



## Final Regulation Agency Background Document

<b>Agency name</b>	State Board of Social Services
<b>Virginia Administrative Code (VAC) citation</b>	22 VAC 40 - 211
<b>Regulation title</b>	Resource, Foster and Adoptive Family Home Approval Standards
<b>Action title</b>	Establish Resource, Foster and Adoptive Family Home Standards for Local Departments of Social Services
<b>Date this document prepared</b>	April 15, 2009

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 36 (2006) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

### Brief summary

*Please provide a brief summary (no more than 2 short paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation. Also, please include a brief description of changes to the regulation from publication of the proposed regulation to the final regulation.*

The new regulation for resource, foster and adoptive family home providers approved by local departments of social services (local departments) will ensure compliance with changes to federal and state laws and regulations regarding resource, foster and adoptive family homes. Regulations addressing approval of providers by local departments were contained in 22 VAC 40-770, Standards and Regulations for Agency Approved Providers, which was repealed in 2007. This action is necessary to provide local departments with guidance in the approval of provider homes. In addition, the new regulations will create consistency between providers approved by local departments and licensed child placing agencies. This consistency was an action step of the Performance Improvement Plan developed in response to the federal Child and Family Services Review and is required by federal regulations.

Major components of the regulation include: making all definitions and requirements consistent with other social services regulations; mandating training for resource, foster, adoptive and respite home providers; requiring a narrative home study report; creating one set of standards for the approval of all types of family home providers (i.e.; resource, foster, adoptive and respite) to streamline the process of approval; requiring proof of provider approval to be maintained in the child's file; and; ensuring safety through standards for the home of the provider, requirements for criminal background checks, and provisions for revoking or suspending a provider's approval.

### Statement of final agency action

*Please provide a statement of the final action taken by the agency including (1) the date the action was taken, (2) the name of the agency taking the action, and (3) the title of the regulation.*

The State Board of Social Services approved the final action to establish 22 VAC 40-211, Resource, Foster and Adoptive Family Home Approval Standards, on April 15, 2009.

### Legal basis

*Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant law and/or regulation, including Code of Virginia citation and General Assembly chapter numbers, if applicable, and (2) promulgating entity, i.e., agency, board, or person. Describe the legal authority and the extent to which the authority is mandatory or discretionary.*

The state legal authority to promulgate the new Resource, Foster and Adoptive Family Home Approval Standards regulation can be found in §§ 63.2-217, 63.2-319, 63.2-901.1 of the Code of Virginia.

### Purpose

*Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Detail the specific reasons it is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.*

The purpose of the proposed action is to adopt a new regulation specific to the approval requirements for resource, foster, adoptive, and respite family home providers approved by local departments. The new regulation will fill the void left by the 2007 repeal of 22 VAC 40-770, Standards and Regulations for Agency Approved Providers. The new regulation will ensure compliance with changes to federal and state laws and regulations regarding resource, foster and adoptive family homes. Adherence to these standards are essential to protect the health, safety and welfare of families and children who are part of Virginia's foster care system. In addition, the new regulations will create consistency between providers approved by local departments and licensed child placing agencies. This consistency was an action step of the Performance Improvement Plan developed in response to the federal Child and Family Services Review and is required by federal regulations.

### Substance

*Please identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. A more detailed discussion is required under the "All changes made in this regulatory action" section.*

Substantive provisions include: definitions which are consistent with definitions contained in the Code of Virginia and other social services regulations; requiring a Department of Motor Vehicles (DMV) check on applicants; specifying barrier crimes that would prohibit the provider from being approved; mandating

training requirements for providers; specifying acceptable child sleeping arrangements; setting the capacity in each home; medical requirements for providers; gun and ammunition safety in a provider’s home; home study requirements; applicant grievance procedures, and; fire safety. In addition the regulation establishes requirements for criminal background checks and child protective services central registry searches, and provider reapproval requirements. The regulation will establish consistency between regulations for approval of resource, foster, and adoptive homes by local departments and private child placing agencies. The licensed child placing agencies regulation and this one have been developed by workgroups with overlapping membership.

**Issues**

*Please identify the issues associated with the proposed regulatory action, including:*  
 1) *the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;*  
 2) *the primary advantages and disadvantages to the agency or the Commonwealth; and*  
 3) *other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please indicate.*

The public is expected to benefit from this new regulation, because it strengthens the safety requirements for the providers who care for the vulnerable children placed in the Commonwealth’s foster care system. It also strengthens the authority of the local departments to hear all applicant grievances and make the final decision as to who will be approved as a resource, foster or adoptive home provider. Finally, these new regulations will benefit the local departments and individuals providing care for children in foster care by ensuring that the regulations are consistent with state and federal law and other related social services regulations and by ensuring training that will support them in meeting the needs of these children and families. There are no know disadvantages to the public or Commonwealth resulting from this regulation..

**Changes made since the proposed stage**

*Please describe all changes made to the text of the proposed regulation since the publication of the proposed stage. For the Registrar’s office, please put an asterisk next to any substantive changes.*

Section number	Requirement at proposed stage	What has changed	Rationale for change
10		Throughout the regulation corrections were made to correct grammatical or spelling errors. In some cases changes were made to use the word “provider” rather than list all the types of providers to help make sentences shorter or more clear. In some cases changes were made to include “respite” along with other types of providers. Most of these technical changes are not listed here.  A definition was added for	Response to comments.

<p>20</p>	<p>The word “allow” had been used instead of request.</p> <p>Respite providers had not been addressed.</p> <p>Approval of emergency providers had not been addressed</p> <p>Age requirement for providers was in Section 30</p> <p>Neither corporal punishment nor confidentiality had been addressed in this section.</p>	<p>“Background checks” in response to comments received.</p> <p>The definition of “infant” was struck because it was no longer used in the regulation..</p> <p>Definition of resource parent clarified to indicate this is an approved provider.</p> <p>Definitions were added for pre-service training, and in-service training.</p> <p>*“Respite care” added to the types of care that families may choose to provide.</p> <p>*Definitions were added for “respite parent” and “respite care”. “Respite care provider” was added as a type of provider.</p> <p>Clarification added to indicate that the variance procedure requires the local department to request a variance. Added that variances are considered on a case by case basis.</p> <p>*Added a statement that respite care providers cannot serve as foster, resource or adoptive providers unless they complete all requirements.</p> <p>*Added requirements for emergency approval of providers.</p> <p>Moved the age requirement from section 30 to section 20.</p> <p>*Added that providers must agree not to use, or allow use of corporal punishment and that they must sign a statement indication their understanding of the confidentiality</p>	<p>Term not used in regulation after making changes in response to comments.</p> <p>Technical change in response to comments.</p> <p>Technical change required because these terms are used in the proposed regulation, but were not defined.</p> <p>Commenter had pointed out that respite care providers had not been directly addressed.</p> <p>Response to comments to address respite care.</p> <p>Response to comments stating language was not clear and to comment from federal Administration of Children and Families staff.</p> <p>Added as part of response to comments on the need to address respite providers.</p> <p>Added in response to comment on need to address emergency providers.</p> <p>More appropriate location for this information.</p> <p>Response to comments.</p>
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<p>30</p>	<p>Written notification was not addressed.</p>	<p>of information about children in their care.</p> <p>*Requirement added for written notification of denial of the potential provider’s application.</p> <p>Struck age requirement for provider. This was moved to section 20.</p> <p>Changes made to regulation regarding background checks to make terms consistent.</p>	<p>Response to comments.</p> <p>Technical change.</p> <p>Technical change in response to comments.</p>
<p>40</p>	<p>DMV check for adults other than provider was permissive.</p> <p>Language had stated that local department must complete home study upon receipt of application</p> <p>Language could be interpreted to mean that all information collected was included in the home study.</p> <p>Language had required that if married, the provider’s relationship showed stability.</p>	<p>*Changed DMV record checks for adults living in the home from may to shall.</p> <p>*Change made to clarify that the approval process does not have to begin until the applicant submits all required information.</p> <p>*Change made to clarify that the approval process may end at any point the local department determines the applicant’s home will not be approved.</p> <p>Sentence added as introduction to the requirement for a home study as part of the provider approval process.</p> <p>*Change made to specify description of home study contents.</p> <p>Descriptions of relationships and reference to marital stability removed.</p> <p>Struck reference to confidentiality form. Information on confidentiality was moved to sections 20 and 50.</p>	<p>Response to comments.</p> <p>Response to comments that the language was confusing and it was unclear when an agency could stop the process.</p> <p>Additional changes to clarify the intent based on comments received.</p> <p>Response to same comments as above.</p> <p>Response to comments to clarify.</p> <p>Response to comments on concerns about all relationships in household.</p> <p>Technical change.</p>
<p>50</p>	<p>Requirement not changed, just moved.</p>	<p>Struck language stating that a change in circumstances of the provider required an updated homestudy.</p> <p>Removed requirement for listing the</p>	<p>Technical change. Language moved to section 50.</p> <p>Change made in</p>

	<p>Did not list the medical care authorization form or the confidentiality statement.</p>	<p>recommended gender, age and number of children on the approval certificate.</p> <p>Wording for content of local department provider file changed for clarity.</p> <p>Information the provider is required to maintain was specified.</p> <p>Requirement that significant changes in circumstances of the provider require an addendum to the home study moved to this section from section 40.</p>	<p>response to comments.</p> <p>Response to comments.</p> <p>Response to comments.</p> <p>Technical change.</p>
<p>60</p>	<p>Requirement allowing suspension or revocation was not in the proposed regulation.</p>	<p>*Provision added allowing the suspension or revoking of the provider’s approval for temporary situations that change the provider’s ability to be fully approved. Adds language ensuring that children will not be in the provider’s home if their approval is suspended or revoked.</p> <p>“Ongoing training” changed to “in-service” training for clarity.</p>	<p>Response to comments on significant changes in provider’s situation.</p> <p>Technical change in response to comments.</p>
<p>65</p>	<p>This section had allowed for approval of providers prior to completion of training.</p> <p>This is a new section.</p>	<p>*Requirements for approval of provider stricken from this section because providers have to meet all requirements, not just those for training.</p> <p>*This section was created to add training standards for respite care providers. The requirements were modified from the resource, foster, and adoptive home requirements in recognition of the short-term aspect of respite care placements.</p>	<p>Response to comments on training and approval of providers.</p> <p>This section was developed to address comments received on both training and respite providers.</p>
<p>70</p>	<p>Respite care providers had not been included in list of those who must meet the requirements.</p>	<p>*Respite care providers added to standards for provider’s home. In this section, standards for resource, foster, adoptive, and respite care providers are the same</p> <p>Clarification added that sleep furnishings must be safe.</p> <p>Included study space to the</p>	<p>Response to comments.</p> <p>Response to comments.</p> <p>Response to comments.</p>

<p>80</p>	<p>Prior requirement had been children over the age of 16 months.</p> <p>This had not been addressed.</p> <p>Proposed had required attics and basements have two exits.</p> <p>Regulation had not specifically addressed medications or first aid supplies.</p> <p>The number of children in the home of the provider was not addressed.</p> <p>Requires providers to arrange for responsible adults to be available in the event of an emergency and that the local department approve any substitute arrangements.</p>	<p>requirement for adequate lighting</p> <p>Included children to those individuals who must have access to a working telephone.</p> <p>*Age limit for children sharing a bed changed to 2 years.</p> <p>Terms used in paragraph G made consistent.</p> <p>*Change made to add prohibition against a child of any age sharing a bed with an adult.</p> <p>*Requirements that reflect local and state fire and building codes were removed.</p> <p>Change made to address safety related to storage of medicine.</p> <p>Change made to address safety regarding first aid supplies.</p> <p>*Capacity of provider homes addressed by indicating the numbers of children the provider may care for.</p> <p>*Respite care providers added to standards of care for continued approval. In this section, standards for resource, foster, adoptive, and respite care providers are the same.</p> <p>Added a provision that in the event of a large scale evacuation, if the provider can not reach the local department, they shall call the Child Abuse Hotline to notify the Department of Social Services (DSS) of their location and contact information.</p> <p>Changes made to clarify requirements for valid driver's license, registration, and functioning child restraint devices.</p>	<p>Response to comments.</p> <p>Response to comments on change to age. Returned it to current practice.</p> <p>Technical change.</p> <p>Response to comments.</p> <p>Response to comments and need to avoid conflicts with building codes and local ordinances.</p> <p>Response to comments on need to address storage of medications.</p> <p>Response to comments.</p> <p>Response to comments on the need for limits on number of children in home.</p> <p>Response to comments on addressing respite providers.</p> <p>Response to comments n emergency notifications.</p> <p>Response to comments.</p>
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100	Proposed regulation stated local department must visit home as often as necessary, but at least quarterly.	*Clarification added to requirement for worker to visit provider’s home. Allows visits to coincide with monthly visits to child and to be conducted over the phone if there is no child placed in the home.	Response to comments.
	Requires the updating of “any information” that has changed and consideration of new information.	Clarification added to indicate that the home study is included in the information that must be updated at reapproval.	Response to comments.
	Interview at provider’s home not addressed.	Requires at least one interview in the provider’s home during the reapproval process.	Response to comments.
	Tuberculosis screening required.	Unnecessary wording removed from background check requirement.	Technical change.
		Standard clarified to indicate that TB screening must document the absence of TB	Response to comments.
	Clarification added to indicate documentation is recorded in the case record rather than the home study.	Technical change.	
	*In-service training added to documentation requirements.	Technical change.	

**Public comment**

*Please summarize all comments received during the public comment period following the publication of the proposed stage, and provide the agency response. If no comment was received, please so indicate.*

Commenter	Comment	Agency response
Norfolk DSS Staff	<b>22 VAC 40-211-10</b> Definition of “Dual approval-one commenter suggested that “dual” means foster <u>and</u> adoptive parent, rather than foster <u>and/or</u> adoptive parent.	Providers can choose to provide only one type of care. Proposed regulation corrected to indicate families may choose to be foster family, adoptive family, or resource family providers.
Licensed Child Placing Agency Revision Committee (LCPA)	Definition of “fully approved”-there is only one level of provider approval, so the word “fully” is unnecessary.	Regulation will include a second level of approval, an emergency approval process, so the use of “fully” is justified



<p>LCPA Revision Committee Norfolk DSS Staff</p>	<p>Definition of “resource parent”-the word “intention” should replace “committed.”</p> <p>The term “provider” should be clarified to mean “approved provider.”</p> <p>Definition of “provider”-current definition contains the word “provider”. This should be replaced by “family home.”</p>	<p>“Committed” better reflects the dedication to purpose being required of providers, so “committed” will remain in definition.</p> <p>“Approved” was added to clarify the intent to refer to “approved provider.”</p> <p>“Family home” replaces “provider” in definition of provider.</p>
<p>Norfolk DSS Staff</p>	<p>Foster parent definition should include “understand and support reunification.”</p>	<p>Foster parents must understand and support all permanency goals. This requirement for foster parent performance is more appropriately addressed in guidance and provider training.</p>
<p>Tri-Area Foster Families The Northern Neck Foster Parent Program Northumberland DSS</p>	<p>Issue of cohabiting should be addressed in regulation. “Couple” should be defined.</p>	<p>DSS does not agree with the stated need to include these issues in the proposed regulation.</p>
<p>Norfolk DSS Staff</p>	<p>Regulations should include “respite parents.”</p>	<p>Definitions of “Respite Parents” and “Respite Care” added to regulation, as well as respite care requirements.</p>
<p>Montgomery DSS Director LCPA Revision Committee</p>	<p><b>22 VAC 40-211-20</b> Reference to the regulation addressing variances is incorrect.</p>	<p>Reference to variance regulation corrected to 22VAC40-211-90.</p>
<p>Montgomery DSS Director</p>	<p>Clarity needed in defining which standards are subject to variance requests.</p> <p>Proposed regulation appears to require local agencies to approve adoptive homes. Many agencies contract with private agencies for this service, so this apparent requirement will place a burden on local staff.</p>	<p>Details for the variance process will be provided in guidance for the implementation of this regulation.</p> <p>This proposed regulation does not require any change in current local agency practice. Local agencies may continue to contract with private agencies for adoptive home approvals. However, the regulation must be written to allow for local agency approval of adoptive homes, as well.</p>
<p>Roanoke Co DSS Staff Tri-Area Foster Families The Northern</p>	<p>No provision for emergency approvals in proposed regulation. Emergency approvals are necessary in crisis situations.</p>	<p>An emergency approval process will be added to the regulation and guidance.</p>

<p>Neck Foster Parent Program Northumberland DSS Staff</p>		
<p>The Northern Neck Foster Parent Program Northumberland DSS Staff Westmoreland DSS Staff</p>	<p>Question whether those choosing to be foster parents have to meet the same requirements as those choosing to be resource parents.</p>	<p>The method of training providers will be at local agency discretion. All providers must meet the requirements with some exceptions for respite providers.</p>
<p>The Northern Neck Foster Parent Program Northumberland DSS Staff</p>	<p>Concern that exception to standards should be made for kinship care families.</p>	<p>Kinship care is not specifically addressed in this regulation. Provisions for variances is included in the regulation.</p>
<p>Westmoreland DSS The Northern Neck Foster Parent Program Northumberland DSS Staff</p>	<p><b>22 VAC 40-211-30</b> Minimum provider age requirement should be moved to Section 20, and wording should be changed to indicate that the minimum age for submitting a provider application is 18.</p>	<p>Minimum provider age requirement moved to Section 20. Current wording will remain, however. Focus of requirement is to establish minimum age for providers, rather than minimum age for submission of provider applications.</p>
<p>LCPA Revision Committee</p>	<p>Minimum age of provider should be 21, not 18. 18-year-olds not responsible enough to parent foster children.</p>	<p>Minimum provider age will remain 18, to allow for infrequent situations in which 18 year old is capable of parenting foster children. Regulation allows agency discretion in placement and approval decision.</p>
<p>Newport News DHS</p>	<p>“Tuberculosis screening” should be replaced with “Tuberculosis screening assessment” and the regulation should require that the assessment document the absence of tuberculosis.</p>	<p>Current language requiring a tuberculosis screening or test, along with a physical exam, is adequate. According to Health Department procedures, the results of a screening may or may not require testing. Screening or test results become part of the required physical examination, the results of which must be submitted to the approving agency.</p>
<p>LCPA Revision Committee Fairfax Co DFS</p>	<p>Tuberculosis testing should be required.</p>	<p>The state Department of Health (DOH) has determined that testing is only necessary for high-risk individuals, who can be identified by the results of the screening.</p>
<p>Newport News DSS</p>	<p>Tuberculosis tests should be done on only the adults in the home. Testing children is unnecessary and costly.</p>	<p>Since it is possible for children to contract tuberculosis, the requirement for all households members to submit to screening or testing will remain. Testing will be necessary only when</p>

<p>The Northern Neck Foster Parent Program Northumberland DSS Tri-Area Foster Families</p>	<p>This requirement will increase the cost of the screenings without providing the funds to meet the additional cost. Question whether a form will be provided for the physical that addresses a provider's physical or mental condition.</p>	<p>the screening indicates household members are at risk of contracting tuberculosis  DSS is pursuing federal funds to help pay the cost of physicals for providers. Details regarding the implementation of this regulation will be provided in guidance.</p>
<p>The Northern Neck Foster Parent Program Northumberland DSS Lutheran Family Services</p>	<p>Additional time will be required for approval because provider applicants will have to make appointments with their physicians. Health professionals other than physicians can complete physicals and tuberculosis screenings and tests.</p>	<p>The regulation is written to allow licensed health care professionals to administer exams, so personal physicians will not necessarily be required.</p>
<p>Tri-Area Foster Families The Northern Neck Foster Parent Program Northumberland DSS</p>	<p>Proposed regulations should specify who must have background checks. Questions whether 18-21 year-old foster children are subject to checks.</p>	<p>The list of those who must have background checks is contained in Virginia Code and will be detailed also in the guidance provided for this regulation, so the proposed regulation will not list those who must have background checks. 18-21 foster children (adults) will be subject to same requirements as other adults in the home.</p>
<p>LCPA Revision Committee The Northern Neck Foster Parent Program Northumberland DSS Norfolk DSS</p>	<p>Regulations should state, in addition to requiring DMV checks, that the approving agency must consider the results of the checks in their approval process. Questions regarding the number of demerit points allowed and whether 18-21 year-old foster children have to undergo the DMV check.</p>	<p>The regulation is written to require consideration of DMV check results in the approval process. The number of demerit points allowed will be at local agency discretion, to allow local flexibility. 18-21 year-old foster children (adults) will have to undergo a DMV check if they transport children.</p>
<p>Norfolk DSS</p>	<p>Regulation should omit the words "in the home" when identifying those who must have DMV checks, since others outside the home may also be providing transportation to children.</p>	<p>Proposed regulations cannot expand the population of those required to undergo DMV checks. This would make the number of required DMV checks prohibitive.</p>
<p>Virginia League of Social Services Executives Montgomery DSS Director Newport News DHS</p>	<p><b>22 VAC 40-211-40</b> Proposed regulation indicates that the home study has to be started before all the required information is received from the applicant.</p>	<p>Proposed regulation has been amended to indicate that the home study will follow the applicant's submission of a completed application, which includes all required forms and information.</p>

<p>Northumberland DSS</p>		
<p>LCPA Revision Committee</p>	<p>“Approval” should replace “home study” in the first sentence of 40.B.</p>	<p>This change has been made.</p>
<p>The Northern Neck Foster Parent Program Northumberland DSS</p>	<p>The proposed minimum number of interviews with applicants will cause the approval period to be longer and will require social workers to work more in the evenings</p>	<p>The proposed minimum number of interviews is less than the number suggested in the PRIDE provider training curriculum, a nationally recognized training program. Technical assistance to develop strategies to accomplish the interviews without further burdening social workers is provided by the Community Resource, Adoption and Foster Family Training system (CRAFFT).</p>
<p>Norfolk DHS</p>	<p>Question asking for clarification of the requirement for three references.</p>	<p>Each provider applicant must provide three references.</p>
<p>The Northern Neck Foster Parent Program Northumberland DSS</p>	<p>Question asking if a form will be developed to facilitate applicants’ granting permission to release information.</p>	<p>There are no plans to develop such a form since existing form(s) are adequate for this purpose.</p>
<p>The Northern Neck Foster Parent Program Northumberland DSS</p>	<p>Question asking if it will be possible for local departments to run credit reports as part of the approval process.</p>	<p>Credit reports will not be required in this regulation.</p>
<p>Montgomery DSS Director</p>	<p>Question asking if the confidentiality form should be in the provider file as well as the child’s file.</p>	<p>The form should be in both files. This has been clarified in the regulation.</p>
<p>Norfolk DSS Fairfax Co DSS The Northern Neck Foster Parent Program Northumberland DSS Newport News DHS</p>	<p>The confidentiality form should be kept only in the provider record. Requiring the form to also be in the child’s record adds an unnecessary burden to social workers.</p>	<p>The requirement to also keep the form in the child’s record was added due to requirement of the federal IVE review.</p>
<p>LCPA Revision Committee</p>	<p>Replace “department required information” with “elements required by this standard.”</p> <p>Delete “and the Director of the local department or his designee” when indicating who will sign the home study. Proposed standard does not address who will approve the home</p>	<p>This change has been made.</p> <p>The requirement for the local Director or his designee to sign the home study will remain as an indication that the agency’s administration has reviewed and approved the provider to provide care for the agency’s foster children.</p>

	<p>study.</p> <p>Replace “family” with “applicant” when describing responsibility for managing emergencies.</p> <p>Change confidentiality “form” to confidentiality “statement.”</p> <p>Move instructions for documenting change in provider’s circumstance to <u>22 VAC 40-211-50. Approval period and documentation of approval.</u></p> <p>Adding an addendum to document change in provider’s circumstances should change the provider’s approval period-change “does not change the approval period” to “shall change the approval period.”</p>	<p>The signature of those approving the home will appear on the provider’s approval certificate.</p> <p>This change was made to the proposed regulation.</p> <p>This change was made.</p> <p>This change was made.</p> <p>This change will not be made. In order to begin a new approval period, the provider must complete all required steps in the approval process. The effect of significant changes on a provider’s approval status will be evaluated on an individual basis by the local department. The results of the evaluation will determine whether a provider must at that time be assessed for compliance with all the steps in the reapproval process.</p>
Newport News DHS	<p>There is no need to update a home study when there are significant changes in a provider’s circumstances. Documentation of such changes are added to the provider’s record without the need for an updated study.</p>	<p>The language of the regulation was changed to indicate that an addendum to the home study will suffice to meet this documentation requirement. The manner of preparing this addendum will be addressed in the guidance for this regulation.</p>
Westmoreland DSS	<p>The proposed standards will add considerable time to the approval process. Question asking how small agencies will be able to meet the standards without more staff.</p>	<p>Technical assistance to develop strategies to meet the proposed standards without further burdening social workers is provided by the CRAFFT system</p>
Norfolk DHS	<p>The sentence that reads “Expresses appropriate motivation for reasons to foster or adopt” is ambiguous. Is there a list of appropriate motivations?</p>	<p>Discussion of appropriate motivations to foster or adopt are included in the training provided by the CRAFFT system. It is generally recognized that such a discussion should take place between applicants and local departments during the approval process</p>
Tri-Area Foster Families	<p>Add a requirement to verify marriage licenses and divorce decrees. Since these verifications are required in order for providers to adopt, requiring them for foster parents will speed the adoption process when foster parents adopt</p>	<p>This suggestion was incorporated in the regulation</p>

<p>Northumberland DSS</p>	<p>Question asking for a definition of “marital stability”</p> <p>Question asking how the proposed standards will affect existing families</p> <p><b>22 VAC 40-211-50</b></p>	<p>Discussion of this subject is included in the training provided by the Community Resource, Adoption and Foster Family Training system. However this section was changed to require stability in all household relationships.</p> <p>Currently-approved families will be subject to the new standards at the time of their reapproval.</p>
<p>Virginia League of Social Services Executives Fairfax Co DFS Newport News DHS Carpe Diem Children’s Services Lutheran Family Services Tri-Area Foster Families</p>	<p>Increasing provider approval period from 24 to 36 months is too risky. It seems incongruent with the requirement for monthly visits in the child’s placement. Leaving the approval period at 24 months will minimize the risk to children. Also, this change could result in families waiting three years with no contact or placement.</p>	<p>The experiences of other states indicate that a 36 month approval period, coupled with increased provider and child contact, does not increase the risk to children. In addition, decreasing the frequency of reapprovals will lessen the burden on social workers. Guidance for this regulation will address the issue of agency contact with approved providers who do not have children placed with them.</p>
<p>Northumberland DSS</p>	<p>Use of the word “recommended” in 50.B.3 seems to indicate an agency has no limit regarding number of children, their ages, or their gender.</p>	<p>This sentence was removed to clarify that number of children, their ages, and their gender shall all be considered when making placement decisions.</p>
<p>Norfolk DHS</p>	<p>This regulation seems to add paperwork, rather than lessen it.</p>	<p>The regulation indicates that all information that lends itself to be stored electronically shall be stored in that manner. The only hard-copy documents required to be stored are those that do not exist electronically.</p>
<p>The Northern Neck Foster Parent Program Northumberland DSS</p>	<p>Question asking the source of the requirements for keeping confidential information in a secure location</p>	<p>Virginia Code §§ 63.2-104 and 63.2-105 require the confidentiality of local agency records. The proposed regulations were written in a manner to comply with these laws.</p>
<p>LCPA Revision Committee</p>	<p>Include documents such as the sworn statement and DMV check results in the required file contents.</p>	<p>The regulation language was changed to add the following to the section C.3. of 22 VAC 40-211-50: <u>k. Any other documents required as part of the approval or reapproval process.</u></p>
<p>Norfolk DHS</p>	<p>Medical care authorization should be added to the information required to be maintained by providers.</p>	<p>The medical care authorization form has been added to the regulation.</p>
<p>Norfolk DHS</p>	<p>Requiring reapprovals every 3</p>	<p>Background checks will be required every 3</p>

<p>Tri-Area Foster Families</p>	<p>years, and background checks every 4 years, is not consistent with bringing public and private agency regulations closer in similarity. Approval period and background checks should be consistent.</p>	<p>years in this regulation, as part of the reapproval process.</p>
<p>Tri-Area Foster Families</p>	<p>Require a “letter of denial” for applicants who are not approved, and require applicants to withdraw their applications in writing.</p> <p>Allow for a suspension of a provider’s approval for temporary situations when a provider becomes unable to meet standards. This will prevent the provider and the local department from having to repeat the approval process each time there is a temporary interruption in the provider’s ability to meet standards.</p>	<p>A written letter of denial was added to the regulation.</p> <p>Regulations were amended to allow a suspension of provider approval.</p>
<p>Virginia League of Social Services Executives</p>	<p><b>22 VAC 40-211-60</b> The standards should require a minimum number of in-service training hours for providers.</p>	<p>The standards did not assign a certain number of training hours for in-service training in order to allow for local flexibility in deciding the type and delivery method of in-service training. Providers will be required to maintain core competencies listed in the standards.</p>
<p>LCPA Revision Committee</p>	<p>Interpretation needed for “pre-service.” Language needed to address training received and considered during the reapproval process.</p> <p>The words “as applicable” should be added to several of the training core competencies.</p> <p>Question asking if mandated reporting requirements will be added to the regulation.</p> <p>Need to study financial impact for international adoptions.</p>	<p>Definition of “pre-service training” added to the proposed regulation. Documentation of in-service training added to <u>22 VAC 40-211-100. Monitoring and reapproval of providers.</u></p> <p>Core competencies are applicable for all providers, so it is not necessary to add “as applicable.” An abbreviated list is provided in section 65 for respite providers.</p> <p>Reporting suspected child abuse and neglect will be included in the guidance provided for A.20. “Roles, rights, and responsibilities of foster parents and adoptive parents.”</p> <p>International adoptions are addressed in a different regulation.</p>
<p>Montgomery DSS Director The Northern Neck Foster Parent Program</p>	<p>Responsibility for training is given to local departments. This creates an unfunded mandate, since funding for CRAFFT is not guaranteed. Requiring this many core</p>	<p>While local departments are responsible for ensuring providers are trained, CRAFFT and other state resources are being provided as resources to assist local departments.</p>

<p>Northumberland DSS</p>	<p>competencies will deter potential resource families and hinder the approval process due to lack of funding and staff to provide the training.</p>	
<p>Montgomery DSS Director</p>	<p>Standards should require a minimum number of training sessions on an annual basis.</p>	<p>The number of training sessions provided will be determined by each local department. Therefore, a minimum number of trainings will not be added to the proposed regulations.</p>
<p>Norfolk DHS</p>	<p>Question asking if paragraph 60D replaces the emergency approval process and whether approval process is open only to family members.</p>	<p>This paragraph was stricken from the regulation because it was unclear. Emergency approvals are now addressed in section 20 and are not limited to relatives.</p>
<p>The Northern Neck Foster Parent Program Northumberland DSS</p>	<p>Question asking if a form will be developed to acknowledge the confidentiality requirement.</p>	<p>Details regarding the confidentiality requirement will be addressed in guidance.</p>
<p>Carpe Diem Children's Services</p>	<p>Concern that the statement requiring local departments to provide training opportunities is not the same as requiring training.</p>	<p>Proposed regulations state that provider training is required. The regulations also state that local departments shall ensure that each provider receives in-service training. The regulation requires DSS to provide training opportunities.</p>
<p>Roanoke Co DSS Virginia League of Social Services Executives Fairfax Co DFS Carpe Diem Children's Services</p>	<p><b>22 VAC 40-211-70</b> The proposed standards should include limits on the number of children each provider is allowed to care for.</p>	<p>The proposed standard has been changed to address limits on the capacity of providers.</p>
<p>Virginia League of Social Services Executives Norfolk DHS Newport News DHS Northumberland DSS</p>	<p>The proposed standard unnecessarily reduces the age limit for children who share the same bed from the previous requirement of 24 months to 16 months. This ignores situations where it is appropriate for siblings to share a bed. Also, adults sharing a bed with children should be prohibited.</p>	<p>The proposed standard has been changed to indicate that children over the age of 2 years cannot share a bed. Also, a prohibition on adults sharing a bed with children was added.</p>
<p>LCPA Revision Committee</p>	<p>Sentence describing infants as children over the age of 16 months is incorrect</p>	<p>This sentence has been stricken.</p>



<p>Lutheran Family Services Virginia League of Social Services Executives Norfolk DHS Fairfax Co DFS</p>	<p>Standards should require provider's home to have a land-line telephone. This will prevent the provider from accidentally removing the home's only cell phone</p>	<p>Proposed standards require that a phone be accessible in the home. Although the type of phone is not identified, the standard will require the provider to ensure that a phone of any type is always in the home and accessible.</p>
<p>Norfolk DHS</p>	<p>Question asking for definition of "activated safety mechanisms" on firearms.</p>	<p>Firearms are equipped with mechanisms which, when engaged or activated, make the firearm inoperable.</p>
<p>LCPA Revision Committee</p>	<p>Suggestion that standard related to weapons refer only to firearms. Standards should require ammunition to be stored separately from firearms in a locked storage area. Question asking why we are incorporating other laws here.</p>	<p>Weapons such as crossbows, slingshots, and hunting knives are also extremely dangerous. Therefore, the term "weapons" should not be limited to include only firearms. Proposed regulation was changed to add requirement to store ammunition separately from firearms in a locked storage area. Other laws are mentioned because it is not possible in this regulation to mention each local, state, and federal law that relates to the possession of firearms and other weapons. The regulation therefore includes the expectation that all these laws shall be obeyed.</p>
<p>Tri-Area Foster Families</p>	<p>Sleep furnishing should also be safe.  Medication should be out of reach of children and locked as appropriate.</p>	<p>Proposed regulations were changed to add the word "safe" to description of sleep furnishings.  Proposed regulations were changed to require that medications shall be out of reach of children and locked as appropriate.</p>
<p>Norfolk DHS LCPA Revision Committee</p>	<p>More direction needed for determination that sleep furnishings are "comfortable."</p>	<p>This determination will not be defined in regulations, but left to the judgment of the local department.</p>
<p>LCPA Revision Committee</p>	<p>Summer cooling is not addressed.  Add "and study space" to standard requiring adequate lighting.  Indicate that children should also have access to a telephone.  The requirements for attics or basements to have two exits, for all homes to have fire extinguishers, and for every home to have an operable smoke detector are regulated by local and state fire and building codes and therefore should be removed from these proposed</p>	<p>The standard requiring all rooms to be well-ventilated is meant to address cooling.  Proposed regulation was changed to include study space in adequate lighting requirement.  Proposed regulation was changed to include children having access to a telephone.  The proposed regulation was changed to eliminate the references to number of exits and the fire extinguisher.</p>

<p>Roanoke Co DSS LCPA Revision Committee</p>	<p>regulations.</p> <p>Standards should address sharing bedroom space by children of opposite sex.</p> <p>Standards do not include square footage requirements for space for children.</p>	<p>Proposed regulation was changed to indicate that opposite-sex children over age three should not share bedroom space.</p> <p>The square footage requirement was the most frequently requested variance under the old regulations, so it was addressed in this regulation by allowing adequate square footage to be determined by the local agency.</p>
<p>Montgomery Co DSS Director Roanoke Co DSS</p>	<p>Standards require closet and storage space. Question asking if these changes are intentional.</p>	<p>The inclusion of closet and storage space was intentional.</p>
<p>Montgomery Co DSS Director</p>	<p>Question asking if local departments can require more stringent requirements than state regulations.</p> <p>Question asking how providers can verify that pets are not safety or health hazards.</p>	<p>State regulations are intended to be minimum requirements for providers, so local departments can make the requirements more detailed, or stringent, but not less so.</p> <p>Details for this requirement will be added to guidance for this regulation.</p>
<p>Norfolk DHS The Northern Neck Foster Parent Program Northumberland DSS</p>	<p>Question asking about the stipulations regarding the provider also being a daycare provider.</p>	<p>If the foster care provider is also a day care provider, the local department must consider how the day care children in the provider's home will affect the provider's ability to provide care for the department's foster child.</p>
<p>LCPA Revision Committee</p>	<p>The standard requiring an emergency plan should better indicate the plan is mandatory by using the words "shall include" and should allow expansion of the plan by the words, "but not be limited to" Also, provider should be required to notify local department of the whereabouts of children in the event of an evacuation.</p>	<p>These changes were made in the proposed regulation.</p>
<p>The Northern Neck Foster Parent Program Northumberland DSS</p>	<p>There are requirements in the old standards that do not appear in these proposed standards: drinking water shall be available; first aid supplies must be accessible; medicine must be stored separately from food; provider must have sufficient space and equipment for food preparation, service, and storage.</p>	<p>It is not necessary to address drinking water since it is a basic expectation and the failure to provide it would generate child protective services intervention. The standards have been changed to add the requirement for the provider home to contain basic first aid supplies. Identification of specific supplies will be left to the judgment of the local department. Proposed regulation requires medicine to be stored separately from food. Since food</p>

<p>The Northern Neck Foster Parent Program Northumberland DSS</p>	<p>Question asking what exactly are the federal, state, and local ordinances referred to in the regulation.</p> <p>Question asking if money will be available to purchase fire extinguishers for providers.</p>	<p>preparation and storage is a basic expectation, it is not necessary to address these issues in the regulation.</p> <p>It is not possible to include these ordinances in this regulation. The ordinances are available on the relevant local, state, and federal websites.</p> <p>The requirement for fire extinguishers has been removed.</p>
<p>LCPA Revision Committee Norfolk DHS</p>	<p>Question asking if there is an example of a disaster plan that can be shared with local departments.</p>	<p>Details of disaster plan requirements will be provided in guidance for this regulation.</p>
<p>LCPA Revision Committee</p>	<p>Question asking if the responsible adults referred to in the disaster planning sections of the proposed regulation will have to undergo background checks.</p> <p>The extensiveness of the disaster plan requirements will lengthen the provider approval process.</p>	<p>Details of disaster plan requirements will be provided in guidance for this regulation.</p> <p>The disaster plan for providers requires a written assurance of communication before, during, and after a disaster. This requirement is basic and are therefore not deemed extensive.</p>
<p>Montgomery Co DSS Director Tri-Area Foster Families</p>	<p><b>22 VAC 40-211-80</b> Question asking that since providers cannot discriminate, how the department can justify not allowing homosexual or cohabiting couples to become resource families.</p> <p>Question asking if there will be a form developed for this purpose</p>	<p>DSS does not agree with the stated need to include these issues in the proposed regulation.</p> <p>Details for carrying out this regulation will be addressed in guidance.</p>
<p>Roanoke Co DSS Virginia League of Social Services Executives</p>	<p>Standard requiring a valid driver’s license should apply whether or not provider transports child regularly.</p> <p>The provider’s valid driver’s license should be a Virginia driver’s license.</p>	<p>The word “regularly” was stricken from this section of the proposed regulation to add the requested clarification.</p> <p>This would eliminate providers who live in other states from being approved to care for Virginia’s children, so a valid driver’s license from another state will be accepted.</p>
<p>Montgomery Co DSS Director</p>	<p><b>22 VAC 40-211-90</b> This section seems to conflict with <u>22 VAC 40-211-20. Approval of provider homes.</u> Question asking which variances can be granted by the local department and which ones require state-level approval.</p>	<p>Details for carrying out this regulation will be addressed in guidance. Variances will be granted by the state-level Department. No variances will be allowed for standards related to safety.</p>

<p>The Northern Neck Foster Parent Program Northumberland DSS LCPA Revision Committee Fairfax Co DFS Newport News DHS</p>	<p>Regulation needs to be very clear</p> <p><b>22VAC40-211-100</b></p> <p>Proposed regulations are unclear regarding whether monitoring visits to the provider family must occur when there is no child placed in the provider's home. This requirement is an unfounded mandate and unnecessary, since workers are already required to make monthly visits to see the child. Also unclear is which agency staff may make the monitoring visits.</p>	<p>Proposed regulations have been clarified to indicate that the monitoring visits are required only when a child is placed with the provider. Regulations also clarify that the child's regular monthly visit can also be used for the purpose of monitoring the provider. Further details will be provided in guidance for this regulation.</p>
<p>Norfolk DHS</p>	<p>Requirement to review and complete new confidentiality and corporal punishment agreements is redundant, since agreements are reviewed as part of the completion process.</p>	<p>The word "review" is used as a reminder to local departments to discuss with the providers the documents they are being requested to sign. Omitting "review" would change the regulation to require only that the documents be completed. Therefore, "review" will remain in the regulation.</p>
<p>LCPA Revision Committee</p>	<p>Clarify proposed regulation to indicate that provider visits must occur in the provider's home.</p> <p>Question asking if the required background checks for reapproval include the national FBI background check.</p>	<p>This change was made to the proposed regulation for those times when a child is placed in the home.</p> <p>The national FBI check is required only once in Virginia code, prior to initial approval.</p>
<p>Northumberland DSS Newport News DHS</p>	<p>CPS background checks are unnecessary because the approving agency should already be aware of any child protective services (CPS) complaint involving one of its providers.</p>	<p>Because there is no other method of ensuring that each local department is aware of CPS complaints involving its providers, the CPS background check requirement will remain.</p>
<p>Virginia League of Social Services Executives The Northern Neck Foster Parent Program Northumberland DSS Fairfax Co DFS Newport News DHS</p>	<p>A TB screening should not be required for reapproval. It would be disruptive for children to have to move them because a TB test is late. Also, there is a cost to the family involved. Question asking why TB is the targeted disease for testing, rather than HIV.</p>	<p>The Department's Child Day Center and Family Day Home regulations currently require TB screening every two years, a requirement endorsed by the Virginia Health Department's Division of TB Control. Since reapproval for providers occurs every three years, the TB screening frequency is not seen as burdensome and will remain. TB is more easily communicated and is more common than HIV.</p>
<p>Norfolk DHS</p>	<p>Question asking if the reapproval information should be added to the</p>	<p>The reapproval process is required at 3-year intervals, which is not viewed as burdensome</p>

<p>The Northern Neck Foster Parent Program Northumberland DSS</p>	<p>provider’s home study, which is updated yearly.</p> <p>Proposed regulation does not indicate what should be done when information is acquired which affects a provider’s approval status.</p> <p>Requirement that Director sign the home study addendum is burdensome for large agencies.</p> <p>The following are not addressed: a Compliance Form for Agency Approved Provider should be completed for each provider; provider must receive written notification regarding action on the application or at renewal; a Certificate is adequate written notice for providers who receive one; emergency approval; inability to continue to meet standards; relocation of provider.</p>	<p>when requiring home study updates.</p> <p>Change was made indicating that appropriate action shall be taken.</p> <p>Proposed regulation was changed to indicate that the Director’s designee may sign the home study addendum.</p> <p>A compliance form will be addressed in the guidance for this regulation. Requirements for written notification of local department decisions were added to the regulation. Regulation states that the certificate will act as the notification of approval or reapproval. Provisions for emergency approval and the provider’s inability to continue to meet standards were added to the regulation. Relocation of provider is addressed in another regulation.</p>
<p>LCPA Revision Committee</p>	<p><b>GENERAL</b> General comments that consistent language is needed throughout the regulation and that the intent and interpretation of the regulation should be spelled out in a guidance document.</p>	<p>Issues related to the clarity of the regulation language have been taken into account. Guidance for the regulation will be provided after it becomes final.</p>
<p>Physician</p>	<p>General comment that there should be a process for waiving requirements when the situation suggests itself.</p>	<p>Issues related to waiving requirements under certain circumstances have been taken into account.</p>
<p>Northumberland DSS</p>	<p>General comment that money is need before local departments can comply with these regulations.</p> <p>General comment that the regulation may cause unintended consequences and contain unfunded mandates.</p>	<p>Issues related to funding have been taken into account.</p> <p>Issue not related to a specific standard.</p>
<p>Carpe Diem Children’s Services</p>	<p>General comment that this regulation was written to access IVE funds and that if it is approved, things will become “looser” for private agencies and “tighter” for public agencies.</p>	<p>Purpose of proposed regulation is to achieve general consistency between provider requirements for public and private agencies while maintaining an appropriate level of care for foster children.</p>
<p>Westmoreland</p>	<p>Regulations are not complete; will</p>	<p>Issues not related to a specific standard.</p>

DSS	leave gaping holes in resources available to children and workers. Approval of local resource homes will be more difficult and less likely.	
Norfolk DHS	Question asking if the proposed regulations are an attempt to bring public and private agencies more in line with expectations and responsibilities of workers and providers.	The proposed regulations attempt to provide for general consistency with recognized best practices among public and private agencies and workers.
Montgomery Co DSS Director	The fiscal analysis related to this regulation is incorrect because this proposed regulation will add new costs to local boards. Additional families will be recruited, requiring additional home studies. Workers will be required to keep in contact with approved homes and respond to information requests from other workers. Local departments will need more staff to manage the additional homes. Annual in-service training will be required.	The Resource Family Unit was created with General Assembly funding for the purpose of providing assistance to local departments for their recruitment and training activities, including both pre-service and in-service training. DSS is pursuing federal funding to help with the cost of completing the additional home studies generated by successful recruitment campaigns. Workers will be required to maintain contact with only those families with children placed in their homes. The requirement for workers to communicate across jurisdictions is necessary to prevent inappropriate placements.
Lutheran Family Services	Proposed standards will likely be replicated for private agencies as well.	The proposed standards will make public and private agency standards generally consistent, but not identical.

**All changes made in this regulatory action**

*Please detail all changes that are being proposed and the consequences of the proposed changes. Detail new provisions and/or all changes to existing sections.*

This is a new regulation. It does not change current requirements, but may result in changes in guidance and for some local departments, in practice. The regulation addresses local department of social services' approval of resource, foster, adoptive, and respite family homes. The following sections are contained in this regulation:

Section 10: Definitions of terms used in the regulation.

Section 20: Approval of provider Homes - This section provides that meeting the standards set out in the regulation will allow individuals to be approved as resource, foster, adoptive, or respite care providers and that they may choose to provide only one type of care.

Section 30: Background checks and health standards – This section requires federal and state background checks as required by law. It also requires physical examinations and tuberculosis screenings and DMV driver record checks.

Section 40: Home study requirements – This section details the information that must be included in the home study, including demographic and financial. It also addresses interviews and references and

requires a narrative based on information gathered throughout the process which assesses and documents the applicant's capacity to meet all requirements.

Section 50: Approval period and documentation of approval and reapproval – This section provides for an approval period of 36 months and details what information is on the approval certificate, what documentation must be maintained, and the requirements for provider reapproval and suspension of approval.

Section 60: Training – This section requires that local departments ensure pre-service training is provided for resource, foster, adoptive, and respite care providers, and that the training address, but not be limited to, the listed core competencies. This section also requires that DSS ensure in-service training on an annual basis. The section also requires that local departments explain confidentiality requirements to providers.

Section 65: This section contains the requirements of Section 60 that apply specifically to respite care providers.

Section 70: Standards for the home of the provider – This section addresses the home of the provider including space, sleeping arrangements, safety considerations, pets and the number of children who may be placed in the home. It requires that the provider have plans for evacuation and relocation of the family in the event of an emergency.

Section 80: Standards of care for continued approval - This section addresses areas which will be considered in the reapproval of the provider in addition to the requirements of the initial homestudy. They include providing care which does not discriminate, the provision of adequate and appropriate food and clothing and valid driver's license and insurance.

Section 90: Allowing a variance – This section provides that the local department may request from DSS, a variance on a provider's meeting a standard if it would not jeopardize the safety and proper care of the child or violate federal or state law, or local ordinance. Variance's are to be considered on a case-by-case basis.

Section 100: Monitoring and reapproval of providers – This section requires the local department to visit the home of the provider as often as necessary, but at least quarterly. It details what will be considered in the reapproval process. It also contains exceptions to certain standards for respite care providers and requires written notification to the provider in the circumstances of case closure or approval suspension.

Section 110: Provider's right to grieve – This section allows the provider to grieve the actions of the local department to the local board on issues related to their application to become a resource, foster and/or adoptive home provider. The regulation provides that decisions on the placement of a specific child are not subject to grievance, that the local board has the final determination on appropriate placement for children. Decisions regarding final adoptive placements are made by the circuit court.

## Regulatory flexibility analysis

*Please describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5)*

*the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.*

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This regulation establishes requirements for approving foster, adoptive, resource and respite provider homes. It is directed at local departments of social services and does not impact small businesses. The workgroup developing the regulation worked to allow as much discretion as possible for local departments while ensuring the health and safety of children is protected.

### Family impact

*Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.*

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This new regulation will allow families who foster or adopt children in foster care to receive better training and support for managing the children placed in their homes. By doing so, children's placements will become more stable, thus allowing children the safety and security of a temporary or permanent family home in which to reside. The goal of foster care is to return children home whenever possible and when it is not, to ensure children have a permanent, stable home. This regulation addresses only the approval of foster, adoptive, resource and respite homes. A different regulation addresses work with parents to address issues and strengthen their ability to care for and support their children with a goal of successful reunification with them.