

Chapter 4 Foster Parent Need to Knows

4.3 Relative and Absent Parent Search

- Continues to search for relatives beyond the thirty (30) day period when attempts have been unsuccessful, and exploration should occur on an ongoing basis and/or at regularly scheduled case planning conferences every six (6) months to promote permanency for the child;

4.10 Placement in a DCBS Foster or Adoptive Home

1. Ensures that a **DPP-111A Foster Home Contract Supplement** is provided to the foster/adoptive parent(s) upon the foster/adoptive home's acceptance of a child;
2. Obtains the foster/adoptive home parent's signature on the DPP-111A; **1**
3. Informs the foster/adoptive parent of any history of inappropriate sexual acts or other behaviors of the child that indicates a safety risk for placement, just as with any other type of substitute care placement;
4. Is mandated to inform the foster/adoptive parent as soon as practical, but no later than seventy-two (72) hours after receiving information regarding history of inappropriate sexual acts or other behaviors of the child that indicates a safety risk for placement, if the information is not known at the time of placement;
5. Provides a copy of the signed DPP-111A to the foster/adoptive home and the regional Billing Specialist;

4.10.1 DCBS Care Plus

Explores placement in a care plus foster/adoptive home if the child:

1. Displays aggressive, destructive, or disruptive behavior;
2. Has a diagnosed emotional or behavioral problem;
3. Is due to be released from a treatment facility;
4. Is at risk of being placed in a more restrictive setting;
5. Is at risk of institutionalization; or
6. Has experienced numerous placement failures;

the child's activities and behaviors are recorded on a DPP-130-Weekly Record of Events (WROE) by the foster/adoptive parent

1. Visits the child a minimum of twice per month with at least one (1) visit per calendar month occurring in the care plus foster/adoptive home to:
 1. Determine whether the child's needs are being met;
 2. Provide supportive services to the foster/adoptive parents;
 3. Review the WROE; and
 4. Determine when further services are indicated;

4.10.2 DCBS Medically Complex Placement

Cabinet and CCSHCN nurse schedule IHP (Individualized Health Plan) within 30 days of designation

The foster/adoptive parent is required to receive child specific training from a health care professional or a resource parent who has been trained by a health care professional. Documentation that they are competent to meet the medical needs of the child should be placed in the Provide file.

- The following exception requests must be pre-approved by the SRA or designee:
 - A one parent foster/adoptive home is caring for more than one medically complex child;
 - A two parent foster/adoptive home caring is for more than two medically complex children (refer to SOP 12.11.1 Placement Exception Requests); and
 - The home will have more than four children, including the foster/adoptive parent's own children.
- The following exception requests must be pre-approved by the Director of the Division of Protection and Permanency:
 - Non-medically **complex** placements; and
 - Working outside of the home.

4.16 Preparation for ad Completion of the Ten (10) Day Conference

Convenes a ten (10) day case planning conference within ten (10) calendar days of the temporary removal hearing or voluntary placement agreement (KRS 620.180);

1. Includes the child or children, when age appropriate in case planning efforts;
2. Empowers children age fourteen (14) and older in the development of their own case plan and transition planning for a successful adulthood;
3. Permits a child who has attained fourteen (14) years to designate up to two (2) additional people to participate in the case planning conference, one of whom may be designated as the child's advisor, and when necessary, to advocate with respect to the application of the reasonable and prudent parent standard; (Section 475 (1)(B) of the Social Security Act) [3](#)
 1. A schedule for visitation between the child and parent ensuring that visits occur no less than every two (2) weeks, unless there is a documented reason regarding why this is not in the child's best interest. Visits are designed to enhance and support the relationship (refer to **OOHC Visitation Tip Sheet** for more information regarding frequency and duration of visits);
 2. A schedule for visitation between separated siblings, as appropriate to the case circumstances, designed to enhance and support the relationship;
2. Collaborates with parents and caregivers to complete the partnership plan. Copies will be distributed to all members of the partnership team. The Partnership Plan will address (at minimum) the following:
 1. Information about the child's likes, dislikes, fears, strengths, etc.;
 2. Barriers to child youth action plan objectives and how these barriers will be addressed by the partnership team; and
 3. Communication plan for the partnership team.

4.19 Visitation Agreement

1. Negotiates the frequency of visits depending on the parent(s) circumstances and the child's age, however at minimum:
 1. Within the first week of placement; and
 2. Every two (2) weeks;

Uses the **Visitation Checklist/Summary** to document observations, behaviors and required interventions during the supervised visit;

SSW Encourages the parent to attend medical appointments, school conferences and other activities in which the child is involved;

- The SSW should make every effort to schedule a visit at least one time per week, if possible. For infants and young children visits should be scheduled two (2) to three (3) times per week in order to facilitate attachment.
- The length of the visit should be at least one (1) hour.
- The length of the visit should give the parent and child sufficient time to interact and practice skills they have learned and work on the issues that resulted in the child entering care.

4.24 SSW's Ongoing Contact with the Birth Family and Child, Including Medically Complex

1. Must return within ten (10) calendar days after placement, to have an additional private face to face visit with the child; **1**
2. Has phone contact with the child within five (5) calendar days of placement, if the child is age appropriate to respond by phone; if not age appropriate, the SSW assesses the child's transition to placement and any placement needs through child's caretaker;
3. Has a private face to face visit with the child, and a face to face visit with their caregiver in their placement at least once every calendar month in order to assess progress toward case plan goals and objectives and to assess adjustment to the out of home care placement;
4. Visits a child designated as medically complex:
 1. Jointly with the CCSHCN nurse within thirty (30) calendar days of the child's designation as medically complex for the initial visit; then
 2. At least one (1) time per calendar month, in the placement setting, which includes DCBS foster/adoptive homes, private child placing foster homes, private child caring facility, psychiatric or medical hospital, supports for community living (SCL) programs or a relative placement as determined by the child's needs; **2** and

Ongoing Contact with the Medically Complex Child

5. The CCSHCN nurse visits a child designated as medically complex at least one (1) time per calendar month in the placement setting, which includes, but is not limited to a DCBS resource foster/adoptive home, a private child placing foster home, psychiatric or medical hospital, independent living or a supports for community living (SCL) program, as determined by the child's needs.

(separate from the SSW's visit making a total of 2 visits per calendar month)

4.26 Meeting Basic Health Care Needs

Ensures that the child receives a physical health screening within in forty-eight (48) hours of an order in which a child enters the custody of the Cabinet, and treatment for any injury/illness that may be the result of maltreatment within twenty-four (24) hours of the order;

1. Makes arrangements for the child to attend the following appointments within two (2) weeks of an order in which a child enters the custody of the Cabinet, either via a temporary order of custody or commitment: **1**
 1. Medical exam (documented on the **DPP-106D-Medical Appointment**);
 2. Dental examinations (documented on the **DPP-106E-Dental Appointment**); and
 3. Visual exam (documented on the **DPP-106F-Visual Screening**);

Arranges for a child to have a complete medical, dental and visual examination no less than once per year; 3

4.26.1 Medical Passport