clean and have sufficient space and furnishings for each child receiving care in the home to include:
 - Space to meet the needs of the foster family in addition to that required for the foster children, including bedrooms which are not used as passageways and which have doors for privacy;
 - 2. Space for each child to keep clothing and other personal belongings;
 - 3. Indoor bathing and toilet facilities in good working order with a door for privacy. At least one toilet, basin, and tub or shower shall be available for every eight persons;
 - 4. A separate, comfortable bed for each child and sufficient bedding to ensure cleanliness and comfort. A crib that meets current Consumer Product Safety
 Commission standards shall be provided for infants and children not developmentally ready to sleep in a bed. Exception: Two siblings of the same sex may occupy a double bed; and
 - 5. Sleeping space on the first floor for children unable to use stairs unassisted, except children who can easily be carried.

- B. All rooms used by children shall be heated to at least 68°F in winter, dry and well ventilated. A child-safe, <u>mechanical cooling device</u>, <u>e.g. an electric fan or air</u> conditioner, shall be used when the temperature inside the room exceeds 80°F.
- C. All doors and windows used for ventilation shall be screened.
- D. Rooms used by children shall be well-lighted for activities and the comfort of children.
- E. The home shall have a working telephone <u>available to all household members for use in case of emergency.</u> The telephone number shall be provided to the licensing representative, to parents and legal guardians of children placed in the home, and to children when they are away from the home.
- F. No more than four children shall occupy one bedroom.
 - 1. Children of the opposite sex over the age of two shall not share a bedroom.
 - 2. Children shall not share a bed or bedroom with the provider or other adult.
- G. There shall be at least three feet between each bed and sufficient space for each child to move about safely.
- H. There shall be provision for isolation of sick children.
- I. If the licensing representative observes conditions that indicate the need for an inspection by the local health department and makes this request of the provider, the provider shall comply and provide a copy of the report to the department.
- J. The provider shall ensure that a smoke-free environment is provided in rooms accessible to children while children are in care.

22 VAC 40-141-200. Home safety.

- A. The provider shall have a plan for seeking assistance from police, firefighters, <u>poison</u> <u>control</u>, and medical professionals in an emergency. The telephone numbers for each shall be posted next to each telephone.
- B. The home and grounds shall be in good physical repair and free of litter, debris, peeling or chipped paint, hazardous materials, and infestations of rodents and insects and shall present no hazard to the health and safety of the children receiving care.
- C. The provider shall have a written, posted emergency evacuation plan and rehearse the plan at least monthly.
- D. If the provider possesses firearms, ammunition, and other weapons, the provider shall keep the firearms unloaded and locked as well as the ammunition and other weapons locked. Ammunition shall be locked in a separate location.
- E. The provider shall keep cleaning supplies and other toxic substances stored away from food <u>and locked and or</u> out of the reach of children <u>under the age of 13.</u>
- F. When infants or children who are not developmentally ready to climb or descend stairs are in the home, the provider shall have protective barriers installed securely at each opening to stairways.
- G. Swimming and wading pools shall be set up according to the manufacturer's instructions.
 Outdoor swimming pools shall be enclosed by safety fences and gates with child-resistant locks. Wading pools shall be emptied, stored away when not in use and filled with clean water before the next use.

- H. Radiators, oil and wood burning stoves, floor furnaces, portable electric space heaters, fireplaces, and similar heating devices used in areas accessible to children <u>under the age</u> of 13 shall have protective barriers or screens.
- I. All interior and exterior stairways with over three risers shall have hand rails at a height accessible to the children in the home.
- J. Independent foster homes that provide care to preschool-age children, <u>or to</u>

 <u>developmentally delayed children of comparable maturity to a preschool child</u>, shall have protective, child-resistant covers over all electrical outlets. The covers shall not be of a size to present a swallowing or choking hazard.
- K. The provider shall comply with the requirements for State Regulated Care Facilities
 relating to smoke detectors and fire extinguishers.
- L. Infants shall be placed to sleep on a firm, tight-fitting mattress in a crib that meets current safety standards. To reduce the risk of suffocation, soft bedding of any kind shall not be used under or on top of the infant including, but not limited to, pillows, quilts, comforters, sheepskins, or stuffed toys.
- M. Infants shall be placed on their backs when sleeping or napping unless otherwise directed by the child's physician. If an individual child's physician contraindicates placing the child in this position, the provider shall maintain a written statement, signed by the physician, in the child's record.
- N. Playpens, play yards, and portable cribs shall not be used for sleeping.
- O. Bunk beds or double decker beds shall have safety rails or mechanisms in place to reduce
 the risk of falls. Children under age ten shall not use the upper levels of a double decker

- or bunk bed. Children of any age who have motor or developmental delays shall not use the upper bunk.
- P. Pets shall be immunized for rabies and shall be treated for fleas, ticks, worms or other diseases as needed.
- Q. Providers shall instruct children on safe procedures to follow when in close proximity to

 animals or when feeding animals, and ensure hand washing after handling animals or

 animal waste.

PART V

RECORD KEEPING

22 VAC 40-141-210. Record requirements.

- A. The provider shall maintain a separate record with written information on each child in care. Records shall be kept for at least one year from the date of discharge. Information in the child's record shall include:
 - The entrustment agreement or placing agreement between the provider and the parent.
 The entrustment agreement shall be signed on or before the date the child is placed and shall include:
 - a. Identifying information, including proof a identity, on the child including the name, date, birth, sex, and date of placement;
 - The fees for foster care and other expenses and payment arrangements,
 including financial support from the parents or guardians;

- c. The child's social security number, Medicaid or other insurance carrier and number, and other information necessary to secure services for the child, including permission to received medical and dental care;
- d. Arrangements for visits by parents and other family members;
- e. Specify the rights and obligations of the child, the parents or guardians, and the independent foster home; and
- f. Signatures of the parent or guardian and the independent foster parent. A copy of the agreement shall be given to the parent or guardian.
- Name, address and telephone numbers of parents and public or private agencies involved with the child, including the name of the assigned agency worker where appropriate;
- 3. The reason the child is placed in the independent foster home;
- 4. Name and telephone number of persons to be called in an emergency when the responsible person cannot be reached;
- 5. Names of persons who are authorized to call or visit the child;
- 6. Medical information pertinent to the health care of the child, including a list of all prescription and non-prescription medication the child receives;
- 7. Copies of the foster care or individualized service plans;
- Correspondence and other documentation related to the child, including school records;
- Reports of <u>accidents</u>, major injuries, illnesses and serious incidents, such as runaways, assaults on others and suicide threats or attempts;

- 10. The copy of the petition filed with the juvenile and domestic relations court if the child cannot return home within 90 days of placement within the time frames designated by the entrustment or placing agreement and copies of all related documents received from the court;
- 11. Services provided each week to the child by the provider and by other resources and services provided to the parent or guardian by the provider, if applicable, or by other resources, when known; and
- 12. Reasons the child is was discharged and the date of discharge from the home.
- B. Within 30 days after discharge, the provider shall prepare a brief summary of the child's behavioral, educational, and medical progress while in the home, and a statement as to whether the goals of placement were accomplished. A copy of this report shall be given to the parents or legal guardians within 45 days of discharge and sent to the local juvenile and domestic relations court whenever the court has approved the entrustment agreement and the foster care service plan or a petition has been made to the court.