



# **Kentucky Foster Parent Handbook**

2025 Edition



CABINET FOR HEALTH  
AND FAMILY SERVICES

[KYFACES.ky.gov](http://KYFACES.ky.gov)

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## **PURPOSE**

The information in this handbook comes from recommendations made by foster parents like you and Department for Community Based Services (DCBS) staff. This is a basic guide about the roles and responsibilities of foster parents and was derived from the DCBS standards of practice (SOP) manual. Please note that because SOP changes may occur more frequently than revisions of this handbook, please access the current SOP at the DCBS manual website: <http://manuals.sp.chfs.ky.gov/Pages/index.aspx>

SOP is based on Kentucky's current legislation. You may access this information at:

<https://legislature.ky.gov/Pages/index.aspx>

Though much of this handbook's information comes from the DCBS SOP manual, it is not intended to be all inclusive of departmental standards of practice.

Additional resources and up to date information can be found on the KYFACES website at [kyfaces.ky.gov](http://kyfaces.ky.gov) or [foster.ky.gov](http://foster.ky.gov) or [adopt.ky.gov](http://adopt.ky.gov).

## **MISSION**

The mission of DCBS is to protect children from abuse and neglect by partnering with families, the community and caregivers to deliver quality services to enhance and promote the health, safety and well-being of families across Kentucky.

## **BILL OF RIGHTS FOR CHILDREN IN OUT-OF-HOME CARE**

Ratified in Congress Hall, Philadelphia, Saturday, the Twenty eighth of April, Nineteen Hundred and Seventy-Three; Reaffirmed During the National Focus on Foster Care Conference, Norfolk, Virginia, Wednesday, the Fourth of May, Nineteen Hundred and Eighty-Three, EVEN more than for other children, society has a responsibility along with parents for the well-being children in foster care. Citizens are responsible for acting to ensure their welfare.

EVERY child is endowed with the rights inherently belonging to all children. In addition, because of the temporary or permanent separation from or the loss of birth parents and other family members, the child is required special safeguards, resources and care.

Every child in out-of-home care has the inherent right:

- Article the First ...to be cherished by a family of his own, either his family helped by readily available services and supports to reassume his care, an adoptive family or, by plan, a continuing foster family.
- Article the Second ...to be nurtured by foster parents who have been selected to meet his individual needs, and who are provided services and supports, including specialized education, so that they can grow in their ability to enable the child to reach his potential.
- Article the Third ...to receive sensitive, continuing help in understanding and accepting the reasons for his own family's inability to take care of him, and in developing confidence in his own self-worth.
- Article the Fourth ...to receive continuing loving care and respect as a unique human being, a child growing in trust in himself and in others.
- Article the Fifth ...to grow up in freedom and dignity in a neighborhood of people who accept him with understanding, respect and friendship.

- Article the Sixth ...to receive help in overcoming deprivation or whatever distortion in his emotional, physical, intellectual, social and spiritual growth which may have resulted from his early experiences.
- Article the Seventh...to receive education, training, and career guidance to prepare for a useful and satisfying life.
- Article the Eighth...to receive preparation for citizenship and parenthood through interaction with foster parents and other adults who are consistent role models.
- Article the Ninth...to be represented by an attorney-at-law in administrative or judicial proceedings with access to fair hearings and court review of decisions, so that his best interests are safeguarded.
- Article the Tenth...to receive a high quality of child welfare services, including involvement of the natural parents and his own involvement in major decisions that affect his life

## **TEAM APPROACH/CASE PLANNING CONFERENCES AND TEAM MEETINGS**

As a foster parent, you will become a vital member of the team that will meet regularly to share information and make recommendations about children placed in your home. Team members will include but are not limited to the child's social services worker, birth parents, relatives, and other connections important to a child, community partners, therapists, physicians and attorneys, including the child's guardian ad litem.

Upon a child entering the state's custody, the child's social services worker will convene a case planning conference, which is generally referred to as a "ten-day conference".

Your presence and participation during this meeting are important. You will receive critical information about the child placed to assist you in caring for the child. During this meeting, the Partnership Plan will be developed between the social workers, biological parents and foster parents to share information about the child and planned communication between the partners. This meeting provides an opportunity to ask questions and gather information about the child. A visitation plan with the child's birth parents and siblings will be established during this meeting. You will play a critical role in supporting the visitation plan. Prior to and following visits, you will be communicating with birth parents about how a child is doing in your home. Following the initial ten-day conference, subsequent periodic case plan conferences will be scheduled and held every six months to review and discuss the family and child's progress.

A family team meeting is an opportunity for family and their support systems to come together in a guided discussion to create a plan that may include resources, interventions and services to assist the family.

Working as a member of a professional team can be challenging for various reasons. The issues may be emotionally charged. There are many parties and factors involved - different agencies, the legal system, relatives and birth family. Sometimes there is conflict between the legal responsibility and the attachment the child has with the foster family. Different team members come not only with their expertise, but also with their own perspective, and teamwork may be a new idea for some, which can be overwhelming.

While teamwork is challenging, there are some guidelines or concepts to help the team better achieve their goals. Team members need to share child welfare values and respect for child welfare laws. When team members value the child's relationships, it is easier for the team to work together toward supporting those relationships. Likewise, when there is an understanding of the legal issues in child welfare it helps team members to better understand the mandate and responsibility of the agency. In issues as emotionally charged as attachment, separation and loss and child abuse, there will not always be shared values.

Different members of the team have different expertise to offer. The use of complementary skills is one of the greatest values of teamwork. But members, by virtue of their differing roles and skills, also come to the team with different perspectives. Perspectives do not need to be judged right or wrong, but rather need to be considered as part of the overall decision making. If the team does not value its members' perspectives, valuable information may be lost, and the child will suffer from that loss.

Team members need to have a clear understanding of the goals and objectives in working with children and families and ensure these are shared among team members. When you are a team member, you cannot base your actions on your own assessment of a situation. The team needs to share information and ensure there is a common understanding of the goal and the work to be done to achieve that goal.

There is a common misconception that teamwork is a natural occurrence instead of a process that takes practice. Let us take the challenge and practice teamwork for our children.

Understanding your role and the rights, responsibilities and expectations of foster and adoptive parents in Kentucky is crucial in helping you to provide the day-to-day care for children placed in, your home. These rights are outlined in Standard of Practice (SOP) 12.10, Rights/Responsibilities and Expectations of DCBS Foster and Adoptive Home Parents.

## **RIGHTS OF DCBS FOSTER PARENTS**

The Cabinet will strive to ensure that foster and adoptive home parents:

1. Are provided a complete understanding of the role of the Cabinet and the role of other members of the foster child's professional team (all workers, community partners, etc.);
2. Are treated with respect, consideration, and dignity.
3. Are provided timely information about available trainings to improve skills in the daily care and in meeting the special needs of foster children.
4. Are provided information on support systems for foster and adoptive parents.
5. Are provided timely and adequate financial reimbursement for services provided as outlined in the foster and adoptive home reimbursement section of this SOP chapter (SOP 12.24-12.32);
6. Are provided resources available to meet the specific hair and skin care needs of each child placed in the home.
7. May maintain their normal routines and values while respecting the federally

protected cultural, religious, and confidentiality rights of the foster child placed in the foster and adoptive home.

8. Upon request, are provided information on how to obtain their Provide case file through an open records request as described in SOP 30.11 CPS Open Records Request and Disclosure of Information.
9. Are provided with all information regarding any child placed in their home that may jeopardize the health or safety of any member of the foster family's household, including other foster children placed in the home, as outlined in KRS 605.090(1)(b);
10. May refuse placement of any foster child without fear of reprisal.
11. May request removal of a foster child from the home without reprisal as outlined in the DPP-111A Foster and adoptive Home Contract Supplement.
12. May, with appropriate informed consent as outlined in SOP 1.17 Informed Consent and Release of Information, communicate with other professionals who work directly with the foster child, including but not limited to teachers, therapists, and health care practitioners.
13. Are provided an explanatory notice within fourteen (14) business days of the following items, except in the immediate response to a CPS investigation involving the foster and adoptive home:
  - (a) Change in the foster child's case plan.
  - (b) Change of placement; or
  - (c) Termination of placement.
14. Have the right to participate in the development of the child's case plan.
15. Are provided, when in the best interest of the child, priority placement consideration of a foster child who has been previously placed in the foster and adoptive home.
16. Are provided, when in the best interest of the child, priority placement consideration of a foster child is eligible for adoption.
17. May maintain contact with the foster child after the child leaves the foster home, unless any of the following object:
  - (a) The child.
  - (b) The biological parent(s);
  - (c) The other foster and adoptive home parent(s) where the child now reside; or
  - (d) The Cabinet (if retaining custody);
18. Have the right to access Cabinet staff twenty-four (24) hours a day, seven (7) days a week when a child is placed in the foster and adoptive home to address crisis problems.

## **EXPECTATIONS OF FOSTER AND ADOPTIVE HOMES PROVIDING FOSTER CARE SERVICES**

Unless specified in a contract between the Cabinet and a child welfare agency that provides foster care services, a foster and adoptive parent only accepts a child for foster care from the Cabinet.

## **Foster and Adoptive Parents:**

- Provide temporary supplemental care to a child and prepare the child for movement into a permanent home.
- Participate in case planning conferences concerning a child placed by the Cabinet.
- Cooperate with the implementation of the permanency goal established for a child placed by the Cabinet.
- Provide structure and daily activities designed to provide affection and promote the individual physical, social, intellectual, spiritual and emotional development of the children in their home. This may include:
  - Approving developmentally and age-appropriate opportunities for activities, which stimulate the growth and development of the child.
  - Assisting the children to develop skills and to perform tasks, which will promote independence and the ability to care for themselves.
  - Cooperating with the Cabinet to help the children maintain an awareness of their past, a record of the present, and a plan; and
  - Work responsibilities reasonable for the child's age and ability and commensurate with those expected of the foster and adoptive family's own children; and
  - Selecting occasional short-term babysitters, for periods of twenty-four (24) hours or less, as outlined in SOP 4.30, Normalcy for Children in Out of Home Care.
- Are to review and sign the DPP-1291 Foster and Adoptive Home Discipline Policy Agreement.
- Should recognize that most children in out-of-home care have been abused, neglected, emotionally maltreated, or sexually exploited.
- Can expect that some children may anticipate harsh treatment based on previous life experiences and may misbehave to test the boundaries.
- Are expected to use the discipline techniques described in preservice family preparation training process. Appropriate discipline considers the age and developmental needs of the child.
- May not:
  - Use any form of corporal punishment.
  - Deny food, shelter, or clothing.
  - Interfere with implementation of the child's case plan.
  - Deny visits or contact with family members;
  - Have the child engage in extremely strenuous work or exercise; or
  - Act in bizarre, severe, cruel or humiliating ways (e.g. verbal abuse, derogatory remarks to the child or about the child's family, or make threats of removal from the foster home);
- Treat all children placed into a foster and adoptive home with dignity.
- Arrange for respite care services as described in SOP 12.12 Respite Care.

- Are to cooperate with the Cabinet in planning for the medical and dental care needs of the child by:
  - Scheduling appointments as needed;
  - Keeping immunizations current;
  - Reporting to Cabinet all encounters with medical providers and any corrective or follow-up medical or dental care the child needs;
  - Maintaining the medical passport, as outlined in SOP 4.26.1 Medical Passport with all medical information relating to the health history and on-going medical care of the child;
  - Assisting the Department for Protection and Permanency (DPP) in obtaining an initial health screening within forty-eight (48) hours of placement of the child; and
  - Assisting DPP in transporting children to necessary health-related (e.g. mental health, medical, dental, vision) appointments as needed;
- Are to give a child's prescribed medications, as described above, only with a physician's prescription or authorization, and are to dispense the exact amount of any medication prescribed for a child by a physician or dentist and may not stop medication without a physician's orders. Prescription medication disposal is documented on the DPP-106H Medication Administration History as applicable;
- Facilitate the delivery of medical care to a child placed by the Cabinet as needed, including:
  - Administration of medication to the child and daily documentation of the medication's administration on the DPP-106H Medication Administration History form. Due to the potential severity of any adverse reaction, ALL medications (over-the-counter and prescription) are documented on this form;
  - Annual physicals and examinations for the child;
- Are to inform the agency within one (1) working day of any psychotropic medication prescribed for a child;
- Is to treat personal or protected health information shared by the Cabinet concerning a child placed by the Cabinet, or the child's birth family, in a confidential manner, disclosing confidential information only to personnel who are directly assisting the child (e.g. worker, mental health professionals, school counselor, etc.);
- Cooperate with the Cabinet when a contact is arranged by Cabinet staff between a child placed by the Cabinet and the child's birth family including:
  - Visits;
  - Telephone calls; or
  - Mail;
- Supports and promotes family connections for children in their care including the involvement of fathers and their family members. Attachment should be promoted through:
  - (a) Regular and frequent visitation with all family members as outlined in SOP 4.17 Visitation Agreement;

- (b) Phone calls;
  - (c) Mail; and
  - (d) Inclusion of the parent in other various activities in which the child is involved;
- Provide positive processing of all contact (phone, visitation, etc.) with family members, including fathers;
  - Support an assessment of the service needs of a child placed by the Cabinet;
  - Encourage family connections through their assistance in developing the child's Lifebook;
  - May make decisions regarding haircuts and hairstyles for foster children if the foster and adoptive home parents have cared for a child for more than thirty (30) days or the child's parents/caretaker have had their rights terminated (TPR) by the court unless the Cabinet determines that the child's religion, race, ethnicity or national origin prevents it;
  - Ensures with the R&C worker that the foster child does not meet special circumstances for religious or cultural exemption. For example, in Native American and certain Apostolic Christian faiths, cutting the hair may be a violation of their religious rights and cultural traditions;
  - Are to provide well-balanced daily meals and are encouraged to eat together as a family.
  - Maintains a record of clothing expenditures;
  - Are to provide each child with their own clean, well-fitting, attractive and seasonal clothing appropriate to age, sex and individual needs, and comparable to the clothing of their own children and community standards. The children should be included in the choosing of their own clothing when possible;
  - Are to allow children to bring and acquire personal belongings;
  - Send all personal age-appropriate clothing and belongings with the children when they leave the foster and adoptive home;
  - Are to establish and enforce age-appropriate curfews for adolescents.
  - Ensure that children under age thirteen (13) are not to be left without responsible supervision. The Cabinet may require adult supervision of the developmentally disabled child age thirteen (13) and over at all times as a part of the child's case plan.
  - Are to:
    - Ensure that a child in the custody of the Cabinet provides the child's designated per diem allowance for the child's discretionary spending at the rate set by the Cabinet in the foster home contract; and
    - Encourage children to establish savings accounts;
  - Are NOT to:
    - Demand that allowance money be spent on family activities initiated by the foster and adoptive home parents; or
    - Accept any part of a child's earned or unearned income without prior, written

agreement of Cabinet and the child;

- Provide opportunities for development consistent with the child or child's families religious, ethnic, and cultural heritage, the foster and adoptive home parent is to:
  - Recognize, encourage and support the religious beliefs, ethnic heritage and language of a child and the child's family;
  - Arrange transportation (whenever possible) to religious services or ethnic events for a child whose beliefs and practices are different from their own;
- Are not to coerce or force children to participate in religious activities or ethnic events against their will or beliefs;
- Enroll each child of school age in school within three days of the placement of the child (exceptions may be made by the FSOS);
- Cooperate with Cabinet in the selection and arrangements for educational programs appropriate for the child's age, abilities, and case plan;
- Problem-solve (with school personnel) when there are any problems with the child in school;
- Obtain SRA or designee approval to enroll a child in a state or federally accredited home school or a private school and not in public school;
- Report to the SSW or R&C worker any serious situations that may require their involvement;
- Provide opportunities and transportation for recreational activities, which are appropriate to the age and abilities of the child, and are to encourage children to take part in community services and activities both with the family and on their own;
- Present a positive image of the child's family to the child;
- Demonstrate respect for the child's own family;
- Agree to work with the child's family members as indicated in the child's case plan; and
- Participate in the development of the visitation agreement and allow children and their family members to visit and communicate in accordance with the visitation agreement;
- Permit Cabinet staff to visit the child;
- Provide the SSW with all pertinent information about a child placed in their home by the Cabinet;
- Provide independent living soft skills for a child age twelve (12) and older;
- Surrender a child to the authorized representative of the Cabinet upon request;
- Comply with the general supervision and direction of the Cabinet concerning the care of a child placed by the Cabinet;
- Report immediately to the Cabinet if there is a:
  - Change of address;
  - Medical condition, accident or death of a child placed by the Cabinet;
  - Change in the number of people living in the home;
  - Significant change in circumstance in the foster and adoptive home such as:

- ☒ Income loss;
- ☒ Marital separation; or
- ☒ Other household stressors;
- An absence without official leave (AWOL);
- A suicide attempt; or
- Criminal activity by the child requiring notification of law enforcement;
- Notify the Cabinet when:
  - Leaving the state with a child placed by the Cabinet for more than twenty-four (24) hours;
  - A child placed by the Cabinet is to be absent from the foster and adoptive home for more than twenty-four (24) hours;
- Notify the Cabinet at least fourteen (14) calendar days in advance of the home's becoming intent to become certified to provide foster care or adoption services through a private child-placing agency in accordance with 922 KAR 1:310;
- Report suspected incidents of child abuse, neglect, and exploitation in accordance with KRS 620.030
- Have a right to attend and have a right to be heard in, either verbally or in writing, any cabinet or court proceedings in regards to the child. It should be noted that a pre-permanency planning conference is not a cabinet proceeding but rather an attorney-client confidential meeting.

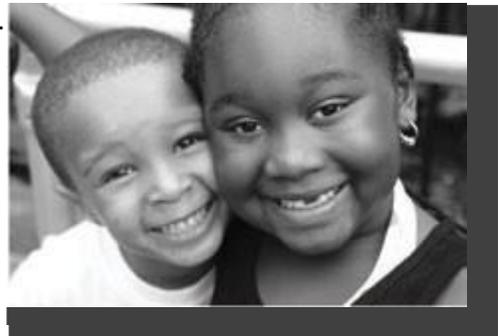
## 14 DAY NOTICE

If the foster parent is unable to continue care for a child placed in their home, the foster parent shall notify the Cabinet at least fourteen (14) calendar days prior to requesting that a child be removed from the home, except when an identifiable risk to the health and safety of the foster child or foster family exists. The foster parent should notify the child's worker and their R&C worker of their 14-day notice and participate in any placement conferences to assist the child in maintaining the placement or preparing for a new placement.

## PERMANENCY GOALS

There are seven possible permanency goals in out-of-home cases. There is only one goal for a case at any time during a case. The other possible goals can be objectives if appropriate for a case. In order of least restriction, the goals are:

1. Return to Parent
2. Permanent Relative Placement
3. Adoption
4. Planned Permanent Living Arrangement
5. Guardianship
6. Subsidized Permanent Custody
7. Transition to Adulthood



There are some children in out of home care who are available for adoption and do

not have an identified adoptive family. These children are registered with the Kentucky Adoption Profile Exchange (KAPE).

## **KAPE**

KAPE is the Kentucky Adoption Profile Exchange which began in 1979 (originally known as SNAP, the Special Needs Adoption Program). This program was developed in response to the increasing number of children who were spending too long in foster care without a permanent adoptive home. KAPE children are legally free for adoption (meaning termination of parental rights has occurred) AND do not have an identified adoptive family. There are hundreds of children for whom this is true. These children have been removed from their birth parents by a court order. Parental rights have been terminated because the children could not be safely reunified with their parents. KAPE seeks to identify adoptive families for these children and works in partnership with Recruitment and Certification (R&C) teams, private child placing as well as private child caring agencies, and other community partners across the state in an effort to secure forever families for these children.

Kentucky has a critical need for adoptive families to provide safe, loving and permanent homes for these children. Many people think that the term "special needs" indicates a child is mentally or physically disabled. While many of the children in KAPE have these needs, there are also many who do not. Some children who are referred to KAPE are older, are a member of a sibling group, or they are a member of a racial or ethnic minority. Many resources are available to assist families in adopting and parenting these children. This includes an array of programs and services that provide information, support, training and financial assistance.

Please visit <http://adopt.ky.gov/> to view photos and videos of Kentucky's waiting children. You may also visit the site if you have questions or would like to learn more about KAPE.

## **CHILD-FOCUSED RECRUITMENT MODEL**

In 1990 Dave Thomas, the founder of Wendy's Restaurants was asked to head a public service campaign to bring attention to the many children in foster care who needed to be adopted, as Thomas himself was adopted as a foster child. As Thomas became an advocate for foster care adoptions, he established The Dave Thomas Foundation for Adoption (DTFA). The one single goal of DTFA is to make sure every child has a permanent and loving family. Through that goal, in 2004, the grant-based Wendy's Wonderful Kids (WWK) service program was launched.

In 2006, as part of its effort to increase the number of children who find a permanent family, DCBS invited the Dave Thomas Foundation for Adoption (DTFA) to implement its Wendy's Wonderful Kids (WWK) program in Kentucky. Through the child-focused recruitment model which the WWK program works from, Specialists work to find adoptive families for the hardest-to-place children in the child welfare system waiting to be adopted. The program engages full-time child welfare professionals, each of whom works with a small caseload of 12-15 active children. These Specialists employ proven tactics focused on finding the best home for a child through the starting points of familiar circles of family, friends, and neighbors, and then reaching out to the communities in which they live.

The wonderful component of the child-focused recruitment model is to match a family to a child, not to make a child fit into a family. The Specialists get to be that child's advocate through the adoption process to secure a loving and permanent family.

This program is under the Regional Permanency Branch.

## **PLACEMENT INFORMATION**

The placement of siblings together is a priority. When a child is placed in the care and custody of the Cabinet for Health and Family Services, whether separately or as a part of a sibling group, efforts are made to reunite the sibling group whenever possible. Siblings should be reunited in a placement, at the earliest time possible, unless it is determined not to be in the child's best interest. Foster parents should facilitate and support visitation and contact between siblings who are separated whenever possible and appropriate.

## **RELATIVE PLACEMENT**

Under the law Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) the Cabinet is required to make diligent searches for relatives. Relative Placements offer a less restrictive environment for a child and are less traumatic. They offer the opportunity for healthy development. It is critical for other foster parents to share information from the child or other sources about potential relative placements with DCBS.

## **KEYS TO SUCCESSFUL PARTNERSHIP WITH THE BIRTH PARENTS**

Unless the courts have terminated parental rights, the birth parents have certain responsibilities in planning and decision-making for their child. Some, but not all, of the rights and responsibilities of the birth parents identified by law are the:

- Right to visitation
- Right to voluntarily consent to adoption
- Right to determine religious affiliation, and
- Responsibility to provide support.

Many birth parents work with DCBS during the removal and return of their child to their home. During that period, birth parents are encouraged to maintain regular contact with the social worker and actively work to improve the conditions that led to the child's placement. Parental cooperation and participation in the placement of their child in foster care is essential in helping to relieve the child's fears, anger and guilt about separation from them.

## **BUILDING A RELATIONSHIP WITH THE CHILD'S PARENTS**

Here are some examples of how you can create and maintain a working relationship with your foster child's parents:

- Praise and recognize decisions and activities related to positive parenting,
- Create a Lifebook for the child, or
- Help the child buy/make and send their parents a birthday or holiday card.

Some suggested topics for discussion between foster parents and birth parents include:

- School conferences, functions and PTA meetings,
- The child's clothing and shopping plans,
- The child's health, behavior or school experience,
- The child's social activities, relationships (including siblings), social development and special needs,

- The child's visits to the doctor or dentist, and
- Plans for holidays that are special to the child, e.g. birthday parties, graduations and holiday celebrations.

The intent of these activities is to engage the child's parents in the lives of their children. Be sure, however, not to promise that you will keep from the social services worker information given by the parents.

## **PARTNERSHIP WITH THE SSW**

It is the social services worker's (SSW) job to represent DCBS, the child, and the birth family. They function as a facilitator in meeting the needs of the child and all who are involved in helping the child. The SSW understands that the nature of the work is to develop a partnership that works. Because foster parents have contact with the SSW at least monthly, ideally, the SSW and foster parents will develop a team relationship. This benefits the child and makes your life easier as well. The partnership between the foster parent, birth parent and worker is aided by the use of the Partnership Plan. The partnership plan is completed in-person with all parties.

## **PARTNERSHIP WITH THE RECRUITMENT AND CERTIFICATION (R&C) WORKER**

The R&C worker's job is to provide case management to the foster parent. They visit the foster home at least quarterly to verify and document an approved foster home's compliance with ongoing requirements. Your R&C worker is your connection to ongoing training and verifies that you receive appropriate on-going training before the anniversary date of the original approval of your home. The R&C worker provides information, education and support to the foster home in any identified area of need.

## **THE KEY TO MAINTAINING SUCCESS IS SUPPORT**

Support is defined as giving strength or courage; to help or assist; or to maintain, keep up, or keep going. Being part of a support group is highly recommended as a valuable resource for foster parents. Local support groups may be available by county or region. Call your R&C or the child's social worker for information in your area. A support group may enable foster parents to build relationships and companionships. They can provide training, education, advice and supportive information that might not be available otherwise. A support group can also identify problems that are not limited to an individual situation and can suggest approaches to problem solving. Support groups are an essential part of foster care. They are a means to provide connections to community support, community awareness and teamwork. Collectively, foster parents can bring about positive change to better serve children in care.

### **○ Foster Parent Mentor Program**

As a foster parent you will experience a tremendous sense of satisfaction knowing that you've provided a haven of safety, love, and stability for a child in need. You are also likely to experience some of the frustrations and challenges inherent to providing out-of-home care. We want you to know you are not alone!



Upon approval, the Foster Parent Mentor Program will match you with a veteran foster parent – in your area – that will provide relevant information, insightful coaching, and genuine encouragement for your first six months of service.

A Mentor will:

- Guide you in the practice of skills learned during the initial training experience
- Suggest a variety of parenting strategies unique to providing out-of-home care
- Contact you weekly and be available by phone for those “as needed” moments
- Share information about resources where you live
- Confidentially offer emotional and practical support

For additional information, please call (877) 440-6376 or visit us online [here](#).

## • Adoption Support for Kentucky

Adoption Support for Kentucky (ASK) is an award-winning peer support program that has been serving families for over two decades. ASK offers support group meetings for foster/adoptive parents and relative/fictive-kin caregivers throughout the Commonwealth. Each meeting includes specialized training provided by an experienced adoptive parent and support group leader. These Adoptive Parent Liaisons also serve families one-on-one as needed. ASK offers parents the opportunity to share resources, suggestions, frustrations, and successes with those who share the unique experience of adoption. It exists to preserve and strengthen Kentucky’s Forever Families.



ASK support group meetings are available in-person and virtually. Any adoptive family may be a part of ASK. Some who participate adopted years ago, while others have recently formed their Forever Family. Others who attend are caring for the child of a relative or are foster parents considering adoption. A.S.K. is proud to offer its services to families formed through state, private, relative, or international adoption, as well as to all foster parents and relative caregivers. Childcare is available at most in-person meetings and up to two hours of Cabinet-approved foster parent training credit is available at in-person and virtual meetings.

For additional information, as well as meeting dates and locations, please call (877) 440-6376 or visit us online [here](#).

## • Foster Parent Training Program



The Foster Parent Training Program provides an array of training and support services, develops and distributes materials utilized in the provision of out-of-home care (OOHC), and administers an online resource hub and toll-free hotline. Through all of this, the program endeavors to promote the safety, permanency, and well-being of Kentucky’s children. Their trainings are located on the Just in Time website.

The Foster/Adoptive Support and Training (FAST) Help website provides Kentucky's foster/adoptive parents, relative/fictive kin caregivers, and child welfare professionals' convenient online access to resources related to child development, education, support,

training and much more! To check it out click [here](#).

## The Kentucky Foster and Adoptive Parent Training Support Network

The Network, as it is generally called, is sponsored by the Department of Community Based Services and is made up of 15 teams throughout the state whose primary objective is to offer Cabinet approved training and free, confidential peer support by parents for parents.

Each team has four to six experienced foster parents who have completed crisis intervention training and are available to answer questions and to offer a listening ear from people who have “been there”. Teams also provide at least 12 hours of one-on-one or group training in the region served. DCBS staff and other community partners assist teams to provide training, help with coordination of recruitment activities and provision of up-to-date policy information. Network team members are trained to provide short-term crisis intervention for other foster parents in times of stress, frustration and difficulty. The Network can be especially helpful when a foster home is experiencing an allegation or investigation. The overall goal is to help retain good parents and minimize placement disruptions.



For contact information in your service region please visit <https://www.wku.edu/childwelfare/trc/trc.php> email [kyfosteradoptnetwork@gmail.com](mailto:kyfosteradoptnetwork@gmail.com), or call/text 502-536-9398.

## Local Foster/Adoptive Care Associations



Most regions have at least one local foster/adoptive care association. Some have several. Check with your R&C worker to find out where the nearest one is so that you can find the support you need from other foster parents in your area.

❖ Please contact your R&C worker for more information.

## WHAT CAN YOU CONSENT TO AS A FOSTER PARENT?

When DCBS has legal custody of a child placed in your home, administrative laws and policies stipulate who can consent to activities for foster children.

You may:

- Assist the child's SSW by enrolling the child in school.
- Assist in making education decisions for the child upon written approval by the child's birth parent(s);
- Provide reasons for a child being absent from school to appropriate school personnel; and
- State foster parents may authorize medical treatment only in an emergency, when a child needs emergency/immediate medical treatment and the worker or supervisor cannot be located.

The Preventing Sex Trafficking and Strengthening Families Act requires states to

implement a reasonable and prudent parent standard for foster parents to make parental decisions to maintain the health, safety and best interests of the children in their home. This also allows foster parents to make decisions about the child's participation in extracurricular, enrichment, cultural and social activities such as:

- extracurricular activities;
- sleepovers;
- obtaining a driver's license;
- obtaining a job;
- etc.

Some of the items below will require SSW approval, birth parent approval, team approval or a court order. Please contact your SSW when these situations apply.

**Note:** Do not sign any forms promising to pay any bills or pay for any medical care.

- Routine medical/dental checkups;
- Short-term inter-county travel;
- Screening test for developmental disabilities;
- Mental health assessments;
- Psychiatric/psychological evaluation or outpatient treatment;
- Photographs taken for publicity purposes or media promotions;
- Emergency routine surgery or major medical testing/procedures;
- Enlistment in armed forces or Job Corps;
- Marriage;
- Registration in special schools;
- Interstate/international travel;
- Examination by law enforcement; or
- Religious ceremonies (i.e., baptism, confirmation)

## **IMPORTANT QUESTIONS TO ASK AT PLACEMENT**

Here are some example questions to ask when you are contacted to accept the placement of a child in foster care:

### **The Basics**

- What is the child's name?
- How old is the child?
- Does the child have clothing or any other belongings with him/her?
- What is the child's religion? Does the child require any special religious instructions?
- Are there any cultural needs or considerations?
- Are there any linguistic needs?

### **Siblings**

- Does the child have siblings?
- If so, where are they located? Are there visits with siblings?



- What are the details regarding sibling visits?

### **Health Concerns**

- Does the child have any medical conditions?
- Will I need training regarding how to care for these conditions?
- Does the child have any allergies or special dietary needs?
- Is the child on any medications? If yes, what?

### **Education Needs**

- What school and grade does the child currently attend?
- Is there an Individual Education Plan (IEP) in place?
- Are there any special arrangements necessary for the child's education?
- Is the child involved in any extracurricular activities at school?

### **Emotional Considerations**

- Does the child receive any therapy or counseling?
- How often are the sessions? Where do they take place?
- Does the child have any fears (i.e., cats, dogs, the dark)?
- Are there any behavioral issues known?

### **Developmental Concerns**

- Is the child developmentally on target? If not, explain.
- Is there a history of violence, drug or alcohol use?

### **Family History**

- Has a visitation schedule has been established?
- If so, what are the visitation details?

### **DCBS Involvement**

- When was the child initially brought into foster care?
- Is there a current case plan? If yes, will you bring a copy with the child? If no, when is the first case planning conference?
- Who is the social worker? What is their contact information during office hours and after hours?
- Who is the supervisor? What is the supervisor's telephone number and after hours contact information?
- Is the child coming from another foster home?
- If so, why is the child being removed from that home?
- May I contact the former foster parents concerning the child?

Please keep in mind that the R&C or SSW will probably not have the answers to all of these questions at the time of placement but should provide you with the information as soon as it becomes available to them. There are some instances when the SSW doesn't have any of this information. In cases where children are abandoned, even the most basic information, like the child's name, may not be known. As information becomes available it should be shared with you and vice versa. Don't hesitate to call the SSW

when you have questions.

## DISASTER AND EMERGENCY PREPAREDNESS PLANNING

Disaster can strike quickly and without warning. It can force you to evacuate or confine you to your home. What would your family do if you didn't have water, gas, electricity, or telephones? Help will be on its way but might not reach you for days. Disasters can be frightening for adults but may be particularly traumatic for children. Children depend on their routine and will look to their parents or caregiver in time of emergency for a sense that things will be okay. Knowing what to do is your best protection against disaster and also your responsibility to your family. Families will make it through a disaster if they work together as a team and take time to prepare for different events that could happen.

Your family should prepare a Family Disaster Plan together and practice every six months to help everyone remember what to do in case of an emergency.

An emergency preparedness plan allows the agency to identify, locate and ensure continuity of services to children who are in out of home care in the event of a disaster or catastrophic event. Families should complete the DPP 174 Emergency Preparedness Plan prior to approval and update the plan as necessary.

If you have a **child with special needs**, you should make plans before a disaster for where and how you will evacuate. Many communities have "special needs shelters" that are equipped with medical staff and specialized equipment. Call your local Red Cross office to find out about their policies and procedures for helping you and your family in case of an emergency.

## NUMBER OF CHILDREN FOSTER PARENTS MAY CARE FOR

The number of children foster parents may care for depends on the approval level of the foster home. Foster home approval levels are Basic, Advanced, Care Plus, Advanced Care Plus, Medically Complex, Advanced Medically Complex, Degreed Medically Complex and Specialized Medically Complex. Below are the guidelines regarding the number of children a foster home may care for, unless an exception is granted:

- No more than six (6) children (including children under the custodial control of the Cabinet and the parent's own children living at home), are to reside in a foster home.
- No more than two (2) children under age two (2) (including children placed in out-of-home care by the Cabinet and the parent's own children), may reside at the same time in a foster home.
- A **Medically Complex** home provides care for:
  - No more than one (1) medically complex child can reside in a one-parent medically Complex foster home;
  - No more than two (2) medically complex children can reside in a two-parent medically complex foster home; and
  - No more than four (4) children, including the medically complex foster home's own children, reside in a medically complex home unless:



- An exception is granted as required in SOP 12.11.1; and

- The medically complex foster home has daily support staff to meet the needs of the medically complex child.
- A **Care Plus** foster home provides care for:
  - No more than one (1) care plus child in a one-parent care plus foster home;
  - No more than two (2) Care Plus children in a two-parent care plus foster home;
  - No more than four (4) children, including the care plus foster home's own children, reside in a Care Plus foster home unless;
    - An exception is granted as required in SOP 12.11.1; and
    - The care plus foster home has daily support staff to meet the needs of the care plus child.

## **CONCERNS/COMPLAINT PROTOCOL**

When a policy question or procedure clarification is needed or if you have a concern or complaint, please follow the below protocol:

1. Check with your child's social services worker. The SSW may need to seek assistance to answer your question or concern so you may not get an answer right away.
2. Check with your R&C worker. Your R&C worker may be able to connect with the worker in the office and get an answer for you
3. Go to the supervisor. This step should be used only after you have approached your worker. Reasons to seek the supervisor would be that you have received no answer from the SSW or you do not feel confident that the answer you were given is correct. If you still do not feel that your concerns have been addressed you may proceed to the next level.
4. Contact the next level supervisor as identified by your SSW. Some regions have designated complaint specialists.
5. Contact your Service Region Administrator (SRA), or designee as identified by your SSW.
6. You can contact Central Office staff to provide technical assistance.

It is our hope that if you are following the chain of command, it would rarely reach the point where you would need to contact Central Office directly as someone along the line will either answer your question or will be contacting Central Office for clarification themselves.

## **MAINTENANCE- FOSTER HOME REIMBURSEMENTS**

The SSW specifies the daily rate (per diem) for care of a child placed in the foster home. The foster home rate structure is designed to give foster parents flexibility and autonomy to decide how to spend money for the children in their homes. R&C worker approval is not necessary for services included in the per diem. Reimbursements occur through direct deposit.

Foster parents have the option to receive electronic remittances for their billing statements and subsidy. You will need to set up a citizen account on the Kentucky Online Gateway (KOG) and complete Identity Verification to link your KOG account to the KY TWIST Payments Portal. Once this is completed, you will be able to review and print your remittance statements. If you have multiple resource accounts (for example Foster

and Adoptive) for which you currently get paper statements, you will be able to link all these to your KOG account for viewing statements.

To sign up for online statements go to this link:  
[KY Twist Payments](#)

The SSW ensures that a DPP-111A Foster Home Contract Supplement is provided to the foster parent(s) upon the foster home's acceptance of a child. The FSOS or designee signs the completed DPP-111A, including any known history and risk factors regarding the child being placed and the SSW obtains the signature of the foster home's parent(s). Sometimes it is not feasible to have the form signed at the time of placement. In those instances, the DPP-111A is signed within three working days of placement. Foster home reimbursements are subject to change and are based upon available funding.

At the time of this publication, the per diem rates are as follows:

Foster homes approved as:	Basic	Advanced	Degreed
Birth to age 11	\$27.00	29.57	N/A
Age 12+	29.34	31.92	N/A
Care Plus Home	47.49	53.42	N/A
Medically Complex	47.49	53.42	57.00
Specialized Medically Complex	N/A	67.00	\$108.64
Degreed Specialized Medically Complex	N/A	\$59.80	\$97.00
Supplemental Services Rate	N/A	80.75	N/A

### OVERPAYMENT/UNDERPAYMENT OF MAINTENANCE REIMBURSEMENTS

Sometimes an underpayment occurs, and it is important for you to notify your local R&C worker and/or billing specialist immediately so the problem can be corrected. Any overpayments above the amount reflected on the signed 111A contract for the child placed in the home may be recovered by the agency. Please review your check each month for accuracy as we realize that an unexpected adjustment in your check could cause a hardship.

### PROPERTY DAMAGES

Foster Parents may submit claims for property damage perpetrated by a child in foster care. Report property damages to your local R&C worker for information about filing a claim.

### CHILD CARE SERVICES

The R&C worker facilitates DCBS payment of childcare services for foster parents who work outside the home. These requests for childcare services are reviewed every six (6) months.



For foster parents who do not work outside the home, the R&C worker submits a request for childcare to the SRA that includes documentation from a qualified professional of the therapeutic need for the service. The SRA conducts a special review of these approved requests quarterly. Approved childcare rates cannot exceed the rates established by the Division of Child Care. Division of Administration and Financial Management (DAFM) are involved in this request.

## **TRAINING EXPENSE REIMBURSEMENT**

Foster parents may be reimbursed for training expenses when the following conditions are met: The R&C worker authorizes reimbursement, for foster parents for mileage, babysitting of the foster child and tuition or fees to assist the foster parents with meeting ongoing training requirements. The maximum reimbursement for tuition or fees to meet this goal is:

- One hundred dollars (\$100) per family per year; or
- Two hundred dollars (\$200) per year for a Medically Complex, Specialized Medically Complex or Care Plus foster home.

***Note: All requests for foster parent training expenses must be pre-approved by the R&C FSOS, and an approval memo copied to the Regional Billing Clerk. This does not apply to adoption-only parents.***

The R&C worker authorizes reimbursement for foster parents' mileage and babysitting of foster children, to facilitate their attendance in local and state foster care association meetings, trainings or pre-service panel participation.

## **RESPIRE CARE FOR BASIC/ADVANCED/CARE PLUS/MEDICALLY COMPLEX FOSTER HOMES**

Respite care is offered to foster parents to provide relief in meeting the extraordinary demands of children in out-of-home care. All foster parents are eligible for one day of respite care per child, per month, which is included in the per diem. For the convenience of the foster parents, the one day of respite may be used as a twenty-four (24) hour period of time or divided into hourly portions.

Foster parents caring for children designated as **medically complex** and **care plus** are eligible for two (2) additional days of respite care per child per month.

Foster home parents caring for children designated as **specialized medically complex** are eligible for three (3) additional days of respite care per child per month.

For medically complex and care plus parents, the additional days of Respite care is reimbursed to the foster parents at the per diem rate of the child and may not exceed the per diem rate established. The additional respite is submitted on the Foster Parent Invoice/Billing Statement and requires a receipt signed by the provider.

*Foster parents are responsible for paying their respite providers.*

## **RESPIRE PROVIDER REQUIREMENTS**

When selecting a respite care provider, it is critical for foster parents to understand the requirements respite providers must meet to provide care for children placed in their home. Below is a breakdown of the requirements a respite provider must meet if the provider is not an approved foster/adoptive home:

**Basic Homes:** If a foster parent selects a respite provider who provides respite care in the foster home, but is not an approved foster home parent, the R&C worker must ensure that the chosen provider meets the qualifications below before the home can be utilized for respite in the foster parent's home:

- Successful completion of the 2-hour Respite Provider online Training;
- Provides proof of United States citizenship or legal immigrant status;
- Completes background checks required for foster parents;
- Reads and signs the discipline policy form;
- Completes a confidentiality form;

If a foster parent selects a respite provider who provides respite care outside the foster home but is not an approved foster home parent, the R&C worker:

- Ensures successful completion of the 2 hour Respite Provider online Training;
- Requires proof of the provider's United States citizenship or legal immigrant status;
- Completes background checks required for foster parents;
- Reads and signs the discipline policy form;
- Completes a confidentiality form; and
- Completes a home environment assessment to ensure compliance with SOP 12.13, "Home Environment Prerequisites"

For Care Plus foster homes, the R&C worker verifies that the respite provider meets the above requirements for basic homes and additional requirements including the following:

- Receives child specific training from the foster parent or child's mental health provider.

For **Medically Complex** Foster Homes, the R&C worker verifies that the respite provider meets the above requirements, and additional requirements including the following:

- Receives individual documented training from a health care professional or a foster home parent in how to care for the specific child
- Holds current certification in CPR for infants, children and adults; and
- Has completed a Certified First Aid training.

If necessary, a respite provider will be asked to contribute to a child's medically complex monthly report (form DPP-104C).

## **TRANSPORTATION EXPENSES**

Routine transportation is included in the per diem. Mileage for family visitation, court hearing, case conferences that exceed the monthly mileage included can be reimbursed at the current mileage rate. The link is provided here:

[Regulation on Travel](#)

The Non-Medical Transportation Calculator for DCBS foster parents when a transportation request is being considered and the monthly mileage has been exhausted. For example, given a .40 mileage rate for state employees, a foster parent providing basic foster care to a child under the age of 12 would exhaust the mileage included in the per diem at 241.

**NEMT – Non-Emergency Medical Transportation:** The application and information are with your local billing specialist. *This program reimburses for mileage associated with medical appointments.* Make sure all 5 documents and application are submitted. Make sure all documents are legible.

All other non-medical transportation is included in the per diem.

For all children receiving Medicaid, the cost of non-emergency medical transportation is supported by the Department of Medicaid Services, either through the regional transportation broker or managed care provider.

To arrange for medical transportation, the R&C worker provides the foster parent with the central office medical transportation liaison’s contact information.

The medical transportation liaison assists and facilitates the process for a foster parent to be approved as a medical transportation provider through the Department of Medicaid Services, Office of Transportation Delivery and regional transportation brokers.

Upon approval as a medical transportation provider, the liaison advises the foster parent of the required documentation to receive reimbursement for transportation provided to children in their care for medical appointments.

**CLOTHING ALLOWANCE**

Foster parents are issued an initial clothing allowance for children placed in their home. At the time of publication, clothing allowances issued to foster parents will not exceed the following amounts:

<b>Child’s Age</b>	<b>Amount</b>
<b>Birth to 1 year of age</b>	<b>\$100</b>
<b>1 to 2 years of age</b>	<b>\$120</b>
<b>3 to 4 years of age</b>	<b>\$130</b>
<b>5 to 11 years of age</b>	<b>\$180</b>
<b>12 + years of age</b>	<b>\$290</b>

If a child is moved from one foster home to another foster home, upon request of the child’s SSW, the billing specialist issues the balance of the child’s unspent initial clothing allowance by authorizing a special payment to the child’s placement provider at such time the need arises.

An annual supplemental school clothing allowance (see table below) is issued to a child age 3 or older, who:

- Has been in care more than 30 days;
- Has used the amount allotted for clothing allowance;
- Is enrolled in school; and
- Is placed in a DCBS foster home.

<b>Supplemental School Clothing Allowance (at the time of publication)</b>	
<b>Child Ages 3-10</b>	<b>\$50</b>

<b>Child Ages 11+</b>	<b>\$100</b>
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The foster parent’s R&C worker reviews the foster parent’s clothing record quarterly. Clothing expenses include children’s apparel such as diapers, shirts, pants, dresses, suits, footwear, belts, and clothing services such as dry cleaning, repair and alterations, and storage. **Ongoing monthly expenses for clothing, a child’s allowance and incidentals are included in the per diem.**

At the time of publication, the following chart shows the minimum to be spent on a monthly basis for clothing, diapers, incidentals and a child’s allowance:

<b>Child’s Age</b>	<b>Clothing</b>	<b>Incidentals</b>	<b>Allowance</b>
<b>0-2</b>	<b>\$25</b>	<b>\$6</b>	<b>N/A</b>
<b>3-4</b>	<b>\$30</b>	<b>\$5</b>	<b>\$1</b>
<b>5-11</b>	<b>\$35</b>	<b>\$5</b>	<b>\$7.50</b>
<b>12+</b>	<b>\$40</b>	<b>\$10</b>	<b>\$20</b>

Special purchases above and beyond the per diem and initial clothing allowance, up to \$250 may be approved under special circumstances. (For example, if a child loses or gains a substantial amount of weight requiring all new clothing.)

**FOSTER PARENT BILLING INVOICE**

Must be submitted monthly when you have a placement. Invoices should be submitted by the 5<sup>th</sup> of every month. Submit required receipts for special expenses along with your invoice. Sending invoices is suggested by email. Direct deposit or a request for Key Bank debit card should be set up before the first reimbursement is issued. Contact your R&C worker for the billing specialist in your area.

**TAXES**

Many foster parents are eligible for tax credits worth, in some cases, several thousand dollars if they have adopted a special needs child. Please refer to “Kentucky’s Adoption Assistance Handbook” for additional information. **Foster families should meet with a tax advisor or the IRS to discuss which tax benefits may apply.**

***Please note: payments you receive for providing care to children in foster care should be considered as reimbursement for the care of the child and not income.***

**MEDICAL TREATMENT AUTHORIZATION, REQUIRED MEDICAL TREATMENT AND THE MEDICAL PASSPORT**

**Medications or medical treatment** – All children in foster care have medical coverage. There are no co-pays or deductibles for foster children. Prior authorizations may be needed by the physician for coverage. Please check before paying for medications. Only those **denied** by the medical card, confirmed treatment not covered by card may be reimbursed.

Assuring that the health needs of children in out-of-home care are met is a major responsibility for you and the child’s social

services worker. Foster parents are to cooperate with the Cabinet in medical and dental care planning:

Children in care are required to have an initial health screening within 48 hours of placement and a health exam scheduled within two weeks of placement.

In addition, children are required to have an annual dental, hearing and vision screening.



Children are also required to have a mental health screening within 30 days of placement.

Within ten (10) working days of the child's entry into out of home care the child's social worker will complete the Safe Space Screener. The purpose of the standardized screener is to enhance behavioral health services for children in out-of-home care. If a child scores in the clinical range on any of the screening tools, the child will be referred to an approved behavioral health provider for additional clinical assessment. The provider will then complete a Kentucky Child and Adolescent Needs and Strengths (KY-CANS) assessment the child and family of origin (if applicable) and share recommended treatment plans through a KY-CANS Assessment Report. The initial KY-CANS will be completed within (30) days of placement (or completion of Screener) and will be re-administered every ninety (90) days.

Foster parents will be responsible for scheduling medical appointments and assisting DCBS in transporting a child to the doctor and therapies. It is critical that foster parents communicate with and involve birth parents in their child(ren)'s medical care. It is important for you to know as a foster parent you can only authorize emergency medical care and only when the child's social services worker, FSOS or parent cannot be reached. It is also important for you to report all encounters with medical providers and any corrective or follow-up medical or dental care the child needs to child's SSW.

## **MEDICAL AUTHORIZATION**

The 106A form, titled "Cabinet for Health and Family Services Authorization for Routine Health Care and Authorization for Non-Routine Health Care" is utilized to authorize medical treatment to assure that a child in care receives prompt medical attention. The child's worker provides a copy of the 106A form to the foster parent upon the child's entry into the home. The form contains the worker and birth parent(s) signatures. Foster parents maintain a copy of the signed 106A in the Medical Passport and provide a copy of the form to the medical provider when medical services are needed.

The DPP 106A contains the following information:

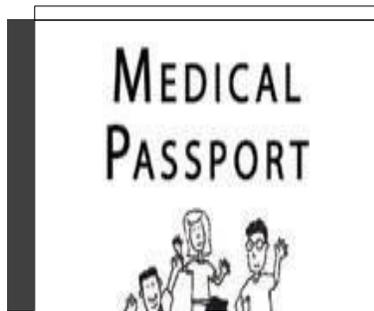
- A definition of routine and non- routine health care,
- A statement naming the child and attesting to the Cabinet's authority to provide routine health care,
- County contact information for medical providers to use to obtain authorization to treat a child/youth,
- Instructions to guide medical providers as to who may authorize non-routine health care, and

- Parent and Worker signatures.

If you have questions about the use of the DPP-106A form or are in doubt as to whether a medical need is routine or non-routine, contact the child's social service worker or their supervisor for that determination.

The foster parent may authorize treatment only in an emergency, when a child needs medical treatment and the SSW or Family Services Office Supervisor (FSOS) cannot be located.

## MEDICAL PASSPORT INTRODUCTION



The Medical Passport was developed to serve as a repository to organize a child's medical information. It has been designed to be used for all children in out-of-home care, including medically complex children, who are placed in foster homes, private childcare facilities, psychiatric and medical settings.

It is given to the care provider at the time the child is placed. The Medical Passport must be maintained continuously throughout placement and accompany the child as long as the child remains in out-of-home care.

- Why is the Medical Passport so important?
  - o It ensures that all pertinent information pertaining to a child's health care is kept in one place. This benefits the child in providing timely service when basic medical records are needed at a moment's notice for medical care and emergencies or events such as case review, court, school enrollment, day care enrollment and treatment planning conferences, etc.
  - o State law requires that all children in out of home care receive regular medical care. State and federal law require the documentation of this care.
  - o Care Provider Liability - Lack of documentation is equal to lack of services. In other words, **"If you don't write it down, it didn't happen!"**
  - o A child's needs and history are more easily explained to birth parents and other care providers upon changes in placement or changes of social services workers.

- How do I use this Medical Passport?

If the child will be accompanied to the appointment or exam by a social services worker or transportation aid in lieu of the care provider, then the social services worker or care provider will assume responsibility for the Medical Passport binder and its contents, share it with the medical professional, and ensure that all forms are completed. Care providers should not assign these responsibilities to the child in the care provider's absence. The Medical Passport includes tabs that are designed to be used with the three-ring binder. Each child should have his/her own binder, even if siblings reside in the same foster home. Each tab section includes instructions on how to utilize the forms for that section.

## MEDICAL PASSPORT FORMS

There are a number of forms available to record routine and non-routine health care.

- "Cabinet for Health and Family Services Authorization for Routine Health Care

and Authorization for Non-Routine Health Care” DPP-106A

- “Initial Physical and Behavioral Health History” DPP-106B
- “Medical Appointment” DPP-106D
- “Dental Care” DPP-106E
- “Visual Screening” DPP-106F
- “Mental Health Services” DPP-106G
- “Prescription and OTC Medication Administration” DPP-106H
- “Methamphetamine Exposure Medical Evaluation and Follow-up” DPP-106I
- “Medication Transfer Form” DPP-106J

DPP-106 Forms A through H (C is not currently used) will be used at some point during the child’s stay in out-of-home care. If you run out of forms or the child’s Medical Passport did not have a particular form to begin with, you can print from the Just In Time website [www.jitkentucky.org](http://www.jitkentucky.org) or request them from the child’s social services worker.

A blank copy of Prescription and OTC Medication Administration (DPP-106H) should be kept from which to make copies as needed. A blank Methamphetamine Exposure Medical Evaluation and Follow-up form (DPP-106 I) is not included in this Medical Passport which is to be completed by a social services worker at the time of a child’s medical evaluation. The social services worker completes the form because the initial evaluation is to take place two to four hours after a child’s removal from the Methamphetamine environment.

It is very difficult to get forms filled out by medical professionals a few days or weeks after the appointment. Not having blank forms is no excuse for failing to include them in the Medical Passport. Photocopies of blank forms may be used. If photocopied forms are used, additional copies must be made for the case file once the forms are completed. If a Cabinet approved form is not available at the time of an appointment, ask for a copy of the form the medical provider used to record the care provided.

**Remember “If it’s not written down it didn’t happen.”**

## **HOW ARE COPIES OF THE FORMS DISTRIBUTED?**

Medical Passport forms are either a single page or composed of carbonless paper forms with white and yellow copies.

Once completed, the white copy or the original is to be kept in the Medical Passport binder. A photocopy or the yellow carbonless copy is to be given to the child’s social services worker to notify him/her of the medical status of the child and is to be kept in the child’s case record. Photocopies or the yellow copies of medical, dental, and visual screening forms should be given to the child’s social services worker within one week of the appointment. Photocopies or the yellow copies of medication forms should be given to the child’s social services worker at the end of each month.

Medical Passport forms in the child’s case file must be available for review by many service professionals. Medical professionals are encouraged to write legibly and press firmly. If you have a yellow copy and it cannot be read, please give the social services worker a photocopy of the white original for the case file.

Do not allow the medical professional to keep the original completed forms.

Encourage them to make photocopies and return the originals and carbons, if applicable, for Medical Passport use. You may also want to make copies of completed forms for activities such as day care, school and camp registration/enrollment. If you do not have a resource to make photocopies, these may be made at your local DCBS office.

## **MEDICATION MANAGEMENT**

Foster parents are to give a child's prescribed medications only with a physician's prescription or authorization, and are to dispense the exact amount of any medication prescribed for a child by a physician or dentist and may not stop medication without a physician's orders. The foster parent documents administration of medication to the child and daily documentation of the medication's administration on the DPP-106H Medication Administration History form (found in the Medical Passport). Due to the potential severity of any adverse reaction, ALL medication (over the counter and prescription) are to be documented. Foster parents are to inform the agency within one (1) working day of any psychotropic medication prescribed for a child.

## **MEDICAL CARD**

Each child entering care has their own medical insurance. The majority will have a medical card. A small number will be covered under a birth parent's insurance. The child's SSW will ensure you receive the proper card.

## **EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)**

Foster parents should be aware that Children under five (5) are to receive an Early Periodic Screening, Diagnosis, and Treatment Services (EPSDT) screening from the local health department or, if eligible, a First Steps screening (federal zero to three program) as a substitute for a mental health screening.

A child in foster care who is eligible for Medicaid is also eligible for EPSDT services, such as: Immunizations; Hearing tests; Vision tests; Physical health examination; and other services for early detection of conditions and provisions of routine well childcare. The child may also be eligible for EPSDT special services, which are not routinely covered by Medicaid, but are medically necessary and preauthorized by Medicaid. For example, if a provider can demonstrate medical necessity for unique durable medical equipment, EPSDT Special Services may cover its cost.

## **WIC: WOMEN, INFANTS AND CHILDREN**

The Women, Infants and Children (WIC) Supplemental Nutrition Program is a federally-funded health and nutrition program for women who are pregnant, breast feeding, or just had a baby; and children under 5 years old (including most foster children).

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a short-term intervention program designed to influence lifetime nutrition and health behavior in high-risk populations. WIC is funded by the United States Department of Agriculture.



WIC provides nutritional education including breast feeding education and promotion and vouchers for baby formula, cereal and other nutritional foods to meet a child's individual needs. Contact the child's SSW for information about WIC. [Women, Infants and Children's Program \(WIC\) - Cabinet for Health and Family Services](#)

## **DISCIPLINE POLICY**

Upon approval as a foster parent, you will be asked to sign the DPP-1291, "Foster, Adoptive and Respite Home Discipline Policy". Please, carefully read the policy and familiarize yourself with the language, as you will be required to understand and practice these principles with children placed in your care. The policy states:

- Discipline is an essential part of caring for children. The goal and purpose of discipline is to teach a child acceptable behaviors and to replace negative behaviors with positive behaviors. Through positive discipline children should be assisted in developing the awareness and ability to control their own behavior, assume responsibilities, and make daily living decisions.
- In providing discipline, it is equally important to encourage positive, desirable behaviors as it is to correct or provide consequences for unacceptable behaviors.
- Foster home parents should recognize that most children in out-of-home care have been abused, neglected, emotionally maltreated, or sexually exploited.
- Foster home parents can expect that some children may anticipate harsh treatment based on previous life experiences and may misbehave to test the boundaries. It is not unusual for challenges to arise in providing discipline for children in out-of-home care. It is important that foster home parents consult with the R&C or child's worker and/or supervisors if they become frustrated in their discipline efforts.
- Foster home parents are to use the discipline techniques described in the preservice process and ongoing behavior management training. Appropriate discipline considers the age and developmental needs of the child, as well as the child's history and past experiences. It is important to establish clear guidelines, limits or "house rules", so that the expectations of the child are understood.

Foster parents may not:

- Use any form of punishment or corporal physical discipline as defined in KRS 199.896(18);

- Deny food, shelter or clothing;
- Interfere with implementation of the child's case plan;
- Deny visits or contact with family members;
- Have the child engage in extremely strenuous work or exercise; or
- Act in bizarre, severe, cruel or humiliating ways. Examples of unacceptable actions include, but are not limited to, verbal abuse, derogatory remarks to the child or about the child's family, threats of removal from the home, placing non-food or painful substances in a child's mouth to placing noxious, irritating or potentially damaging substances in the mouths or lips, whether food, or non-food.

In addition, foster parents must not use inappropriate discipline nor punish an infant or child for incessant crying, bed wetting or actions related to toilet training.

Because of the trauma inflicted upon children coming into care you must expect demanding stressful situations, including situations not encountered with typical parenting. Be prepared to take appropriate actions to keep yourself calm while dealing with behaviors and situations foreign to you. Discuss your ideas on discipline with your worker or the child's worker and make sure the actions you plan to take are appropriate.

Foster parents must not delegate or permit discipline or punishment of a child by another child.

Separation from others or "time out" should be used with caution and should only be provided in a safe, unlocked, well-lit environment where the child can be easily observed by the foster parent. The maximum time limit should not exceed the number of minutes equal to the child's age plus one minute.

If foster parents use any prohibited form of discipline or punishment, designated Cabinet staff will complete a foster home review with the family to include recommendations for corrective action. The SRA or designee is responsible for approval of the foster home review, which may include a recommendation for closure of the foster home.

## **LIFEBOOKS**

Foster home parents encourage family connections through their assistance in developing and maintaining Lifebook for children placed in their care. A Lifebook is a significant link to the child's past and provides a collection of historical events and stories surrounding the child's family and life.

A Lifebook should be started within the first 30 days of a child entering out-of-home care. The Lifebook will accompany the child throughout the child's placement history. A Lifebook may help decrease the child's feelings of loss and separation from their family. Lifebooks are reimbursed up to \$70 for start-up costs per child. An additional \$25 per child every six months may be reimbursed for maintenance of the Lifebook. Foster parents will need to check what has already been spent in previous placements. Items reimbursed are child specific. Items such as printer ink are not reimbursable. Please talk to your R&C worker and the child's social service worker to locate trainings in your area for tips on developing a Lifebook. There is a training on tips to Lifebooks on Just in Time [www.jitkentucky.org](http://www.jitkentucky.org)

## **HAIRCUTS**

If a foster parent has cared for a child for more than thirty (30) days or the child's parents have had their rights terminated (TPR) by the court, the foster home parent may make decisions regarding haircuts and hairstyles for foster children unless the Cabinet determines that the child's religion, race, ethnicity, or national origin prevents it. The foster parent ensures with the R&C worker that the foster child does not meet special circumstances for religious or cultural exemption. For example, in Native American and certain Apostolic Christian faiths, cutting the hair may be a violation of their religious rights and cultural traditions

## **TOBACCO PRODUCTS**

It is against the law in Kentucky for children under the age of 18 to smoke tobacco or use tobacco products. Foster parents are not permitted to purchase tobacco products for a child in care. In addition, family members and relatives of a child committed to the custody of the Cabinet are not permitted to purchase tobacco products for the child/youth. The SSW will assist the child and the foster parent in an attempt to eventually eliminate the child's tobacco use. Nicotine replacement products may be purchased (by the foster parent and reimbursed) and the SSW may seek assistance from the child's physician. The child may participate in smoking cessation services offered by local health departments or their contracted agents at no cost.

## **NORMALCY FOR CHILDREN AND YOUTH IN OUT OF HOME CARE**

Federal law (PL 113-183) requires all children in out of home care can experience a normal life. Normalcy is achieved when children and youth in care are allowed to participate in developmentally and or age-appropriate activities. The Reasonable and Prudent Parent Standard has been established to help guide decision making for foster caregivers.

The term "reasonable and prudent parent standard" (RPPS) means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver must use when determining whether to allow a child in foster under the responsibility of the State to participate in extracurricular, enrichment, cultural and social activities.

Caregiver means a foster parent with whom a child in foster care has been placed or a designated official for a childcare institution in which a child in foster care has been placed. All caregivers must receive training on the reasonable and prudent parent standard before applying the standard. Examples of typical activities when the reasonable and prudent parent standard may be applied, as well as non-typical activities when it may not be applied, are illustrated in the chart below.

Typical Activities	Non Typical Activities
Sleepovers	Surgery
Swimming	Birth parent and sibling visits
Dating	Court orders
Hunting	Medications- psychotropic, birth control
Riding Jet Skis	Tattoos, body piercings, etc.
Family camping outings	Return a child to a birthparent without court Approval
Obtaining a driver's license	Discipline policy
Operating power lawn Mowers	

Operating an ATV is not an RPPS activity as specifically addressed in KRS 189.515.

***Caregivers must follow the requirements listed below regarding the use of ATVs:***

- A caregiver of a minor who is under the age of six (6) shall not knowingly allow that person operate or be a passenger on an ATV vehicle;
- A person under the age of sixteen (16) years shall not operate an ATV vehicle except under direct supervision of a caregiver;
- A person under the age of sixteen (16) years, when operating or riding as a passenger on an ATV vehicle, shall wear approved protective headgear at all times that the vehicle is in motion;
- A caregiver of a minor who is under the age of sixteen (16), or who does not possess an instruction permit, an intermediate license, or an operator's license shall not knowingly allow that person to carry a passenger while operating an ATV.;
- A caregiver of a minor under the age of sixteen (16) shall not knowingly allow that person to operate an ATV in violation of the age restriction warning label affixed by the manufacturer as required by the federal ATV standards.

**DRIVER'S LICENSE FOR YOUTH**

Youth in care may apply for a driver's license or permit when it is determined to be appropriate by the DCBS worker in collaboration with the youth's foster parent or caregiver using the reasonable and prudent parent standards.

Pursuant to KRS 186.470-Application of a Minor, the application to obtain a driver's license or permit for a youth in custody of the cabinet may be signed by the birth parent or legal guardian; foster parent or caregiver with whom the youth reside, in partnership with the cabinet; or the youth, without another person, upon verification by the cabinet that the youth is in the custody or commitment of the cabinet and verification that the youth has an insurance policy.

The youth's independent living specialist (ILS) will facilitate a meeting to discuss the requirements under the graduated driving program in Kentucky. The meeting should include the child's social worker, the child, caregiver/foster parent, and any other significant person who can assist in the determination of allowing the youth to apply for a permit or license. During this meeting the ILS will review the **DPP-17 Readiness for Driving agreement** with the youth and meeting participants. The ILS ensures the child

and/or other person signing the application is aware they will be held jointly responsible for any damages caused by negligence pursuant to KRS 186.590 and informs the youth that the cabinet, or anyone who signs permission for the youth to obtain their permit or license, can file a verified request to cancel a youth's permit or license. The ILS may hold follow-up meetings as necessary. If the youth is approved to pursue attainment of his/her permit or license, the social worker will provide the youth with a signed copy of verification of the youth's custody/commitment status letter.

As funds allow, youth in out of home care ages 16-21 or their caregiver, may request reimbursement, up to five hundred dollars (\$500) for the cost of completing a state approved driver's education program. Caregivers requests should be sent to the regional billing specialist by providing proof of payment and the signed Cabinet verification of youth's custody/commitment status letter. If the youth is requesting reimbursement, they should provide an itemized proof of payment to their regional ILS. Direct payment to the vendor can also be requested by providing an invoice to the regional ILS.

Additionally, as funds allow, caregivers of youth in out of home care ages 16-18 can request reimbursement for the cost of adding the youth to their personal vehicle insurance policy. Caregivers should request quarterly reimbursement via their monthly boarding statement. Caregivers should provide a statement from their insurance company, detailing the added cost incurred for covering the youth, along with the signed verification of commitment letter.

If a youth causes damage to the caregiver's vehicle while driving, the caregiver can request reimbursement of their deductible, up to one thousand dollars (\$1,000). The caregiver should submit proof of payment and signed verification of commitment letter to the regional billing specialist.

## **BABYSITTING**

Foster Parents may utilize **short-term** babysitters for children placed in their care to give them time to attend medical appointments, hair appointments, go to the grocery, attend training, and for other activities as needed. Babysitters can only be used for periods of 24 hours or less and only when the reasonable and prudent parent standard is applied. Background checks, home environment requirements and medical screenings are not required.

Babysitters:

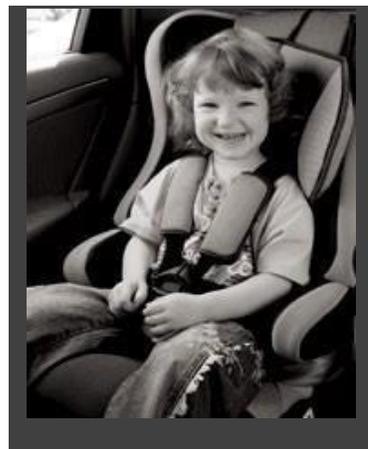
- must be age 18 or older for youth leveled 3, 4 or 5, designated as care plus or medically complex.
- for medically complex children must be certified in CPR and First Aid for adults, infants and children and receive child specific training.
- for care plus children must also receive child specific training or have training in the mental health treatment of children.

## **SAFETY PRECAUTION**

Foster parents should take safety precautions when children are placed in their home. For example, when a child is riding a bike, roller skating and ice skating the child should wear a helmet and proper clothing. Please use good judgment in these situations as you do not want allegations made regarding the safety of children in your care.

## CAR SAFETY

Before transporting children who are placed in out of home care, foster parents will need to make sure they have the required car safety equipment. If you do not have this equipment, notify the child's SSW and ask for assistance. Car crashes are the leading cause of death for children from birth to age 21 (more children die in car crashes than from any disease).



### The law in Kentucky:

According to the Kentucky State Police, any child who measures fewer than 40 inches tall must ride in a **car** seat. Infants must ride facing the rear in a convertible seat and must stay in the rear facing position until they weigh at least 20 lbs. and have reached at least 1 year old. If a 1-year-old baby weighs only 18 lbs.,

they should still stay rear facing until they reach the 20-lb. weight, according to the Kentucky State Police. Once a baby reaches the 1-year, 20-lb. mark, they may ride in a convertible car seat in the front-facing position and stay that way until they reach 40 lbs.

Any driver of a motor vehicle, when transporting a child under the age of eight (8) years who is between forty (40) inches and fifty-seven (57) inches in height in a motor vehicle operated on the roadways, streets, and highways of this state, shall have the child properly secured in a child booster seat. A child of any age who is greater than fifty-seven (57) inches in height shall not be required to be secured in a child booster seat under this section.

“All children over seven years of age and over 50 inches tall must be secured in a seat belt,” state the Kentucky State Police. Children should ride in the backseat, which poses less of an injury risk than the front seat. According to Drive Smart, research shows that children under 12 should ride in the backseat.

## EMPLOYMENT

When a youth in your care begins to seek employment, please discuss this with the youth's SSW. Employment should not interfere with the youth's sleep, extracurricular activities or visits with parents and siblings. Once a youth obtains employment, the SSW ensures that the youth is assisted with structuring a budget.

It is recommended that the youth spend at least fifty (50) percent of the money he earns as he chooses, and the remainder placed into savings for purchase of transportation or to meet expenses upon release from commitment. When a major expenditure (such as purchase of a car) is part of the youth's plan, the FSOS may approve a reduction of the savings percentage.

## RECREATION

Foster parents are to provide opportunities and transportation for recreational activities, which are appropriate to the age and abilities of the child and are to encourage children to take part in community services and activities both with the family and on their own.

## RELIGION

Foster parents are expected to provide the child or children with a normal life including the opportunity for a child placed in their home to attend and practice religion compatible with the child's heritage. Permission should be obtained from the birth parents for a child to participate in any religious ceremonies (baptism, confirmation, etc.) Please contact the child's SSW if you have questions.

## TRAVEL

When planning a vacation or travel with a child in your care, please be aware that foster parents are required to notify the Cabinet one week prior for approval, if they plan to leave the state with the child or children for more than 24 hours, or if the child or children will be absent from the foster home for more than 24 hours.

The DPP-111 Foster Home Contract states that the foster parent agrees to provide the child with a "normal family life". As such, the expectation is that a foster parent will transport a child as he would transport his own child. So, when planning a vacation or travel with a child in your care, please be aware that foster parents are required to notify the child's Social Service Worker one week prior for approval if the child will be:

- absent from the foster home for more than 24 hours regardless of the destination or
- out of state more than 24 hours.

## VISITATION - HELPING THE CHILD WITH VISITS

As a foster parent, you can assist the child in preparing for visits. Remain positive about the birth parents. Parental visits or contact can sometimes be stressful for the child.

If your child displays different behavior after a visit, phone call or reading mail, or reports something which concerns you, please share this information with the child's social services worker.

If a birth parent does not show up for a visit, again, be positive in the way this is discussed with the child, being careful not to say anything that might sound derogatory about the birth parent(s). Remember, children and birth parents experience, again and again, the grief of separation. It is very important that children maintain a connection with their birth parent and relatives in order to help them through this grief process. If the child is upset after a visit, allow them to have those feelings. Sometimes visits can be upsetting. Saying goodbye is difficult. It helps the child to know when the next visit is scheduled.



Don't conclude that it is a mistake for the foster child to visit their family. Even if it is occasionally upsetting, in general there are more advantages than disadvantages to

such visits for most children. Visits help children maintain a sense of reality about their family. If something unusual happens during a visit, or if the child always returns upset or unhappy, report this to the SSW. Always report any suspected abuse.

If children are allowed to talk freely about their parents and their situation, they may feel less anxious. Answer their questions clearly, simply and sensitively if they are confused about why they are in foster care. Never promise them that it will be OK.

Children continue to love their parents no matter how they are treated or what problems the parents have. Be careful about what you say and how you say it. If you are negative about their parents, children may respond defensively, and this could have a negative effect on their self-esteem. It could also force them to take sides. It is important to be honest in acknowledging parental behavior that is not in the child's interest. Putting behavior in terms of "choices the parent made" is more objective and non blaming.

Visitation agreements are negotiated during case planning meetings and must involve parents, children and significant others who are important in the child's life. The visitation agreement specifies who can or cannot visit with the child. Participants such as grandparents, family friends and previous caregivers should be included in some visits if the child requests their presence, and it does not place the child at risk, or compromise the achievement of case planning goals.

Visits are scheduled no less than once every two weeks with parents and no less than once every four weeks with siblings (it is desirable for siblings, when age appropriate, to have some visits separate from parents and if at all possible more frequent visitation). This is a minimum, and more frequent visitation is recommended for infants (two to three times a week) and very young children to facilitate positive attachment.

Every effort is made to schedule a visit at least once a week. The length of the visits should give the parent and child sufficient time to interact and practice skills as well as work on the issues that resulted in the child entering care.

Visits are no less than one hour, although the allotment of additional time is encouraged depending on the needs of the child (e.g. if the child is an infant, more time will be needed to bond).

Visits are to be held in the home or other neutral location. Unless otherwise ordered by the court, approval by the SRA (or designee) is required to hold visits in the office.

## **VISITS WITH THE CHILD'S WORKER IN YOUR HOME**

When a child is placed in a foster home, the child's SSW is required to have a private, face-to-face visit with the child within 10 calendar days of placement and phone contact to the child within five calendar days of placement. Thereafter, the child's SSW will visit with the child at least once every 30 calendar days. During the visit the child's SSW will assess progress toward case plan goals and objectives and the child's adjustment to the out of home care placement. If a child is designated as medically complex a nurse from the Commission for Children with Special Health Care needs visits jointly with the SSW Also, for homes with children designated as Medically Complex or care plus, the child's SSW will visit twice a month with one visit occurring in the foster home.

## PHONE CALLS AND MAIL

The foster parent(s) supports and promotes family connections for children in their care including the involvement of fathers and their family members. Attachment should be promoted through regular and frequent visitation with all family members, phone calls, mail and inclusion of the parent in other various activities in which the child is involved. The foster parent(s) provide positive processing of all contact (phone, visitation, etc.) with family members, including fathers. Foster parents should not open letters to and from a child in OOHC or withhold letters from a child unless requested by the child's SSW.

## ENROLLING A CHILD IN SCHOOL

Within three working days of the child's placement, the child should be enrolled in school and the foster parent may assist the SSW as applicable. It is not unusual for a foster parent to enroll children in school. For first time enrollment you will need:

Proof of the child's name and age. The 111A form "Foster Home Contract Supplement" contains this information



and may suffice. Calling the school and asking what documentation the school will accept to enroll a child in care is recommended.

- A Kentucky certificate of immunization. This certificate may be provided within 14 calendar days of enrollment.
- Proof of a preventative health care examination conducted within one year prior to initial entry into the school program. If you do not have a record of an exam provide the school with the appointment information for the child's mandatory physical exam because of their entry into foster care.

All children between the ages 3 and 6 who are entering public preschool, Head Start or public school for the first time must have an eye examination by an optometrist or ophthalmologist no later than January 1 of the school year.

Another preventative health care examination is required within one year prior to entry into the 6th grade.

## PROVIDING EDUCATIONAL SERVICES UNDER THE INDIVIDUALS WITH DISABILITIES ACT (IDEA)

Foster parents play a unique and critical role when children placed in their care receive special education services. The child's SSW may participate in the team but may not make educational decisions or serve as a surrogate parent for a child in the custody of the Cabinet receiving special education services.

- The child's SSW during the initial case planning conference recommends to the birth parent(s) that the foster parent be approved to co-serve as a parent with respect to making educational decision during educational meetings such as

Admissions and Release Committee (ARC) meetings and Individual Education Plan IEP meetings. If the birth parent is unable to attend these meetings this will ensure that a child's educational needs are not disrupted while the child is placed in out of home care.

- In order for the foster parent to co-serve, the birth parent must grant permission in writing on the DPP 330 Educational Advocacy form. If the birth parent doesn't attend the initial case plan conference, or cannot be located, the SSW will request that the court assign the child's foster parent as the child's educational surrogate.
- Whenever the birth parent and foster parent attend an educational meeting together, the birth parent remains the primary authority to make educational decisions on behalf of the child.

## HIGHER EDUCATIONAL ASSISTANCE

### Chafee Foster Care Independent Living Program

The John H. Chafee Foster Care Program for Successful Transition to Adulthood provides flexible funding to states to empower youth ages 14-23 who have experienced out-of-home placement, to develop their potential to become self-sufficient yet interdependent with the community and successfully transition into adult Living. The Chafee Program, referred to as KY RISE (Resources for Independence, Success and Empowerment) in Kentucky, includes an array of services and supports designed to assist youth in developing independent living skills and achieving those milestones critical to their successful launch into adulthood. The service array includes:

- **KYRISE portal** – KYRISE.KY.GOV [KY RISE - Home - KY RISE](http://KYRISE.KY.GOV) is a one-stop shop for transition age youth and supporters to locate information regarding the Chafee service array and other resources available to current and former foster youth.
- **LYFT**: LYFT is an online independent living curriculum available to youth in out of home care between the ages of 16-23. The curriculum includes instruction on Resiliency, Building Healthy Romantic Relationships, Getting and Keeping Job, Communication Skills, Personal Finance, Career Planning and Independent Living. Youth who complete the curriculum will receive a Visa gift card. Youth can access the curriculum at KYRISE.KY.GOV
- **Obtaining Learner's Permit/License**: Youth 16 through 18 may request reimbursement for a state ID, learner's permit or license. Youth 16 and over are permitted to test for their learner's permit after obtaining a Commitment Verification Letter from their Independent Living Specialist. Foster Parents should contact the regional ILS for more information.
- **Assistance with Car Insurance**: As funds allow, DCBS will reimburse caregivers for the cost of adding foster youth between the ages of 16 and 17 years old, to their car insurance plan. Youth must have had the required Readiness to Drive meeting to be eligible. As funds allow, DCBS will also reimburse a foster parent, up to \$1000, for the cost of their deductible, in the event the youth cause damages to their vehicle while driving.
- **Youth Development Funds**: Youth development funds are available to youth in out of home care between the ages of 14 to 21 years old, to support their participation in extracurricular and enrichment activities. These funds are made available when other funding sources, such as the daily per diem, have been explored and exhausted. Funds may be used to support youth in completing a

driver's education program, purchasing transportation, preparing for employment or college, accessing tutoring or completing an educational program, purchasing a computer or resolving debt to return to a post-secondary program.

- **Transition Planning:** Regional Independent Living Specialists facilitate formal transition planning meetings with youth at 17, within 90 days prior to them turning 18, and then annually for those youth who extend their commitment. The purpose of the meetings is to provide support to youth as they prepare to age out of care and to ensure they are aware of all available resources. Foster parents are an integral part of the transition planning process.
  - **SENIOR EXPENSES:** Are \$650 total (they include graduation package of cap and gown, senior pictures, class ring, prom, yearbook, class trip, etc. Foster parents can use the annual school clothing allowance if not used.
- **Milestone Incentive:** Youth on extended commitment have an opportunity to earn an annual milestone incentive for completion on tasks that show their progression toward independence and self-sufficiency such as completion of a financial literacy program, maintaining employment, academic progress in a post-secondary educational program, etc. Youth need the support and guidance of their foster parents as they work to achieve these milestones.
- **Aftercare Services:** Youth aging out of foster are eligible for a variety of aftercare services including assistance with room and board. More information can be found out [KYRISE.KY.GOV](http://KYRISE.KY.GOV)

## Financial Assistance for Higher Education

Youth in out of home care and those who have aged out, have available to them several resources to support their pursuit of post-secondary education and training including: **Tuition Waiver for Foster and Adopted Children:** If a youth placed in your care is eligible for a tuition waiver as established in KRS, KAR the youth's SSW will provide the youth in your care with the DPP-333 Tuition Waiver for Foster and Adopted Children, which is presented to the post-secondary institution. The DPP-333 Tuition Waiver can also be found at [KYRISE.KY.GOV](http://KYRISE.KY.GOV). The Tuition Waiver for Foster and Adopted Children which waives the cost of tuition and mandatory fees at all of Kentucky's public (4 year) universities as well as the community and technical colleges across the state (KCTCS). Once utilized, the waiver is good for 5 years.

*Eligible youth must:*

- Start using the waiver within 4 years of graduating high school or obtaining their GED.
- Complete the Free Federal Application for Federal Student Aid (FAFSA).
- Maintain good academic standing at the college

To apply, youth should complete Section I of the [Tuition Waiver](#) and return the form to the college's financial aid office. **The Waiver should be completed at least 6 weeks prior to the start of classes.**

- **Education Assistance:** Youth age 18 to 21 who extend their commitment with the cabinet to receive transitional living support are eligible for education assistance to attend college or vocational training. Education assistance can be used for expenses not covered by federal or other financial aid. It is very Youth must fill out the Free Application for Federal Student Assistance, available online at <http://www.fafsa.ed.gov>.
- **Earn and Learn Incentive:** The Earn and Learn Incentive provides a \$250 gift card to transition age youth in out of come care who complete a vocational or short-term training program and earn the industry recognized credential
- **Educational Training Voucher for Aged Out Youth:** Foster parents should be aware of the process for youth who are aging out of care to obtain an Educational Training Voucher, ETV. The child's SSW, the regional Independent Living Specialist (ILS or the Chafee Program Administrator provides the **DPP- 334 Request for Educational and Training Voucher Funds** to the eligible youth to complete and return to the regional ILS or the Chafee Program Administrator. Please refer to the SOP manual for additional information.

## TUTORING

When a child in your care is struggling in school it should be brought to the attention of the child's SSW. Contact the child's school to see if there are programs offered to assist the child. Some schools and communities provide tutoring services free of charge. If no services are available, the child's SSW may make a recommendation to seek funds for tutoring.

## SCHOOL LUNCHES

All children in foster care are eligible for free lunches at school. Foster parents should inform the guidance counselor or notify the enrollment office where the child attends school. The school will provide any forms that need to be completed by the foster parent.

## Kentucky Early Intervention System

Kentucky Early Intervention system (formally known as First Steps) is a statewide early intervention system that provides services to children with developmental disabilities from birth to age 3 and their families. KEIS offers comprehensive services through a variety of community agencies and service disciplines and is administered by the Department for Public Health in the Cabinet for Health and Family Services.

- Who Does KEIS Serve?

KEIS serves children from birth to age 3 and their families. Child eligibility for the program is determined two ways:

- Developmental delay - A child may be eligible for services if an evaluation shows that a child is not developing typically in at least one of the following skill areas:
  - ☐ communication;
  - ☐ cognition;
  - ☐ physical; or
  - ☐ social and emotional or self-help.

- o Automatic entry - A child may be eligible if he or she receives a diagnosis of physical or mental condition with high probability of resulting developmental delay, such as Down Syndrome.
- How are services provided?

KEIS is available in all Kentucky counties. Services may be provided in the home, at child development or other designated centers or in a clinical setting, depending on the needs of the child and family and the availability of services in a given area.

## **TYPES OF FOSTER HOMES AND ONGOING TRAINING REQUIREMENTS**

Following your initial approval as a basic foster home, you may be interested in seeking additional training to be certified as a care plus or medically complex home. Discuss your interest with your R&C worker.

In addition to the required preservice and the web-based trainings, *30 hours of the trainings listed below must be completed within the first two (2) years of approval:*

- (a) Trauma informed care;
- (b) Psychotropic medications;
- (c) Sexual abuse;
- (d) Behavior management and skill development;
- (e) Advocacy and self-care; and
- (f) Culture and maintaining connections

## **BASIC/ADVANCED FOSTER CARE**

To maintain approval as a **Basic /Advanced** foster home, ten (10) hours of ongoing training is required annually and must be completed by the anniversary month of original approval. *Once a foster parent has two years of experience and has completed the 30 hours of required training, they will be approved to receive the advanced rate.*

- Foster or adoptive home parents will initially complete the Cabinet-approved Pediatric Abusive Head Trauma training. Thereafter, the foster or adoptive home parent will complete the training one time every five (5) years.
- Two web based trainings (WBT) on medication administration and non-certified first aid and universal precautions are recommended to be completed every two (2) years. Assistance accessing the online training can be provided by the R&C worker.
- Just In Time Kentucky (<http://www.jitkentucky.org/videoTopic.html>) offers foster families approved online training opportunities.
- Group trainings are available through DCBS, ASK and the Foster Parent Network

## **RELATIVE AND FICTIVE KIN FOSTER HOMES**

A relative or fictive kin caregiver has the ability to pursue approval as a DCBS foster parent through the Relative and Fictive Kin Service Array.

They may choose to pursue approval as a Basic foster home and meet all standards associated with this approval type.

## TRAINING REQUIREMENT CHART (BASIC, ADVANCED & RESPITE)

Type of foster home	Group training prior to approval	Web-Based Trainings (WBTs) <i>prior to approval</i> (Cabinet Curriculum)	Within 2 years of initial home approval	Each subsequent year
<b>Basic (DCBS)</b>	2 hour informational meeting plus 18 hours of pre-Service NTDC training required in a group setting, unless documented otherwise	1.) Pediatric Abusive Head Trauma (PAHT) 2.) First Aid/Universal precautions 3) Medication Administration 4) Medical Passport 5) Foster Adoptive Support & Training (F.A.S.T.) Resources 6) Reasonable and Prudent Parenting Standards	<b>30</b> hours from the following topics: 1.) Trauma Informed Care 2.) Psychotropic Medications 3.) Sexual Abuse 4.) Behavioral Management and Skill Development 5.) Advocacy and self-care; and 6.) Culture and maintaining connections	<b>10</b> hours of approved training
<b>Non-Foster Home Respite Providers* (DCBS)</b>	None	2 hours of Cabinet provided respite training	None	None

### SPECIALITY FOSTER CARE

Specialized foster care services include: **Medically Complex** or **Care Plus**. Specialized foster homes may receive a specialized foster care per diem reimbursement rate only if:

- The needs of the individual child warrant the rate; and
- The foster/adoptive home has successfully completed the required specialized training for the type of services to meet the needs of the child.

To be approved as a **Care Plus** foster home:

1. The R&C worker determines whether the foster or adoptive home is interested and possesses the aptitude to provide services to a care plus child;
2. Verifies that the primary caretaker
  - A. Is willing to maintain a DPP-130 WROE-weekly record of events of a child's activities and behaviors;
  - B. Is willing and able to attend all case planning conferences; Demonstrates access to available support services; and
  - C. Coordinates designated therapeutic needs provided by community
3. Documents that the applicant care plus foster or adoptive parent(s) receives a certificate of completion for the twelve (12) hours of care plus training, beyond the preservice training requirement in the following topic areas:
  - Specific requirements and responsibilities of a care plus foster home;
  - Crisis intervention and behavior management;
  - De-escalation techniques;
  - Communication skills;

- Skill development;
- Cultural competency;
- The dynamics of a child who has experienced sexual abuse or human trafficking; and
- The effect of substance use, abuse or dependency by either the child or the child's biological parent;

Care Plus homes require (10) hours of training to meet basic requirement plus an additional twelve (12) hours to meet care plus requirement, for a total of twenty two (22) hours annually.

### CARE PLUS TRAINING CHART

Type of foster home	Group training prior to approval	Web-Based Trainings (WBTs) prior to approval (Cabinet Curriculum)	Within 2 years of initial home approval	Each subsequent year	Every five years	Additional initial training requirements prior to approval
Care Plus (DCBS)	2 hour informational meeting plus -18 hours of pre-service NTDC training required in a group setting, unless documented otherwise	1.) Pediatric Abusive Head Trauma (PAHT) 2.) First Aid/Universal precautions 3) Medication Administration 4) Medical Passport 5) Foster Adoptive Support & Training (F.A.S.T.) Resources 6) Reasonable and Prudent Parenting Standards	30 hours from the following topics: 1.) Trauma Informed Care 2.) Psychotropic Medications 3.) Sexual Abuse  4.) Behavioral Management and Skill Development 5.) Advocacy and self-care; and 6.) Culture and maintaining connections	10 hours of approved training	Pediatric Abusive Head Trauma (WBT)	3 hour Care Plus WBT component AND 9 hours Cabinet provided Care Plus group training

#### Additional annual training requirements for CARE PLUS HOMES

12 hours of training in the following topic areas approved in advance by R&C:

- 1) Specific requirements and responsibilities of a therapeutic foster home;
- 2) Crisis intervention and behavior management;
- 3) De-escalation techniques;
- 4) Communication skills;
- 5) Skill development;
- 6) Cultural competency;
- 7) Dynamics of a child who has experienced sexual abuse or human trafficking; and
- 8) Effect of substance use, abuse, or dependency by either the child or the child's biological parent

To be approved as a **Medically Complex** foster home:

- o The R&C worker determines whether the applicant home has the aptitude and desire to provide medically complex fragile foster care services and is able to care for a child in the custody of the cabinet who is determined to be medically due to:
  - Significant medically oriented care needs related to a serious illness or condition diagnosed by a health professional that may become unstable or

- change abruptly, resulting in a life-threatening event;
  - A chronic condition that is expected to be life-long and progressive and to require extensive services;
  - An acute, time-limited condition requiring additional oversight; or
  - A severe disability that requires the routine use of medical devices or assistive technology to compensate for the loss of a vital body function needed to participate in activities of daily living and significant and sustained care to avert death or further disability.
- o The R&C worker verifies that the primary caretaker in the applicant medically complex foster or adoptive home is not employed outside the home unless it is determined that the child's needs will continue to be met and an exception is approved by the director of Protection and Permanency.
  - o The foster home completes the initial medically complex fragile Join Hands Together training (12 hours of training) offered by the Cabinet which covers the following topic areas specific to children with medical complexity:
    - Growth and development;
    - An overview of procedures and techniques which may be utilized to provide care;
    - Observation and assessment;
    - Management and diet and environment;
    - Documentation of provided care;
    - Parenting skills;
    - Permanency planning; and
    - Obtain certification in infant, child and adult CPR and first aid and complete an online orientation.
  - o In addition to the training, the medically complex foster home needs to be located within one hour of a medical hospital with an emergency room and 30 minutes of a local medical facility.
  - o To maintain the medically complex designation an approved home must complete twelve (12) hours of ongoing training annually and an additional ten (10) hours of cabinet-sponsored training related to knowledge or skills relevant to foster parenting and maintain certification in CPR and First Aid.
  - o Two conference style Cabinet Sponsored trainings are held each calendar year to help medically complex homes meet their training requirements. In rare circumstances, an individualized curriculum may be developed for a Foster or Adoptive Parent who is unable to participate in annual group training because of employment or other circumstances.
  - o Professional experience related to the care of a child with medical complexity may substitute for the initial and annual medically complex training requirements if approved by designated cabinet staff and the foster or Adoptive Parent:
    - Is a health professional;
    - Is certified in infant, child and adult CPR and First Aid; and
    - Has completed twelve (12) hours of continuing education focusing on pediatrics within the past year that will assist the parent in the care of a

child with medical complexity.

## TRAINING CHART MEDICALLY COMPLEX (BASIC) AND MEDICALLY COMPLEX & CARE PLUS

Type of foster home	Group training prior to approval	Web-Based Trainings (WBTs) prior to approval (Cabinet Curriculum)	Within 2 years of initial home approval	Each subsequent year	Every five years	Additional initial training requirements prior to approval
<b>Basic Medically Complex* (DCBS)</b>	2 hour informational meeting plus 18 Hours of NTDC preservice training required in a group setting, unless documented otherwise	1.) Pediatric Abusive Head Trauma (PAHT) 2.) First Aid/Universal precautions 3) Medication Administration 4) Medical Passport 5) Foster Adoptive Support & Training (F.A.S.T.) Resources 6) Reasonable and Prudent Parenting Standards	30 hours from the following topics: 1) Trauma Informed Care 2) Psychotropic Medications 3) Sexual Abuse 4) Behavioral Management and Skill Development 5.) Advocacy and self-care; and 6.) Culture and maintaining connections	10 hours of approved training	Pediatric Abusive Head Trauma (WBT)	5.25 hours of Cabinet provided medically complex WBT components <b>AND</b> 6.75 hours of Cabinet provided medically complex group training; <b>AND</b> current certification in infant, child, adult CPR and First Aid
<b>Medically Complex* &amp; Care Plus (DCBS)</b>	2 hour informational meeting plus 18 hours of NTDC preservice training required in a group setting, unless documented otherwise	1.) Pediatric Abusive Head Trauma (PAHT) 2.) First Aid/Universal precautions 3) Medication Administration 4) Medical Passport 5) Foster Adoptive Support & Training (F.A.S.T.) Resources 6) Reasonable and Prudent Parenting Standards	30 hours from the following topics: 1) Trauma Informed Care 2) Psychotropic Medications 3) Sexual Abuse 4) Behavioral Management and Skill Development 5.) Advocacy and self-care; and 6.) Culture and maintaining connections	10 hours of approved training	Pediatric Abusive Head Trauma (WBT)	5.25 hours of Cabinet provided medically complex WBT components <b>AND</b> 6.75 hours of Cabinet provided medically complex group training; <b>AND</b> current certification in infant, child, adult CPR and First Aid; <b>AND</b> 3 hour Care Plus WBT component <b>AND</b> 9 hours Cabinet provided Care Plus group training

### Additional annual training requirements for MEDICALLY COMPLEX-BASIC HOMES

12 hours of Cabinet provided ongoing training related to the care of children with medical complexity; or if approved by the DPP Director, professional continuing education related to pediatrics; **AND** current certification in infant, child, adult CPR and First Aid.

## **Additional annual training requirements for MEDICALLY COMPLEX and CARE PLUS HOMES**

**12** hours of Cabinet provided ongoing training related to the care of children with medical complexity; or if approved by the DPP Director, professional continuing education related to pediatrics; **AND** current certification in infant, child, adult CPR and First Aid;

### **AND**

**12** hours of training in the following topic areas approved in advance by R&C:

- 1) Specific requirements and responsibilities of a therapeutic foster home;
- 2) Crisis intervention and behavior management;
- 3) De-escalation techniques;
- 4) Communication skills;
- 5) Skill development;
- 6) Cultural competency;
- 7) Dynamics of a child who has experienced sexual abuse or human trafficking; and
- 8) Effect of substance use, abuse, or dependency by either the child or the child's biological parent

## **CHILD CARE DURING TRAINING**

During training, it is important for foster parents to focus on the training topic. Children cannot be brought into the training as it becomes a distraction to participants. With prior approval from the trainer, medically complex foster parents can possibly allow babysitters on the same training location and not in the room with participants. This would allow the foster parent to be close in case there is a need for that medically complex child.

The R&C worker authorizes reimbursement, for foster parents for mileage and babysitting of the foster child. The reimbursement, to the extent the funds are available, of a foster or adoptive home parent who is participating in ongoing cabinet-sponsored or cabinet approved training for the following expenses:

1. Mileage at current reimbursement rate;
2. Babysitting for the foster child, not to exceed the child's per diem rates

## **RE-EVALUATION/RE-CERTIFICATION**

The R&C worker within or prior to the anniversary month of the **third (3rd) year** of the original approval as a foster or adoptive home completes a re-evaluation report. R&C workers will conduct yearly child abuse and neglect checks, sex offender registry checks, and AOC checks on all adults in the home. The R&C worker will be reviewing yearly training requirements with the family. The R&C worker will complete the re-evaluation report with the foster family in the home.

R&C worker will review the following with the foster family in a re-evaluation:

- A. Any change in the family;
- B. The ability of the foster or adoptive home parent(s) to meet the needs of a child placed in the home;
- C. Continued compliance with the SOP 12.15-12.17 regarding ongoing requirements for foster or adoptive homes;
- D. Continued compliance with the SOP 12.13 Home Environment Prerequisites, including proof that each foster or adoptive parent and all other household

- members that drive, possess a valid driver's license and liability insurance;
- E. Documentation that ongoing training requirements
- F. Documentation of an updated DPP-107 (completed within the past twelve (12) months) for adult household members and updated vaccination certificates for minor children;
- G. Updated DPP-170

## ON-GOING TRAINING

A foster parent's ongoing training requirements will depend on the foster home's approval level (basic, care plus, or medically complex) as outlined under "Types of Foster homes" on pages and in this handbook.

The Cabinet may provide training or training may be provided through community partners, such as colleges and universities, adult education centers, comprehensive care centers, county agencies, hospitals and libraries.

## Kentucky's Just in Time Training

A web-based service program [www.jitkentucky.org](http://www.jitkentucky.org) designed to connect foster parents, kinship or other

caregivers with online training, peer experts, and other resources. The website will offer answers and practical solutions to care for children. This training experience will be available from the comfort of your home or office. Training topics have been reviewed and designated videos (with an attached quiz) are approved for online credit hours. Foster parents are required to follow Kentucky laws and policies. To sign up for an account,



**Just in Time Training**  
KENTUCKY

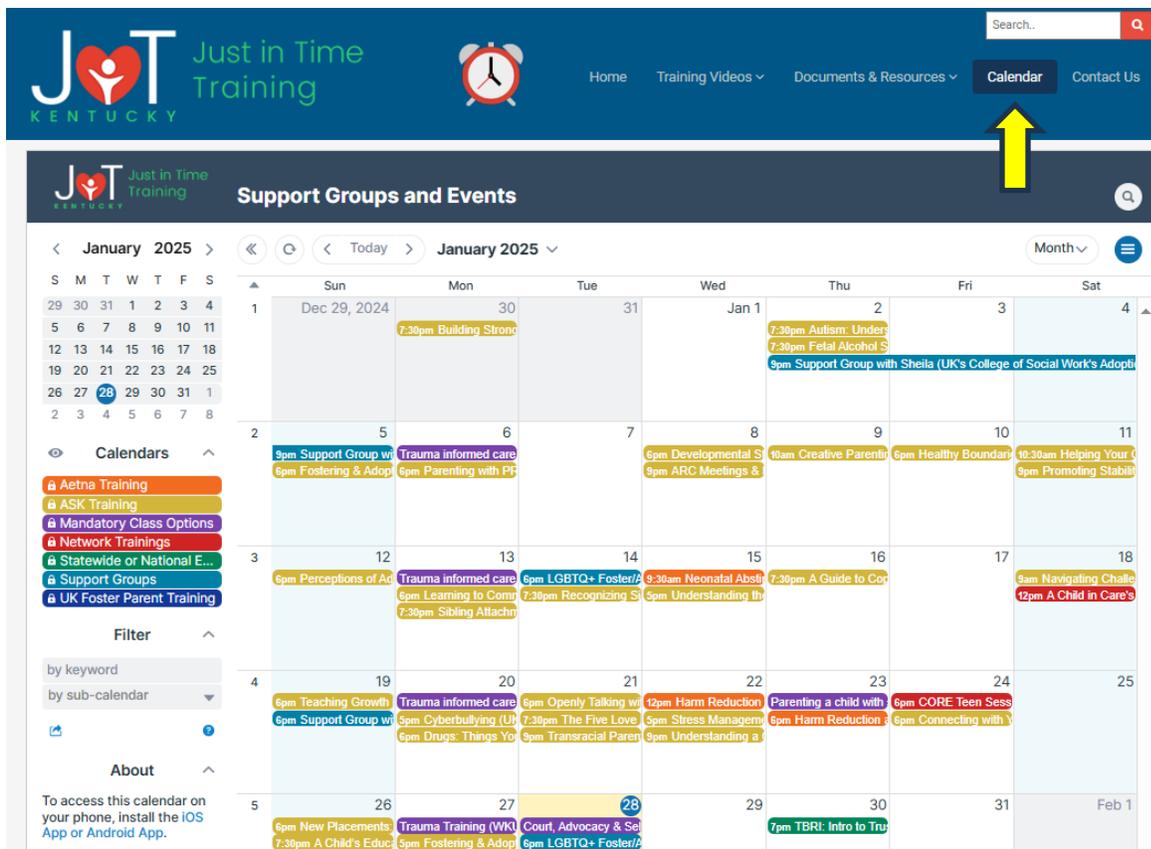
### SETTING UP AN ACCOUNT

- 1** Click Create an Account and it will prompt you to answer a few questions. *New Updates to the LMS (Learning Management System)*
- 2** Use the same email you use in TRIS. It will make it easier to place in your file.
- 3** You will receive an approval email within 24 hours. Get started on your training journey by picking a category! *Course Catalog*
- 4** The system will store your trainings in my profile.

TEAM KENTUCKY  
CABINET OF HEALTH AND FAMILY SERVICES

These trainings will be available to all DCBS foster parents. **Two parent households require both parent to have their own separate accounts. You cannot review more than one training at a time as it will suspend your account. Both parents are required to watch the video in its entirety and pass the quiz. Two parent households cannot watch the videos together to gain credit hours; each member will have to watch and pass videos on their own accounts. The certificates will be transferred to the foster parents training record.** Documents and resources are also available on this website at [www.JITKentucky.org](http://www.JITKentucky.org). DCBS homes will have access to regular forms used on a daily basis. There will also be links to all the resources and supports available to families in Kentucky.

Just In Time also offers a calendar with approved trainings offered by the Network, Aetna, ASK, and trainings across Kentucky. Sign up for trainings under the calendar:



**Some Examples of Non-DCBS Sponsored trainings may include:**

- Participation in support groups or other associations related to foster care and adoption and approved in advance by the FSOS;
- Individualized professional training in the field from which the child needs specialized care, with prior approval of the FSOS;
- Workshops that are relevant to foster care or adoption (with prior approval by the OOHC Branch, provided proof of attendance is given to the R&C worker);
- Those necessary to maintain certifications for CPR and first aid as required for medically complex and specialized medically complex foster homes;

Credit for learning courses related to foster/adoptive children and parenting with **prior approval** by the OOHC Branch.

## *A FINAL NOTE ON TRAINING*

To define annual, a foster parent's "year" begins the first day of the month of their original approval as a basic foster parent. Their year ends on the last day of their approval month. For example, if you were approved as a foster parent on March 5th of a year then you have until March 31st of the next year to meet your on-going training requirements.

### **BUT...**

Please do not wait until the last 30 days of your "year" to get your ongoing training. Your on-going training needs to be completed and registered before the last day of your anniversary month. Time is needed to process your attendance and completion of a training.



There are many opportunities for you to get the required training hours and the biggest advantage of starting early is being able to pick topics that are timely and relevant to you and the children in your home.

### **EXPECTATIONS FOR ONLINE TRAINING:**

1. Please ensure your video is always on and that all training participants are in view of the camera. **Failure to do so will cause the participant to be removed from the training.**
2. Trainings are vital to foster parents. Please ensure that you are taking the training in a spot where you can hear and see the participants and presenters. **(Appropriate spots are required: Ballgames, restaurants, and other places with a lot of outside people are not appropriate and you will be removed from the training). This is not only a distraction to you but everyone else in the class.**
3. Attending training while driving is **not** allowed. **You will be removed from the training as it is a safety concern.**
4. We all know that participating in training at home comes with distractions. We ask that you be as present. Many of the topics discussed during our trainings are not suitable for children. You can also choose to wear headphones.

## **FOSTER HOME REVIEWS**

When significant changes or problems occur in a foster home, the home's R&C worker completes a foster home review. The review is completed to evaluate and assess the impact of the change on the family and to develop a plan of corrective action when appropriate. A foster home review is completed in the following situations:

- A change in a foster parent’s ability to provide care for a DCBS child due to a sudden onset of a health condition;
- A family member dies; A family member becomes disabled.
- Change in marital status: When an approved foster parent marries, within six months the new spouse meets the requirements to be approved as a foster parent, per SOP 12.5 Preservice Training Requirements for Foster and Adoptive Parent Applicants, in order for the home to remain open;
- Loss of income or a substantial and sudden decrease in income;
- Birth of a child;
- A family moves into a different residence
- Additional training needs are identified for a family approved as a child specific foster home.
- Termination of parental rights
- Other factors that jeopardize the emotional, mental, physical well-being of the child as defined by Cabinet; and
- A report of abuse, neglect or dependency that results in a finding that is substantiated or reveals concerns relating to the health, safety and well-being of a child
- Use of a prohibited form of discipline or punishment, which includes:
  - Corporal punishment inflicted in any manner;
  - Denial of food, clothing, or shelter;
  - Cruel, severe, or humiliating actions;
  - Withholding implementation of the child’s case plan;
  - Denial of visits, telephone or mail contacts with family members, unless authorized by a court of competent jurisdiction;
  - Assignment of extremely strenuous exercise or work;

## **SERVICE COMPLAINTS/GRIEVANCE PROCESS AND FAIR HEARINGS**

Foster Parents and foster parent applicants should be aware of the appeal options available to them when they disagree with an action taken by the Department for Community Based Services.

There are two processes:

- SERVICE COMPLAINT PROCESS
- ADMINISTRATIVE FAIR HEARING

***(NOTE: These are not appealable through a Service Appeal or Child Abuse and Prevention Treatment Act [CAPTA] Appeal)***

These matters include a:

- Decision to deny:
  - Approval of an individual seeking to provide foster or adoptive services in

accordance with 922 KAR 1:350 or 922 KAR 1:310; or

- o A caretaker relative approval as a kinship caregiver if the caretaker relative fails to meet the provisions of 922 KAR 1:130, Section 5; We have several foster homes that are caring for relatives.
- Removal of a foster child from a foster home if the foster home parent or another individual residing in the home has been found by the Cabinet to have abused, neglected or exploited a child and the:
  - o Foster home parent or other individual waived the right to appeal the substantiated incident;
- Removal of a child from a foster home for the purpose of:
  - o Uniting or reuniting the child with a sibling at the next placement;
- Uniting or reuniting the child with a sibling at the next placement;
- Closure of a foster home if the Cabinet has not placed a child in the home within (1) year;
- Closure of a foster home according to terms of the contract between the Cabinet and the foster home;
- Any situation by which state or federal law requires adjustment of a payment or grant, except when a payment or grant computation is incorrect;
- Decision to not recommend a foster home parent in accordance with 922 KAR 1:350, Section 9(12) for enrollment in specialized training as an emergency, medically complex, specialized medically complex or care plus foster home;
- A complaint of discrimination.

A foster parent may submit a written request to the service region administrator (SRA) or designee within thirty (30) calendar days after the date of the Cabinet/DCBS action or alleged act. The DPP-154 Protection and Permanency Service Appeal form is used to make the written request. The SRA or designee in the region where the foster home is located is required to provide a written response within thirty (30) calendar days of receipt of a request for resolution.

The foster parent may also contact the Cabinet's Office of Ombudsman at (800) 372-2973, if the matter was not previously reviewed by that office.

If you do not wish to speak with the Office of Ombudsman, you may submit your complaint or grievance in writing to a Service Region Administrator or designee no later than 30 days from the date of a Cabinet action to which you object.

You may address the following through an **administrative fair hearing** if the Department for Community Based Services:

- Fails to process reimbursement to a foster home with reasonable promptness;
- Fails to provide information required by KRS 605.090;
- Fails to advise an Adoptive Parent of availability of adoption assistance in accordance with 42 U.S.C. 673 and 922 KAR 1:050;
- Fails to provide an Adoptive Parent, except as otherwise noted by law, with known facts regarding the:
  - o Child;

- Child's background prior to finalization of adoption; and
- Child's biological family;
- Determines the ineligibility for adoption assistance upon execution of an adoptive placement agreement under 922 KAR 1:050;
- Denies a request for a change in payment level due to a change in an Adoptive Parent or child's circumstances at the time of renewal of an adoption assistance agreement under 922 KAR 1:050;
- Closes a foster home under 922 KAR 1:350, family preparation, except as noted;
- Denies or delays placing a child for adoption with a family outside the jurisdiction of Kentucky.
- An individual aggrieved by an action of the Cabinet may request review of the following through an administrative hearing if:
  - The Cabinet denies, reduces, suspends or terminates services or federal funded benefits, payments or financial assistance to which an individual may be entitled under 922 KAR Chapters one (1) through six (6);
  - The Cabinet fails to act with reasonable promptness to a request for a federally funded benefit, payment or financial assistance to which an individual may be entitled under 922 KAR Chapters one (1) through six (6)

An individual found by the Cabinet to have abused or neglected a child may appeal the Cabinet's finding through an administrative hearing in accordance with 922 KAR 1:48. The **SSW or Cabinet/DCBS staff** are required to provide any individual found to have abused or neglected a child a **DPP-155 Request for Appeal of Child Abuse or Neglect Investigative Finding** at the time the notice of substantiated findings is provided to the perpetrator.

The following matters are **not** appealable through a CAPTA administrative hearing:

- A matter which a civil court having competent jurisdiction:
  - Has heard evidence and made a final judicial determination that abuse or neglect of a child did or did not occur; or
  - Is currently engaged in legal proceedings regarding the same issue being appealed;
- A matter in which an appellant has been criminally charged and convicted of an action that is the basis of the Cabinet's finding of abuse or neglect of a child;
- A final administrative decision made by the Cabinet or Cabinet's designee as a result of a previous appeal on the same issue;
- An appeal that has been abandoned by an appellant who failed to demonstrate good cause for failure to go forward;
- Failure to submit a written request for appeal within the required thirty (30) calendar days from the date the notice of the substantiated finding of abuse or neglect is mailed or of the delivery notice if not mailed;
- An investigation that results in an unsubstantiated finding of abuse or neglect of a child.

## FOSTER HOME ALLEGATIONS

Foster home allegations can be scary. If you find that your foster home is under investigation. Contact your local Network team for support. The Network can explain the steps of an allegation and investigation. Documentation can be key. Key records of events, dates/times and communications. Be responsive and respectful to staff. Request assistance from DCBS staff in explaining to the children what is happening and why. Call your Network team when you are struggling and need support from someone who gets it.



For contact information in your service region please visit <https://www.wku.edu/childwelfare/trc/trc.php>, email [kyfosteradoptnetwork@gmail.com](mailto:kyfosteradoptnetwork@gmail.com), or call/text 502-536-9398.

## CHILD PROTECTION SERVICES (CPS) OPEN RECORDS REQUEST AND DISCLOSURE OF INFORMATION

If a situation in your home causes a case to be open for you and your family, you may access the records generated by that case, except for adoption and termination case records, which may only be shared upon receipt of a court order from the court of jurisdiction that granted the adoption and/or termination.

Before you can have access to your case records, staff complies with confidentiality laws so that proper disclosure is made. A request for case records from anyone not expressly permitted by Kentucky Revised Statute (KRS) without legal access will be subject to disclosure only upon order of a court of competent jurisdiction. If you request someone other than yourself to review your case record, that person is required to provide Records Management Section with a signed authorization by you to allow access/disclosure of the case record.

**When you request access/disclosure of your case record, DPP and staff at the local or regional office will:**

- Provide you with the **DPP-010 Open Records Request**, to facilitate the request;
- For health information, you use the **CHFS-305 Authorization for Disclosure of Protected Health Information** or **CHFS-305A Authorization for Disclosure of Psychotherapy Information**. You direct health information related requests information to:

Cabinet for Health and Family Services  
Department for Community Based Services  
Records Management Section  
275 E. Main St., Section 3E-G  
Frankfort, KY 40621

- Provide assistance to you in completing the form(s);
- Advise you that the Records Management Section will respond to their request; and
- Immediately fax the request to the Records Management Section at (502) 564-

9554, if a local or regional office receives a written request for records;

- Contact the Records Management Section to confirm receipt of the fax after the request has been faxed.

## **AIDS/HIV INFORMATION AND TESTING**

When a foster parent is contacted for a placement, the social services worker or R&C worker will not disclose a child's HIV status prior to approval of the placement or before the foster parent accepts the placement. This practice may also apply to other serious health conditions that are not considered to be contagious diseases. Only when the foster parent accepts placement is the parent entitled to receive HIV information. The SSW may disclose the child's HIV/AIDS status on an as needed basis.

Children should be screened for HIV/AIDS if it is determined by DCBS that the child or parent may have been exposed to the virus based on specific conditions. The request for HIV/AIDS screening shall be handled by the SSW in a discreet, confidential manner. If there is a positive screening result, the child's SSW and placement foster parent will be notified.

Foster parents should not disclose information about a child's HIV status without consulting with the child's SSW and reviewing SOP. As few people as possible should be notified, depending on the circumstances of the case as HIPAA (Health Insurance Portability and Accountability Act) regulations apply. Respite providers may be told that the child has a serious health condition and instructed to use universal precautions.

It is recommended that children who are known to be HIV positive and their foster parent should receive specialized counseling services and support to help them manage the illness and to make plans for any necessary medical treatment.

AIDS is not spread by casual contact. You can safely care for a child with AIDS. When the HIV/AIDS virus is outside the human body it is weak and cannot be spread through casual contact. Household disinfectants, such as chlorine bleach will kill the virus.

When caring for a child with HIV/AIDS you can hold their hands, hug and kiss them and if crying, dry their tears. A child who has HIV/AIDS can use the same utensils, dishes, glasses, eat at the same table and be served from the same dish as the rest of the family. Wash the dishes as you normally would, using hot water and soap and rinsing with hot water. The child's clothing may be washed with the family wash, unless soaked with blood or other body fluids.

## **BIRTH CONTROL AND PREGNANCY**

The SSW is responsible for ensuring sexual health education, including information on sexually transmitted diseases and birth control is provided to a child in care. The information should be appropriate to the child's individual age and physical and emotional maturity. The SSW should involve the child's physician, medical professional or counselor in sexual health decisions when possible and appropriate. The child should be encouraged to discuss these matters with his/her parents when appropriate.

Should a child/youth become pregnant while in foster care, efforts should be made to ensure prenatal care is provided. The child's SSW should assist the youth in locating the appropriate information and resources needed to explore the youth's options.

The youth should make an informed decision without undue influence and/or coercion

by DCBS, the foster parent or biological parents. If the youth elects to give birth and care for the infant, every effort must be made to keep the young adult and infant together.

## **PARENTING YOUTH SUPPLEMENT**

To best support pregnant and parenting youth in foster care and their children, the Cabinet will ensure there are supports and services that incorporate the research on optimal development and promote a young person's health and development both as an adolescent and parent.

There are occasions whereas a child/youth could enter foster care with their own biological child. The teen may be committed to the Cabinet but their child remains in the teen's custody and not in the Cabinet's custody. KRS 605.120(2) requires the cabinet to establish a reimbursement system, within existing appropriation amounts, for foster parents that comes as close as possible to meeting the actual cost of caring for foster children, and to address additional costs associated with providing care to children with exceptional needs. The foster child/youth will apply for services, with the support of their foster parent, through Family Support and through Child Care Assistance Program.

Apply at <https://benefind.ky.gov/>

## **REPORTING CHILD ABUSE AND NEGLECT**

***As a foster parent under Kentucky Revised Statute, KRS 620.030 you have a duty to report dependency, neglect or abuse of a child.*** If you suspect that a child is being abused or neglected, call the Kentucky Child/Adult Abuse Hotline toll-free at (800) 752-6200. The Child Abuse Hotline operates 24 hours a day, seven days a week.

Non-emergency matters may be reported online at:

**<https://prd.chfs.ky.gov/ReportAbuse>**

## **TYPES OF ABUSE/NEGLECT TO REPORT**

Physical Abuse, Sexual Maltreatment, Sexual Exploitation, Neglect, Lack of Supervision, Medical Neglect, Educational Neglect, Emotional Maltreatment, Human Trafficking.

KRS 620.030 mandates:

Any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report to be made to a local law enforcement agency or the Kentucky State Police; the Cabinet or its designated representative; the Commonwealth Attorney or County Attorney; by telephone or otherwise. Any supervisor who receives from an employee a report of suspected dependency, neglect or abuse shall promptly make a report of abuse or neglect allegedly committed by a person other than a parent, guardian or person exercising custodial control or supervision, the Cabinet shall refer the matter to the Commonwealth Attorney or County Attorney and the local law enforcement agency or the Kentucky State Police.

If you believe a child is being abused, neglected or is dependent, Please call the Child Protection Hot Line:

**1-877-KYSAFE1**

or

**1-877-597-2331**

For more area specific phone numbers please go to the Service Regions web page at <http://chfs.ky.gov/dcbs/serviceregions.htm>

## **CHILD PLACEMENT CHANGES**

The child's SSW makes placement changes only after careful consideration of all available alternatives for support of the current placement (unless the placement is deemed not to be in the best interest of the child's safety, permanency and well being).

When it is determined that movement of the child from a foster home is necessary in order to accomplish timely legal permanence, the SSW follows guidelines found in the Process Overview, in addition to the following procedures.

The SSW sends the foster parent the DPP-154A, Notice of Intended Action, ten (10) days prior to the move. The SSW includes in the notice: CHFS's intention to remove the child from the foster home; the reason for the intended removal; the actual or estimated date when the child will be removed from the foster home; and notice of the foster parent's right to appeal.

If the foster parent requests a hearing within ten calendar days of receiving the written notice, the child is not removed until a decision is rendered after a hearing, unless the SRA or designee determines that continuation in the foster home endangers the safety, permanency or well-being of the child.

When it is determined that movement of the child from a DCBS foster home is necessary because a risk of harm to the child exists, the SSW discusses the situation with the foster parent to determine if the risk of danger to the child can be removed, unless CHFS determines that such discussion would endanger the child's physical, mental, or emotional well-being.

## **ABBREVIATIONS COMMONLY USED BY DCBS STAFF**

ADD: Attention Deficit Disorder

ADHD: Attention Deficit-Hyperactivity Disorder

ADT: Assessment and Documentation Tool

AOC: Administrative Office of the Courts

APS: Adult Protective Services

ASFA: Adoption and Safe Families Act

ASK: Adoption Support for Kentucky

CA/N: Child Abuse and Neglect

CAPTA: Child Abuse and Prevention Treatment Act

CASA: Court Appointed Special Advocates

CBW: Children's Benefits Worker

CI: Central Intake for Investigation

CPS: Child Protective Services

CRP: Children's Review Program

CRC: Central Registry Check

DAFM: Division of Administration and Financial Management

DCBS: Department for Community Based Services

DJJ: Deputy Juvenile Justice

DBHID: Department of Behavioral Health and Individuals with Intellectual Disabilities  
D/N/A: Dependency Neglect and Abuse Court Proceedings  
DRS: Director of Service Regions  
ECO: Emergency Custody Order  
F.A.S.T: Foster/Adoptive Support and Training (UK Programs)  
FPMP: Foster Parent Mentor Program  
FPP: Family Preservation Program  
FS: Family Support Division  
FSOS: Family Services Office Supervisor  
FTM: Family Team Meeting  
GAL: Guardian ad Litem (Lawyer to represent the child)  
ICAMA: Interstate Compact on Adoption and Medical Assistance  
ICPC: Interstate Compact for the Placement of Children  
ICWA: Indian Child Welfare Act  
IEP: Individualized Educational Plan  
IFRS: Intensive Family Reunification Services  
ILA: Independent Living Arrangement  
ILP: Independent Learning Plan  
ILP: Independent Living Program  
IOC: Inter-Office Communication  
IPR: Interested Party Review  
JO: Juvenile Office/Officer  
JIT: Just in Time website  
JSO: Juvenile Sex Offender  
KAPE: Kentucky Adoption Profile Exchange  
KCHIP: Kentucky Children's Health Insurance Program  
KDE: Kentucky Department of Education  
KECSAC: Kentucky Educational Collaborative for State Agency Children  
KY FACES: Kentucky Foster Adoptive Caregiver Exchange System  
LD: Learning Disorder  
LRE: Least Restrictive Environment  
MC: Medically Complex  
MEPA: Multi-Ethnic Placement Act  
NETWORK: The Kentucky Foster and Adoptive Parent Training Support Network  
OOHC: Out of Home Care  
PCC: Private Child Care  
PCP: Private Child Placing  
PPLA: Planned Permanent Living Arrangement.  
PPR: Permanency Planning Review  
RAD: Reactive Attachment Disorder  
R&C: Recruitment and Certification  
SNAP: Special Needs Adoption Program

SRA: Service Region Administrator  
SRAA: Service Region Administrator Associate  
SRCA: Service Region Administrator Clinical Associate  
SSA: Social Services Aide  
SSI: Supplemental Security Income  
SSW: Social Services Worker  
TANF: Temporary Assistance to Needy Families  
TPR: Termination of Parental Rights  
TRH: Temporary Removal Hearing  
TRO: Temporary Removal Order  
iTWIST: The Workers Information System  
UKTRC: University of Kentucky Training Resource Center  
WBT: Web-based training  
WIC: Women, Infants and Children

## **COMMONLY USED DEFINITIONS:**

### **Administrative Hearing**

“Administrative hearing“ or ”hearing“ means any type of formal adjudicatory proceeding conducted by an agency as required or permitted by statute or regulation to adjudicate the legal rights, duties, privileges or immunities of a named person.

### **Adolescent household member (Foster homes)**

Means a youth who resides in the home of an individual who applies for approval to provide foster and adoptive services, and is age 12 through age 17.

### **Adoption**

The legal process by which a child becomes the child of a person or persons other than biological parents.

### **Adoption Assistance**

Payment of a monthly maintenance to assist in meeting the special needs of a child who was placed by the Cabinet. Assistance may also include payment of nonrecurring adoption expenses and reimbursement of extraordinary medical expenses.

### **Adoption Assistance Agreement**

An agreement setting forth the scope and limits of the adoption assistance signed by the adoptive parents and the secretary of the Cabinet or designee.

### **Adoption Disruption**

The discontinuance of a child’s placement after signing of adoption placement agreement with a prospective adoptive family and prior to the finalization/legalization of the adoption.

### **Adoption Dissolution**

The discontinuance of an adoption at any point in time after the adoption has been finalized/legalized.

### **Adoption Judgment**

The decree of the Circuit/Family Court granting and legalizing/finalizing the adoption (KRS 199.520).

### **Adoption Petition**

The document filed with Circuit/Family Court by the person or persons initiating the process to adopt a particular child (KRS 199.470, 199.480, and 199.490).

### **The Adoption and Safe Families Act or ASFA**

Establishes goals of safety, permanency, child well-being and outcomes in the areas of safety and stability while in placement. Permanency is to be achieved in a limited amount of time while engaging appropriate physical, mental and educational services for children served. To meet ASFA goals and achieve its outcomes, adoption services must:

- Consider the needs of birth parents;
- Focus on the child and his/her need for safety, permanency and well-being.
- Recognize the critical role of foster parents; and,
- Prepare, select and support adoptive parents.

### **Adult household member (Foster homes)**

Means an adult who resides in the home of an individual who applies for approval to provide foster or adoptive services and is age 18 or older.

### **Agency Adoptions**

Those planned and handled by any licensed child-placing adoption agency, including DCBS.

### **Re-evaluation Report (Foster Homes)**

Process used by DCBS and Foster home parents to assess the changes in the family, review the family's ability to meet the needs of children, and determine continuing compliance.

### **CAPTA**

Child Abuse Prevention Treatment Act

### **Care Plus Foster home**

Provides services to a child who is a level 2 or 3 or above and :

- Is due to be released from a treatment facility;
- Is at risk of being placed in a more restrictive setting;
- Is at risk of institutionalization;
- Has experienced numerous placement failures;
- Has an emotional or behavioral problem; or
- Displays aggressive, destructive, or disruptive behaviors.

Care plus foster parents **coordinate** treatment services with community providers as developed with the SSW, but **do NOT provide** treatment services.

**Caretaker**

**CPS-** A person who is responsible for the supervision and well-being of a child.

**Case Permanency Plan**

A document identifying decisions made by the Cabinet, for both the biological family and the child, concerning action which needs to be taken to ensure that the child in foster care expeditiously obtains a permanent home.

**Case record**

A Cabinet file of specific documents and a running record of activities pertaining to the child.

**Child Protective Services (CPS)**

Preventive and corrective services directed toward:

- Safeguarding the rights and welfare of an abused, neglected or dependent child;
- Assuring for each child a safe and nurturing home;
- Improving the abilities of parents to carry out parental responsibilities;
- Strengthening family life; and assisting a parent or other person responsible for the care of a child in recognizing and remedying conditions detrimental to the welfare of the child.

**Children's Advocacy Center**

An agency that advocates on behalf of children alleged to have been abused, that assists in the coordination of the investigation of child abuse by providing a location for forensic interviews and medical examinations, and by promoting the coordination of services for children alleged to have been abused, and that provides, directly or by formalized agreements, services that include, but are not limited to, forensic interviews, medical examinations, mental health and related support services, court advocacy, consultation, training and staffing of multidisciplinary teams.

**Circuit Court Commitment**

An Order of Judgment Terminating Parental Rights (TPR) granting permanent custody of a child to the Cabinet or another child-placing adoption agency until permanency or majority is achieved for a child. (KRS Chapter 625.043 and 625.100).

**Commitment**

An order of the court which places a child under the custodial control or supervision of the Cabinet for Health and Family Services, Department of Juvenile Justice, or another facility or agency until the child attains the age of eighteen (18) unless the commitment is discharged under KRS Chapter 605 or the committing court terminates or extends the order.

**Complaint (HIPAA)**

Refers to any concern communicated by a person questioning any act or failure to act relating to an individual's rights to access to his/her health information, to maintain the privacy of his/her health information, to request restrictions on uses or disclosures of his/her PHI, to request confidential communications regarding his/her PHI, to request

amendment of his/her PHI, or to receive an accounting of disclosures of his/her PHI.

### **Concurrent Planning**

The Cabinet simultaneously plans for reunification of a child with the birth family, relative placement or permanent removal of the child if the prognosis for reunification is poor. Adoption is considered only after all other permanency options have been exhausted.

### **Consent to Adoption**

Is a written, signed and sworn statement granting permission to the child's adoption by the authorized representative of the agency having permanent legal custody of the child, or other persons having permanent legal custody. (KRS 199.011(14) and KRS 199.500).

### **Disclosure (HIPAA)**

Refers to the release, transfer, and provision of access to or divulging in any other manner of information outside the entity holding the information.

### **District Court Commitment**

Is an order of District Court granting temporary custody of a child to the Cabinet or in Kinship Care cases to the relative. The District Court may also grant permanent custody to relatives in Kinship Care cases.

### **Diversion Agreement (CPS/Status)**

An agreement entered into between a court-designated worker and a child charged with the commission of offenses set forth in KRS Chapters 630 and 635, the purpose of which is to serve the best interest of the child and to provide Redress for those offenses without court action and without the creation of a formal court record.

### **Fictive Kin**

"Fictive kin" means an individual who is not related by birth, adoption, or marriage to a child, but who has an emotionally significant relationship with the child;

### **Food-related expenses (Foster homes)**

Includes nonalcoholic beverages and food purchases at the grocery, convenient and specialty stores, restaurants and household expenditures on school meals.

### **Foster Care**

The provision of temporary 24-hour care for a child for a planned period of time when the child is:(a) Removed from his parents or person exercising custodial control or supervision and subsequently placed in the custody of the Cabinet; and (b) Placed in a foster home or private child-caring facility or child-placing agency but remains under the supervision of the cabinet.

### **Foster Family Home (CPS)**

Means a private home in which children are placed for foster family care under supervision of the Cabinet or a licensed child-placing agency, etc.

### **Foster Home Contract (Foster homes)**

Is the written contract, OOH 111, and supplement, OOH 111A, which details mutual expectations of DCBS and the foster home for the 24-hour care of a child.

### **Foster home's "own children"**

Refers to the children residing in the family's home such as biological and adopted children and those of extended relatives and friends who are living in the home.

### **Foster or Adoptive Family Foster home Review**

Is the assessment process used by DCBS when factors are identified which may put the family under stress and may affect a child's placement.

### **Found and Substantiated (CPS)**

An investigatory finding of physical abuse, sexual abuse, neglect or dependency not originally reported by the referral source but was found and substantiated during the investigation.

### **Habitual Runaway**

Any child who has been found by the court to have been absent from his place of lawful residence without the permission of his custodian for at least three (3) days during a one (1) year period.

### **Habitual truant**

Any child who has been found by the court to have been reported as a truant as defined in KRS 159.150 three (3) or more times during a one (1) year period.

### **Health Insurance Portability and Accountability Act (HIPAA) of 1996**

HIPAA A Federal Act to amend the Internal Revenue Code of 1986 to improve portability and continuity of health insurance coverage in the group and individual markets, to combat waste, fraud and abuse in health insurance and health care delivery. HIPAA provides the first comprehensive federal protection for the privacy of health care information.

### **Human Trafficking**

Human trafficking, also known as trafficking in persons (TIP), is a modern-day form of slavery.

Sex trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age (22 USC § 7102; 8 CFR § 214.11(a)).

Labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery (22 USC § 7102).

### **Imminent risk**

Means immediate threat of injury or harm to a child when no interventions have occurred to protect the child. This may include requesting assistance from law enforcement for immediate removal of a child or petitioning the court for an emergency custody order. Additionally, the central intake worker consults the FSOS and/or regional staff. –Timeframes are determined by the level of risk

outlined in the intake based on the:

Child's chronological and developmental age; Child's vulnerability; Alleged perpetrator's access to the child; Nature of the allegations; and History of the family with the agency and

the existence of prior reports.

Timelines are broken down as follows:

1. 4 hours – Immediate protective intervention.
2. 24 hour – High Risk
3. 48 hour- Moderate Risk
4. 72 hour – Low Risk

### **In-Home Visit**

Any visit that takes place at an individual's current residence, including but not limited to homeless shelters, domestic violence shelters, prisons, etc. The visit may only be accepted as meeting SOP requirements if the visit accomplishes case-specific intervention tasks, as well as:

- Providing the family with information about their child,
- Conducts initial and ongoing family assessments;
- Reviews the family's progress toward accomplishment of their case planning tasks, goals, and those of other service providers;
- Evaluates the family's visitation with the child;
- Preparing for a Case Planning Conference, Periodic Review, or Court Hearing;
- Obtaining additional assessment and/or planning information;
- (When appropriate) preparing an Aftercare Plan.

### **Indian Child Welfare Act or ICWA**

The Indian Child Welfare Act (ICWA) of 1978 is a federal law that governs the removal and out of home placement of American Indian children. The law was enacted after recognition by the federal government that American Indian children were being removed from their homes and communities at a much higher rate than non-Native children. Under ICWA standards were established for the placement of Indian children in foster and adoptive homes and allowed tribes and Indian families to be involved in child welfare cases.

### **Interstate Compact on Adoption and Medical Assistance or ICAMA**

The Compact which has the force of law within and among the member states. It provides for uniformity and consistency of policy and procedures when a family in another state adopts a child with special needs, or the adoptive family moves to another state.

### **Least Restrictive Alternative**

Except for purposes of KRS Chapter 645, that the program developed on the child's behalf is no more harsh, hazardous or intrusive than necessary; or involves no restrictions on physical movements nor requirements for residential care except as reasonably necessary for the protection of the child from physical injury; or protection of the community, and is conducted at the suitable available facility closest to the child's place of residence.

### **Medically Complex**

Means a child who has a medical condition that is:

Documented by a physician that may become unstable and change abruptly resulting in a life-threatening situation;

1. Chronic and progressive illness or medical condition;
2. A need for special service or ongoing medical support; or
3. A health condition stable enough to be in a home setting only with monitoring by an attending:
  - (a) Health Professional;
  - (b) Registered nurse as defined by KRS 314.011(5); or
  - (c) Licensed practical nurse as defined by KRS 314.011(9).

May only be determined by the Medical Support Section.

### **Multidisciplinary Team (CPS)**

Local teams operating under protocols governing roles, responsibilities, and procedures developed by the Kentucky Multidisciplinary Commission on Child Sexual Abuse pursuant to KRS 431.600.

### **Multi-Ethnic Placement Act and Inter-Ethnic Placement Act or MEPA/IEPA (CPS)**

Federal requirements established to prohibit discrimination, whether directed at children in need of appropriate, safe homes, at prospective parents or at previously "underutilized" communities who could be resources for placing children. The three basic mandates include:

1. Prohibition from delaying or denying a child's foster care or adoptive placement on the basis of the child's or the prospective parent's race, color, or national origin;
2. Prohibition from denying to any individual the opportunity to become a foster or Adoptive Parent on the basis of the prospective parent's or the child's race, color or national origin; and,
3. Diligent recruitment of foster and adoptive parents who reflect the racial and ethnic diversity of the children in the state who need foster and adoptive homes.

### **Multiple or Dual Relationships**

Intimate, social, or other nonprofessional contacts/relationships with clients, family members, foster parents, colleagues and supervisors that could have an impact on their professional objective judgment and performance. Dual or multiple relationships can occur simultaneously or consecutively (friendships, dating, etc.).

### **Near fatality (CPS)**

An injury that, as certified by a physician, places a child in serious or critical condition.

### **Newborn Infant**

Defined by KRS 211.951, KRS 216B.190, KRS 405.075, and KRS 620.350 as an infant who is medically determined to be fewer than 72 hours old.

### **Permanence (CPS)**

A relationship between a child and an adult which is intended to last a lifetime, providing commitment and continuity in the child's relationships and a sense of belonging.

### **Person exercising custodial control or supervision (CPS/Status)**

A person or agency that has assumed the role and responsibility of a parent or guardian for the child, but that does not necessarily have legal custody of the child.

### **Personal Representative (HIPAA)**

A person who has authority under applicable law to make decisions related to health care and other needs on behalf of an adult or an emancipated minor, or the parent, guardian, or other person acting in loco parents who is authorized under law to make health care decisions on behalf of an un-emancipated minor, except where the minor is authorized by law to consent, on his/her own or via court approval, to a health care service, or where the parent, guardian or person acting in loco parents has assented to an agreement of confidentiality between the provider and the minor.

### **Petition**

A verified statement, setting forth allegations in regard to the child, which initiates formal court involvement in the child's case.

### **Physical injury (CPS)**

Substantial physical pain or any impairment of physical condition.

### **Physically secure facility (CPS/Status)**

A facility that relies primarily on the use of construction and hardware such as locks, bars, and fences to restrict freedom.

### **Planned Permanent Living Arrangement**

This is a status for some of our kids who are older and we no longer recruit for because they are working on Independent Living.

### **Placement for Adoption**

The planned date the child and all of his/her belongings move into the adoptive family's residence and the Adoptive Placement Agreement DCBS-195 is signed. Placement shall be based upon the needs of the individual children available for adoption and the ability of the adoptive applicants to meet these needs.

### **Postplacement Adoption Services**

Provided by the agency completing the adoptive placement, either directly or through referral, to the adoptive parents, adopted child, or the birth parents after a child has been placed for adoption but before the adoption is legalized.

### **Preplacement Services**

Provided to the child, the adoptive parents and/or birth parents by the agency providing adoption services or another community resource prior to the legalization/finalization of the adoption.

### **Protected Health Information or PHI (HIPAA)**

Individually identifiable health information related to past, present or future physical or mental health or condition of an individual, provision of health care to an individual or the past, present or future payment for health care provided to an individual.

### **Public offense action**

An action, excluding contempt, brought in the interest of a child who is accused of committing an offense under KRS Chapter 527 or a public offense which, if committed by an adult, would be a crime, whether the same is a felony, misdemeanor, or violation, other than an action alleging that a child sixteen (16) years of age or older has committed a motor vehicle offense.

### **Reasonable Efforts**

The exercise of ordinary diligence and care by the department to utilize all preventive and reunification services available to the community in accordance with the state plan for Public Law 96-272 which are necessary to enable the child to safely live at home.

### **Residential Treatment Facility**

A facility or group home with more than eight beds designated by the Department of Juvenile Justice or the Cabinet for the treatment of children.

### **Respite Care**

Means temporary care provided by another individual or family to:

- Provide relief to the foster home parents;
- Allow for an adjustment period for the child in OOHC.

### **Retain in Custody**

After a child has been taken into custody, the continued holding of the child by a peace officer for a period of time not to exceed 12 hours when authorized by the court or the court-designated worker for the purpose of making preliminary inquiries.

### **Reunification Services**

Remedial and preventive services, which are designed to strengthen the family unit, to secure reunification of the family and child where appropriate, as quickly as practicable and to prevent the future removal of the child.

### **Safe Home Study**

Structured Analysis Family Evaluation (SAFE) performing a thorough, structured and uniform evaluation of families who have applied to foster or adopt.

### **Service Complaint**

A matter not subject to review through an administrative hearing or service appeal.

### **School Expenses**

Includes school supplies and school fees. Specific items needed in a classroom to enable a child to benefit from a public education are the responsibility of the school (e.g., large print textbooks, teacher's aides, special transportation, etc.).

### **School Personnel**

Those certified persons under the supervision of the local public or private education agency.

### **Serious physical injury (CPS)**

Physical injury which creates a substantial risk of death or which causes serious and prolonged disfigurement, prolonged impairment of health or prolonged loss or

impairment of the function of any bodily member or organ.

### **Sexual abuse (CPS)**

Includes, but is not necessarily limited to, any contacts or interactions in which the parent, guardian, or other person having custodial control or supervision of the child or responsibility for his welfare, uses or allows, permits or encourages the use of the child for the purposes of the sexual stimulation of the perpetrator or another person.

### **Sexual exploitation (CPS)**

Includes, but is not limited to, a situation in which a parent, guardian or other person having custodial control or supervision of a child or responsible for his welfare, allows, permits, or encourages the child to engage in an act which constitutes prostitution under Kentucky law; or a parent, guardian or other person having custodial control or supervision of a child or responsible for his welfare, allows, permits, or encourages the child to engage in an act of obscene or pornographic photographing, filming or depicting of a child as provided for under Kentucky law.

### **Social services worker**

Any employee of the Cabinet or any private agency designated as such by the secretary of the Cabinet or a social worker employed by a county or city who has been approved by the Cabinet to provide, under its supervision, services to families and children.

### **Special Needs Adoption Program or SNAP**

Is a specific team utilized by the Cabinet to provide consultation to staff and families and to recruit prospective families for Kentucky's waiting children.

### **Specialized Medically Complex Child**

means a child determined by the Cabinet to have a medical condition, documented by a physician, that is severe enough to require placement with a foster home parent who is a:

1. Health professional;
2. Registered nurse as defined in KRS 314.011(5);or
3. Licensed practical nurse as defined in KRS 314.011(9).

### **State Citizen Foster Care Review Board**

A state citizen board created by KRS 620.310 to review cases.

### **Status Offense Action**

Any action brought in the interest of a child who is accused of committing acts, which if committed by an adult, would not be a crime. Such behavior shall not be considered criminal or delinquent and such children shall be termed status offenders. Status offenses shall not include violations of state or local ordinances which may apply to children such as a violation of curfew or possession of alcoholic beverages.

### **Substantiated (CPS)**

- An admission of abuse, neglect, or dependency by the person responsible; or
- A judicial finding of child abuse, neglect or dependency; or
- A preponderance of evidence exists that abuse, neglect or dependency was committed by the person alleged to be responsible.

## **Take Into Custody**

If a child who is in a hospital or under the immediate care of a physician appears to be in imminent danger if he or she is returned to the persons having custody of him or her, the physician or hospital administrator may hold the child without court order, provided that a request is made to the court for an emergency custody order at the earliest practicable time, not to exceed seventy-two (72) hours. Any appropriate law enforcement officer may take a child into protective custody and may hold that child in protective custody without the consent of the parent or other person exercising custodial control or supervision if there exist reasonable grounds for the officer to believe that the child is in danger of imminent death or serious physical injury, is being sexually abused, or is a victim of human trafficking and that the parents or other person exercising custodial control or supervision are unable or unwilling to protect the child. The officer or the person to whom the officer entrusts the child shall, within twelve (12) hours of taking the child into protective custody, request the court to issue an emergency custody order.

Treatment, Payment and Health Care Operations (TPO) HIPAA Includes all of the following:

- Treatment - The provision, coordination, or management of health care and related services, consultation between providers relating to an individual or referral of an individual to another provider for health care;
- Payment - Activities undertaken to obtain or provide reimbursement for health care, including determinations of eligibility or coverage, billing, collection activities, medical necessity determinations and utilization review; and
- Health Care Operations - Includes functions such as quality assessment and improvement activities, reviewing competence or qualifications of health care professionals, conducting or arranging for medical review, legal services and auditing functions, business planning and development and general business and administrative activities.

## **Unsubstantiated**

Means there is insufficient evidence, indicators, or justification present for substantiation of abuse, neglect, or dependency.

## **Universal Precautions**

As defined by the Center for Disease Control (CDC), are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other blood-borne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids are considered potentially infectious for HIV, HBV and other blood-borne pathogens. The following web sites may be useful:

**<http://www.cdc.gov/hai/>**

## **Use (HIPAA)**

Refers to, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination or analysis of such information within an entity that maintains such information.

## **Valid Court Order**

A court order issued by a judge to a child alleged or found to be a status offender:

- Who was brought before the court and made subject to the order;

- Whose future conduct was regulated by the order;
- Who was given written and verbal warning of the consequences of the violation of the order at the time the order was issued and whose attorney or parent or legal guardian was also provided with a written notice of the consequences of violation of the order, which notification is reflected in the record of the court proceedings; and

Who received, before the issuance of the order, the full due process rights guaranteed by the Constitution of the United States.

### **Violation**

Any offense, other than a traffic infraction, for which a sentence of a fine only can be imposed.

### **Wardship and Custody Order**

Is a Circuit Court document necessary when both birth parents are deceased and the child is committed to the Cabinet through District Court and Termination of Parental Rights has not occurred.

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2025 Edition