




COMMONWEALTH of VIRGINIA

Office of the Attorney General

Mark R. Herring
Attorney General

202 North Ninth Street
Richmond, Virginia 23219
804-786-2071
Fax 804-786-1991
Virginia Relay Services
800-828-1120
7-1-1

TO: MARGARET SCHULTZE, Commissioner
Virginia Department of Social Services

FROM: ELLEN FULMER MALENKE 
Assistant Attorney General

DATE: October 7, 2016

SUBJECT: Regulation Section - 22VAC40-211 (Amend Resource, Foster and Adoptive Home Approval Regulation)

I am in receipt of the attached regulation. You have asked the Office of the Attorney General to review and determine if the State Board of the Virginia Department of Social Services has the statutory authority to promulgate the proposed regulation and if the proposed regulation comports with applicable state and federal law.

This regulatory action addresses standards for foster and adoptive homes approved by local departments of social services. It serves to clarify that foster and adoptive parents are mandated reporters of child abuse and as such, must receive mandated reporter training. Additionally, the definition of "caretaker" has been updated to match that in the CPS regulations and guidance. The action also updates the training requirements for LDSS staff and other child welfare staff who prepare foster and adoptive mutual family assessments and procedures for maintaining foster and adoptive provider approval status. The action clarifies that the use of waivers are only for relative providers; and language regarding "resource families" and "variances" have been changed to be consistent with Code.

It is my opinion that the State Board of DSS has the authority to promulgate this regulation, subject to compliance with the provisions of Article 2 of the Administrative Process Act ("APA") and has not exceeded that authority.

It is my view that this regulation is not exempt from but is subject to the procedures of Article 2 of the APA pursuant to Virginia Code § 2.2-4006(A)(4)(a). If you have any questions or need additional information about these regulations, please contact me at 786-4856.

cc: Kim F. Piner, Esquire
Attachment



Logged in as

Ellen R. Malenke

Proposed Text

Action: Amend Resource, Foster and Adoptive Home Approval Regulation

Stage: Proposed

10/7/16 9:41 AM [latest] ▼

CHAPTER 211

RESOURCE, FOSTER AND ADOPTIVE FAMILY HOME APPROVAL
STANDARDS FOR LOCAL DEPARTMENTS OF SOCIAL SERVICES

22VAC40-211-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Adoptive parent" means any provider selected and approved by a parent or a ~~child-placing agency~~ local department for the placement of a child with the intent of adoption.

"Adult" means any person 18 years of age or over.

"Applicant" means an individual or couple applying to be approved as a ~~resource, foster and/or adoptive home provider~~ or to provide respite services.

"Background checks" means a sworn statement or affirmation disclosing whether the individual has a criminal conviction, is the subject of any pending charges within or outside the Commonwealth of Virginia and is the subject of a founded complaint of abuse or neglect within or outside the Commonwealth, criminal history record information, child abuse and neglect central registry check, and any other requirement as set forth in § 63.2-901.1 of the Code of Virginia.

"Caretaker" means any individual having the responsibility of providing care for a child and includes the following: (i) parent or other person legally responsible for the child's care; (ii) ~~any other person who has assumed caretaking responsibility by virtue of an agreement with the legally responsible person; an adult who by law, social custom, express or implied acquiescence, collective consensus, agreement, or any other legally recognizable basis has an obligation to look after the well-being of a child left in his or her care; and~~ (iii) person persons responsible by virtue of their ~~position~~ positions of conferred authority; ~~or (iv) adult person residing in the home with the child.~~

"Central registry" means a subset of the child abuse and neglect information system and is the name index with identifying information on an individual named as an abuser and/or neglector in founded child abuse and/or neglect complaints or reports not currently under administrative appeal, maintained by the department.

"Child" means any natural person under 18 years of age.

"Child-placing agency" means any person who places children in foster ~~homes, or~~ adoptive homes or independent living arrangements pursuant to § 63.2-1819 of the Code of Virginia or a local board that places children in foster homes or adoptive homes pursuant to § 63.2-900, 63.2-903 or 63.2-1221 of the Code of Virginia. Officers, employees, or agents of the Commonwealth, or any locality acting within the scope of their authority as such, who serve as or maintain a child-placing agency, shall not be required to be licensed.

"Child abuse and neglect information system" means the computer system that collects and maintains information regarding incidents of child abuse and neglect involving parents or other caretakers. The computer system is composed of three parts: the statistical information system with nonidentifying information, the central registry of founded complaints not on appeal, and a database that can be accessed only by the department and local departments that contains all nonpurged child protective services reports. This system is the official state automated system.

"Commissioner" means the commissioner of the department, his designee or authorized representative.

"Corporal punishment" means punishment administered through the intentional infliction of pain or discomfort to the body through actions such as, but not limited to, (i) striking, or hitting with any part of the body or with an implement; (ii) pinching, pulling, or shaking; or (iii) any similar action that normally inflicts pain or discomfort.

"Department" means the State Department of Social Services.

~~"Dual approval process Dually approved" means a process that includes a home study, mutual selection, interviews, training and background checks to be completed on all applicants have met the required standards to be considered for approval approved as a resource, foster, or and adoptive family home provider.~~

"Foster care placement" means placement of a child through (i) an agreement between the parents or guardians and the local board where the legal custody remains with the parents or guardians or (ii) an entrustment or commitment of the child to the local board or licensed child-placing agency.

"Foster parent" means an approved provider who gives 24-hour substitute family care, room and board, and services for children or youth committed or entrusted to a child-placing agency.

~~"Fully approved" means a decision by the local department that the provider has met all requirements to be approved as a resource, foster, adoptive, or respite home provider.~~

"In-service training" means the ongoing instruction received by providers after they complete their preservice training.

"Interstate Compact on the Placement of Children" means a uniform law that has been enacted by all 50 states, the District of Columbia, and the U.S. Virgin Islands that establishes orderly procedures for the interstate placement of children and sets responsibility for those involved in placing those children.

"Kinship foster parent" means an approved relative provider who gives 24-hour substitute family care, room and board, and services for children or youth committed or entrusted to a child-placing agency.

"Local department" means the local department of social services of any county or city in this the Commonwealth.

"Parent" means the birth or adoptive parent of a child.

"Preservice training" means the instruction received by providers during the initial approval process.

"Provider" means a an approved resource, foster, adoptive, or respite family kinship foster parent, or an individual approved to provide respite services. Individuals who wish to provide only respite services must meet all standards in this regulation unless there is a noted exception for respite providers.

~~"Resource parent" means an approved provider who is committed both to support reunification and also to be prepared to adopt the child if the child and family do not reunify.~~

"Respite care" means the provision of the service of temporary care for children on an emergency or planned basis for the purposes of providing placement stability, supporting the achievement of timely permanency, and promoting connections to relatives. Respite care services shall not exceed 14 consecutive days.

~~"Respite parent" means an approved provider who gives temporary care to children on an emergency or planned basis.~~

22VAC40-211-20. Approval of provider homes.

A. When applicants are approved in accordance with these standards, they are approved as ~~foster families, adoptive families, resource families, or respite families~~ foster or adoptive providers. The approved provider shall, ~~however,~~ be allowed to choose to provide only foster care, ~~or~~ adoptive care, ~~or respite care should they not wish to serve as a resource family.~~

B. If the relative provider cannot meet the standards described in these sections, the local department may, upon its discretion, request a variance waiver on certain standards in accordance with 22VAC40-211-90. If the variance waiver is not allowed, the local department shall not approve the home for the placement of children.

C. These standards apply to adoptive home providers until the final order of adoption is issued for a specific child. The standards continue to apply after the final order of adoption if the provider wishes to continue as an approved foster care provider.

~~D. Respite care families shall not serve as foster, adoptive, or resource families without completion of all requirements to be fully approved as foster, adoptive, or resource families.~~

~~E. Emergency approval of a provider may be granted in accordance with guidance developed by the department~~ Local departments may grant emergency approval of a provider.

1. Emergency approvals shall include:

- a. ~~Background~~ Completed background checks; and
- b. A home visit by the local department prior to or on the day of the placement.

2. Emergency approvals shall not exceed 60 days.

3. Emergency approval of a provider may be granted when the placement:

- a. Is with a relative;
- b. Is with an adult known to the family; or
- c. Will facilitate the child remaining in the community.

~~F. E.~~ All local department-approved ~~resource, foster, adoptive, and respite~~ providers shall:

1. Be at least 18 years of age;
2. Agree not to use corporal punishment with the child in their care or allow others to do so and shall sign an agreement to that effect; and
3. Sign a statement confidentiality agreement indicating their understanding of the confidentiality of information related to the child in their care ~~that the individual~~

completing the mutual family assessment (MFA) for the local department explained the confidential nature of the information related to the child in their care and of the requirement to maintain that confidentiality.

~~G-F~~. If the approval process results in the local department's denial of the application, the local department shall notify the applicant in writing of its decision. A copy of the letter shall be filed in the applicant's record.

22VAC40-211-30. Background checks, and health standards, and driving record.

A. All background checks must be in accordance with applicable federal and state laws and regulations. Convictions of offenses as set out in § 63.2-1719 of the Code of Virginia shall preclude approval of an application to become a provider.

B. Documentation of the results of the background check shall be maintained in the applicant's record. Background check information shall not be disseminated to any other party, nor shall it be archived except in the local department's provider file.

C. The ~~provider~~ applicant and all other household members who come in contact with children shall submit to tuberculosis assessment, screening or tests in compliance with Virginia Department of Health requirements. The applicant and other caretakers residing in the home shall submit the results of a physical examination administered within the ~~42-month~~ 13-month period prior to approval, from a licensed health care professional that comments on each applicant's or caretaker's mental or physical condition relative to taking care of a child.

D. The local department shall obtain a Department of Motor Vehicle driver record check for any ~~provider~~ applicants or other adults in the home who are expected to transport children and shall consider the results of the driver record check in the approval process.

1. If an applicant will transport children, the applicant shall have a valid driver's license and automobile liability insurance.

2. The vehicle used to transport the child shall have a valid registration and inspection sticker.

22VAC40-211-40. Home study Mutual family assessment requirements.

A. An applicant ~~to become a provider~~ shall complete and submit an application in accordance with department requirements and on department-approved forms or other forms that address all of the department's requirements.

B. Upon submission of a completed provider application, the local department is responsible for ensuring the initiation of the approval process. If at any point in the approval process the local department determines the home may not be approved, the application may be denied and the process ended.

C. Local departments shall conduct a minimum of three face-to-face interviews on three separate days with each applicant, at least one interview shall be in the applicant's home. If there are two individuals listed as applicants, at least one interview must be with both individuals. At least one interview shall be with all individuals who reside in the home.

D. The local department shall obtain at least three references from persons who have knowledge of each applicant's character and applicable experience with children and caretaking of others. At least one reference per ~~person~~ applicant shall be from a nonrelative.

E. Local departments shall ask if a ~~prospective resource, foster, adoptive, or respite provider~~ an applicant previously applied to, or was approved by, another local department or licensed child-placing agency. The local department shall have the applicant sign a request to release information from the other agency in order to obtain information about previous applications and performance and shall use that information in considering approval of the applicant.

F. As part of the approval process, the local department shall conduct a ~~home study~~ MFA. The ~~home study~~ MFA shall address all elements required by this standard and be documented by a combination of narrative and other data collection formats, and shall be signed and dated by the individual completing the ~~home study~~ MFA and the director of the local department or his designee. The information contained in the ~~home study~~ MFA shall include:

1. Demographic information including:

- a. Age of applicant;
- b. Marital status and history including verifications; and
- c. Family composition and history.

2. Financial information (not required for applicants to be only respite providers) including:

- a. Employment information on applicant;
- b. Assets and resources of applicant; and
- c. Debts and obligations of applicant.

3. List of individuals involved in completing the ~~home study~~ MFA process and their roles.

4. Narrative documentation shall include information from the interviews, references, observations and other available information, and shall be used to assess and document that the applicant:

- a. Is knowledgeable about the necessary care for children and physically and mentally capable of providing the necessary care for children;
- b. Is able to articulate a reasonable process for managing emergencies and ensuring the adequate care, safety, and protection of children;
- c. Expresses attitudes that demonstrate the capacity to love and nurture a child born to someone else;
- d. Expresses appropriate motivation to foster ~~or~~ and adopt;
- e. Shows stability in all household relationships;
- f. Has the financial resources to provide for current and ongoing household needs; and
- g. Has complied with 22VAC40-211-70.

G. The individual completing the MFA for the local department shall have met the training requirements. The local department worker shall have knowledge related to foster care and adoption policy and the skills and standards for developing the MFA and approving a foster or adoptive home.

22VAC40-211-50. Approval period and documentation of approval.

A. The approval period for a provider is 36 months.

B. The approved provider shall be given an approval certificate specifying the following:

1. Type of approval (~~resource, foster, adoptive, or respite family home provider~~);
2. Date when the approval became effective and the date when the approval lapses; ~~and~~
3. Gender, age and number of children recommended for placement; and,
4. The signature and title of the individual or individuals approving the home.

C. Documentation shall be maintained on the provider and child:

1. The local department's file on the child shall contain:
 - a. A copy of the provider's approval certificate; or
 - b. A copy of the licensed child-placing agency license, documentation verifying that required background checks have been received by the child-placing agency and providing the dates of such, and the provider home approval certificate or letter if the provider is approved by a licensed child placing agency.
2. All information on the provider able to be maintained in the department's official child welfare data system shall be maintained in that system.
3. The local department's file on the provider shall contain but not be limited to:
 - a. A copy of the provider's approval certificate;
 - b. A copy of the background check results;
 - c. A copy of the Child Protective Services check;
 - d. The application;
 - e. Reference letters;
 - f. A copy of the ~~home study~~ MFA and supporting documentation;
 - g. Documentation of orientation and training;
 - h. Documentation of contacts and visits in the provider's home;
 - i. Medical information;
 - j. A copy of the signed confidentiality agreement and the corporal punishment agreement; and
 - k. Any other documents set out in guidance as part of the approval process.
4. Local departments shall require the provider to maintain legible written information on each child in their care including:
 - a. Identifying information on the child;
 - b. Name, address, and work telephone number of the local department caseworker and local department after hours emergency contact information;
 - c. Name, address, and home and/or work telephone numbers of persons authorized to pick up the child;
 - d. Name of persons not authorized to call or visit the child;
 - e. Educational records, report cards and other school-related documentation;

- f. Medical information pertinent to the health care of the child including all licensed health care providers' names, addresses and telephone numbers and medical care authorization form;
- g. Correspondence related to the child;
- h. The service plan as well as other written child information provided by the local department;
- i. The placement agreement between the provider and the local department; and
- j. A copy of the signed confidentiality statement.

5. Providers shall maintain files in a secure location in order to protect the confidentiality of that information. The file and its contents shall not be shared with anyone other than those approved by the local department and shall be returned to the local department if the child leaves the provider's home.

6. The local department and its representatives shall have access to all records.

7. Providers shall notify the local department of any significant changes in their circumstances which impact the conditions of the original approval.

~~78.~~ Significant changes in the circumstances of the provider that would impact the conditions of their approval require an addendum updating the ~~home study~~ MFA.

~~89.~~ The local department shall revoke or suspend the approval of a provider when a change in the circumstances of the provider results in the provider's temporary inability to meet standards. Reinstating the approval requires resolution of the circumstances that caused the suspension and shall be documented in an addendum to the provider's record. Any child placed with a provider at the time approval is suspended shall be immediately removed. No other children may be placed with the provider during the period of suspension. A suspension does not change the approval period. A provider whose approval has been revoked must submit a new application.

22VAC40-211-60. Training.

A. The local department shall ensure that preservice training is provided for ~~resource~~, foster and adoptive ~~family home~~ providers. This training shall address but not be limited to the following core competencies:

1. Factors that contribute to neglect, emotional maltreatment, physical abuse, and sexual abuse, and the effects thereof;
2. Conditions and experiences that may cause developmental delays and affect attachment;
3. Stages of normal human growth and development;
4. Concept of permanence for children and selection of the permanency goal;
5. Reunification as the primary child welfare goal, the process and experience of reunification;
6. Importance of visits and other contacts in strengthening relationships between the child and his birth family, including his siblings;
7. Legal and social processes and implications of adoption;
8. Support of older youth's transition to independent living;
9. The professional team's role in supporting the transition to permanency and preventing unplanned placement disruptions;

10. Relationship between child welfare laws, the local department's mandates, and how the local department carries out its mandates;
11. Purpose of service planning;
12. Impact of multiple placements on a child's development;
13. Types of and response to loss, and the factors that influence the experience of separation, loss, and placement;
14. Cultural, spiritual, social, and economic similarities and differences between a child's primary family and foster or adoptive family;
15. Preparing a child for family visits and helping him manage his feelings in response to family contacts;
16. Developmentally appropriate, effective and nonphysical disciplinary techniques;
17. Promoting a child's sense of identity, history, culture, and values;
18. Respecting a child's connection to his birth family, previous foster families and/or adoptive families;
19. Being nonjudgmental in caring for the child, working with his family, and collaborating with other members of the team;
20. Roles, rights, and responsibilities of foster parents and adoptive parents; ~~and~~
21. Maintaining a home and community environment that promotes safety and well-being; ~~and~~.
22. Mandated child abuse and neglect reporter laws and responsibilities.

B. Local departments shall ensure that each foster and adoptive home provider receives annual in-service training.

1. Training shall be relevant to the needs of children and families and may be structured to include multiple types of training modalities (for example, online foster parent training courses; seminars and conferences).
2. The department shall provide opportunities for training on an annual basis.

C. The provider is required to complete preservice and annual in-service trainings. As a condition of re-approval each provider shall complete in-service training.

D. Local departments shall explain confidentiality requirements to providers and require providers to keep confidential all information regarding the child, his family and the circumstances that resulted in the child coming into care.

22VAC40-211-65. Training for individuals providing only respite care providers.

A. The local department shall ensure that preservice training is provided for respite care providers. This training shall address, but not be limited to, the following core competencies:

1. Factors that contribute to neglect, emotional maltreatment, physical abuse, and sexual abuse, and the effects thereof;
2. Conditions and experiences that may cause developmental delays and affect attachment;
3. Reunification as the primary child welfare goal, the process and experience of reunification;

4. Importance of visits and other contacts in strengthening relationships between the child and his birth family, including his siblings;
 5. The professional team's role in supporting the transition to permanency and preventing unplanned placement disruptions;
 6. Impact of multiple placements on a child's development;
 7. Cultural, spiritual, social, and economic similarities and differences between a child's primary family and foster or adoptive family;
 8. Preparing a child for family visits and helping him manage his feelings in response to family contacts;
 9. Developmentally appropriate, effective, and nonphysical disciplinary techniques;
 10. Maintaining a home and community environment that promotes safety and well-being;
 11. Promoting a child's sense of identity, history, culture, and values;
 12. Respecting a child's connection to his birth family, previous foster families, and adoptive families; and
 13. Being nonjudgmental in caring for the child, working with his family, and collaborating with other members of the team.
- B. The department shall provide opportunities annually for in-service training.

22VAC40-211-70. Standards for the home of the provider.

- A. The home shall have sufficient appropriate space and furnishings for each child receiving care in the home including:
1. Space to keep clothing and other personal belongings;
 2. Accessible basin and toilet facilities;
 3. Safe, comfortable sleeping furnishings;
 4. Sleeping space on the first floor of the home for a child unable to use stairs unassisted, other than a child who can easily be carried; and
 5. Space for recreational activities.
- B. All rooms used by the child shall be heated in winter, dry, and well-ventilated and have appropriate access to exits in case of emergency.
- C. Rooms and study space used by the child shall have adequate lighting.
- D. The provider and children shall have access to a working telephone in the home.
- E. Multiple children sharing a bedroom shall each have adequate space including closet and storage space. Bedrooms shall have adequate square footage for each child to have personal space.
- F. Children over the age of two years shall not share a bed.
- G. Children over the age of two shall not share a bedroom with an adult unless the local department approves and documents a plan to allow the child to sleep in the adult's bedroom due to documented needs, disabilities or other specified conditions. Children of any age cannot share a bed with an adult.
- H. Children of the opposite sex over the age of three shall not sleep in the same room.

I. Children under age seven or children with significant and documented cognitive or physical disabilities shall not use the top bunk of bunk beds.

J. The home and grounds shall be free from litter and debris and present no hazard to the safety of the child receiving care.

1. The provider shall permit a fire inspection of the home by appropriate authorities if conditions indicate a need and the local department requests such an inspection.

2. Possession of any weapons, including firearms, in the home shall comply with federal and state laws and local ordinances. The provider shall store any firearms and other weapons with the activated safety mechanisms, in a locked closet or cabinet. Ammunition shall be stored in a separate and locked area. The key or combination to the locked closet or cabinet shall be maintained out of the reach of all children in the home.

3. Providers shall ensure that household pets are not a health or safety hazard in accordance with state laws and local ordinances and the local department shall request verification of provider compliance.

4. Providers shall keep cleaning supplies and other toxic substances stored away from food and locked as appropriate. Medications shall be out of reach of children and locked as appropriate. Medications shall be stored separately from food, except those medicines that require refrigeration.

5. Every home shall have an operable smoke detector, the specific requirements of which shall be coordinated through the local fire marshal. If a locality does not have a local fire marshal, the state fire marshal shall be contacted.

6. Every home shall contain basic first aid supplies.

K. The number of children in the provider's home shall not exceed eight. Factors to consider in determining capacity include, but are not limited to:

1. The physical accommodations of the home;
2. The capabilities and skills of the provider to manage the number of children;
3. The needs and special requirements of the child;
4. Whether the child's best interest requires placement in a certain type of home;
5. Whether any individuals in the home, including the provider's children, require special attention or services of the provider that interfere with the provider's ability to ensure the safety of all children in the home; and
6. Whether the foster care provider is also a child care provider.

L. During the approval process, the provider shall develop a written emergency plan that includes, but is not limited to, fire and natural disasters. The plan shall include:

1. How the provider plans to maintain the safety and meet the needs of the child in their home during a disaster;
2. How the provider shall evacuate the home, if necessary, in a disaster; and
3. How the provider shall relocate in the event of a large scale evacuation.

M. Providers shall arrange for responsible adults to be available who can serve in the caretaker's role in case of an emergency. If the planned or long-term absence of the provider is required, the local department shall be notified of and approve any substitute arrangements the provider wishes to make.

N. In the event of a large scale evacuation due to a disaster, if the provider cannot reach the local department, the provider shall call the State Child Abuse Hotline to notify the department of the provider's location and contact information.

22VAC40-211-80. Standards of care for continued approval.

A. The provider shall provide care that does not discriminate on the basis of race, color, sex, national origin, age, religion, political beliefs, sexual orientation, disability, or family status.

B. The provider shall ensure the child receives meals and snacks appropriate to his daily nutritional needs. The child shall receive a special diet if prescribed by a licensed health care provider or designee or in accordance with religious or ethnic requirements or other special needs.

C. The provider shall ensure that he can be responsive to the special mental health ~~or~~ and medical needs of the child.

D. The provider shall establish rules that encourage desired behavior and discourage undesired behavior. The provider shall not use corporal punishment or give permission to others to do so and shall sign an agreement to this effect.

E. The provider shall provide clean and seasonal clothing appropriate for the age and size of the child.

~~F. If a provider transports the child, the provider shall have a valid driver's license and automobile liability insurance. These will be checked at approval and reapproval but verification may be required at any time deemed necessary.~~

~~G. The vehicle used to transport the child shall have a valid registration and inspection sticker.~~

~~H-F.~~ Providers and any other adults who transport children shall use functioning child restraint devices in accordance with requirements of Virginia law.

G. In the re-approval process the local department shall verify that the requirements, including background checks for approval are still being met by the provider.

22VAC40-211-90. Allowing a variance waiver.

A. The local department may request and the provider may receive a variance waiver from the department on a standard if the ~~variance waiver~~ does not jeopardize the safety and proper care of the child or violate federal or state laws or local ordinances.

B. If a provider is granted a variance waiver and is in compliance with all other requirements of this chapter, the provider is considered fully approved.

C. Any ~~variances~~ waivers granted are considered on a case-by-case basis and must be reviewed on an annual basis by the department.

22VAC40-211-100. Monitoring and reapproval of providers.

A. The local department's representative shall visit the home of the approved provider as often as necessary but at least quarterly to provide support to and monitor the performance of the provider and shall document these visits in the provider record.

1. When a child is placed in the home, these visits may coincide with the monthly visits to the child.

2. If there is no child placed in the home, the quarterly visit may be replaced by telephone contact.

B. The reapproval process shall include a minimum of one interview with the provider in his home and the following activities:

1. A review of the previous home approval information;
2. Updating the ~~home study~~ MFA and any information that has changed and consideration of new information since the previous approval;
3. Completing state criminal record and child protective services background checks;
4. Obtaining the results of a new tuberculosis assessment, screening or tests in compliance with Virginia Department of Health requirements and documenting the absence of tuberculosis in a communicable form;
5. Reviewing the confidentiality and the corporal punishment requirements and completing new confidentiality and corporal punishment agreements;
6. A reassessment of the above information to determine reapproval;
7. A case record addendum indicating that the above requirements were met; and
8. Documentation of in-service training received.

C. If the reapproval process results in the local department's decision to revoke or suspend the provider's approval, the local department shall notify the provider in writing of its decision. A copy of the notification letter shall be stored in the provider's record.

D. If monitoring efforts indicate that significant changes in the circumstances of the provider have occurred and would impact the conditions of their approval, an addendum shall be completed and included with the home study MFA and appropriate action taken.

E. The case record addendum shall contain all requirements of this chapter and be documented by a combination of narrative and other data collection formats, and shall be signed and dated by the individual completing the addendum and the director of the local department or his designee.