

Each prospective resource, foster, and adoptive family shall be encouraged to participate in an open and honest assessment of their strengths in fostering or adopting, as well as their needs for support. Their strengths and needs shall be utilized in making a match with the needs of a specific child to be placed.

As a result of this process, the final decision to approve the home shall reflect the family's perceived ability and willingness to foster or adopt as well as the agency's assessment of the family.

1.5 Initial approval

1.5.1 General provider approval requirements

Minimally, all LDSS-approved providers must meet minimal standards as discussed below.

1.5.1.1 Provider application

Upon receipt of a completed provider application, the LDSS is responsible for ensuring the initiation of the approval process. If at any point in the process, the decision is made either by the agency or family to discontinue the process, the LDSS shall notify the applicant(s) in writing as to the reason why the approval process was stopped. A copy of this notice shall be filed in the applicant's record.

The Application For Department-Approved Provider Form (032-04-0051-00-eng (10/10)) shall be used by all individuals who are requesting to become agency-approved providers. The form provides basic information needed to begin the process of approval and eliminates obtaining such information during the interviews.

1.5.1.2 Age requirements

Providers must be at least 18 years of age. The age of the provider applicant is one of many considerations in the decision to approve an individual to foster, adopt, or provide respite care.

1.5.1.3 Capacity

The number of children in the provider's home shall not exceed eight (8) unless a variance is granted (see Section 1.7). The decision regarding how many children may be placed in a provider's home may change over time based on children already in the home, the provider's demonstrated capabilities, and other factors. Capacity of the home must be based on consideration of multiple factors that include, but are not limited to, the following:

- The physical accommodations of the home especially in regard to each child's age, gender, safety needs, and need for privacy and personal space.
- Whether any individuals in the home, including the provider's children, require special attention or services for the provider that affect the provider's ability to ensure the safety of all children in the home.
- The capabilities and skills of the provider to manage the number of children.
- The clinical needs and special requirements of each child as they pertain to the child's history of abuse or neglect, physical limitations or developmental delays. Implications of each child's history must be considered in the decision.
- Whether the child's best interest requires placement in a certain type of home (for example, a home with no young children or a home with no other child).
- Whether the provider is also a child care provider in the home.

1.5.1.4 Conflict of interest

- Individuals who work for an LDSS, including relatives shall not be approved to be a resource parent by the LDSS for whom they are employed. They also shall not serve as a provider for a child in the custody (legal or physical) of that LDSS. The employee can be a foster, resource, or adoptive parent for another LDSS or child placing agency or the child's custody may be transferred to another local department. LDSS employees can play other significant roles in the life of a child or youth – as advocates, mentors, etc., or as an approved provider for children or youth in another LDSS's custody.
- Foster and adoptive providers who have met the requirements to be an approved child care provider may provide child care in their home for their foster child. However, Title IV-E federal funds may not be used to pay for the child care service. The child care provider may apply for child care through Title IV-A child care funds.

1.5.1.5 Provider approval period

- Providers are approved for a period of 36 months. The effective date of approval is the date the Mutual Family Assessment Report 032-04-0060-00-eng (10/10) is signed by the supervisor. The date of approval must be documented in the Certificate of Approval 032-03-136-1-eng, which is available on the DSS internal website) or approval letter sent to the provider. A copy of the Certificate or letter shall be maintained in the provider's file.

1.5.1.6 Anti-discrimination for approving providers

According to federal statute, the LDSS may not deny to any person the opportunity to become an adoptive or foster parent on the basis of race, color, or national origin of the person.

1.5.1.7 Marital status

Only individuals or married couples may be approved as providers.

1.5.1.8 Citizenship

Citizens of other countries who are residing in the United States in a legal and documented manner may apply to become approved providers.

1.5.2 Background checks

Applicants with barrier crimes as set forth in the Code of Virginia, § 63.2-1719 cannot be approved as a provider, and this requirement is not subject to a variance. Other adults in the home with a barrier crime also preclude approval of the home. Results of these checks must be maintained in the file of the provider and in no other place (including any form of archiving or electronic storage). Results cannot be shared with any person other than the specific subject of the search.

1.5.2.1 Criminal background check

Background checks are required for those adults who are applying to be providers and for all other adults in the home.

1.5.2.1.1 Applicant fingerprints and Child Protective Services checks

For the applicant, background checks for initial approval consist of a written statement of affirmation (Sworn Statement Form 032-05-0973-00-eng) disclosing any criminal and child abuse and neglect history in Virginia and any other state of residence within the past five (5) years, a national fingerprint criminal record check, a Child Protective Services (CPS) child abuse and neglect Central Registry search, a search of the Sex Offender

Registry (included in the national criminal background check on the DSS internal website), and a DMV check (see Section 1.5.2.3 below).

1.5.2.1.2 Other household members

For other adults residing in the home, background checks shall consist of a national criminal record check, a Child Protective Services (CPS) child abuse and neglect Central Registry search, and a search of the Sex Offender Registry, which is included in the national criminal record check. The Registry may be accessed on the Virginia State Police website. Any adult in the home who resided in another state within the previous five (5) years must also have a CPS Central Registry search run in those states in which he resided. If the adult will be transporting the child, a DMV check is required.

1.5.2.2 National name search

In those instances where an individual's fingerprints are not obtainable due to a disability or are of low quality and unable to be read, procedures exist for conducting a national name-based check through the National Crime Information Database Request to Discontinue Reprints 032-04-0020-03-eng (12/10). Under these circumstances, use of this procedure is approved by the federal Administration for Children and Families as meeting the requirement for national fingerprint checks. The criteria and procedures for obtaining national background checks, name searches, and CPS checks (including out-of-state CPS checks) can be found on the DSS internal website.

1.5.2.3 Department of Motor Vehicles check

1.5.2.3.1 Driver record check

A Department of Motor Vehicle (DMV) driver record check must be obtained for the applicant(s) as well as all others in the home who may be transporting the child. While there is no specific standard for a "satisfactory" DMV driver record check, results of this check should be considered in concert with other information gained in the Mutual Family Assessment process.

1.5.2.3.2 Local government access to DMV records

Local governments have access to DMV records free of charge in accordance with § 46.2-208 of the Code of Virginia. The information available includes convictions, accidents, driver's license suspensions or revocations, and other information that may be needed by the local government in order to carry out its official function. Most LDSS have established agreements with DMV to allow records access; however, for

more information on this process contact the DMV or access www.dmvnow.com.

1.5.3 Worker-family interviews

1.5.3.1 Purpose

The purpose of worker-family interviews is:

- To develop a relationship between the agency and the family.
- To answer questions family members may have about foster care, adoption, or the approval process.
- To provide opportunities for family members to talk about sensitive issues, discuss concerns, and explore how being a resource parent will impact their family system.
- To allow the agency worker time to explore any critical tasks or topics that may impact approval or need extra support (such as maintaining birth family connections).
- To develop and document the competencies (see [Section 1.5.6](#)) needed for fostering/adopting.

1.5.3.2 Number of interviews and purposes

The LDSS worker shall discuss with the applicant the requirements for provider approval. LDSS workers shall review the Mutual Family Assessment process, dual approval, fingerprinting, and criminal background checks with the family.

1.5.3.2.1 Interviews

The LDSS shall conduct a minimum of three (3) face-to-face interviews with each applicant; at least one (1) shall be in the applicant's home. If there are two (2) individuals listed as applicants, at least one (1) interview must be with both individuals. At least one (1) interview shall be with all individuals who reside in the home.

1.5.3.2.2 Purpose of interviews

The LDSS worker is responsible for providing the applicants with specific information about what is involved in being a provider and engaging in a discussion with them about their expectations and motivation for becoming a provider at this time. LDSS representatives are responsible for ensuring that applicants have the qualifications and abilities they will need to protect,

parent, and nurture the abused or neglected children in their care. Within these interviews, the LDSS worker should:

- Discuss and assess the applicants' ability to meet children's immediate and short-term needs for health, education, social and emotional development, as well as their therapeutic needs, including special needs identified in children's service plans.
- Discuss and assess the applicants' ability to meet not only the short-term needs but, for children where adoption may be the permanency goal, those children's long-term needs for supportive families.
- The LDSS worker may identify, through conversations or review of the application, issues that may raise questions about the family's willingness or ability to become a provider. The worker should explore these issues with the family during these interviews.

1.5.3.3 Making the most of interviews

- Connect visits to the family's pre-service training, to allow for a give-and-take of information that helps inform mutual decision making.
- Approach visits from the perspective that assessment is truly mutual—just as the VDSS must assess the family's ability to support children and families, so should the family assess the VDSS's ability to support them in this endeavor.
- Observe interactions among household members, looking for the strengths and/or challenges individuals have in sustaining their current family relationships.
- Have conversations with all family members in the home, focusing on how fostering/adopting will impact the current family system.
- Carefully and thoroughly examine the family's expectations of children in foster care, and how realistic these are.
- Use opportunities to stress the importance of maintaining children's connections, and explore applicants' attitudes, skills, and willingness to support these connections.

1.5.3.4 Provider agreements

The LDSS worker shall discuss the following mandatory agreements with the provider:

- Corporal Punishment Agreement.
- Confidentiality Agreement.
- Foster Care Agreement: Code of Ethics and Mutual Responsibility (for discussion purposes only).
- Adoptive Placement Agreement (for discussion purposes only).

The content of these documents is reviewed, and prior to the applicants' approval, they must agree to abide by the values and requirements as specified in these agreements. All applicants sign the Corporal Punishment and Confidentiality Agreements. The Foster Home Agreement: Code of Ethics and Mutual Responsibilities shall be signed upon the placement of a child in the home. The Adoptive Placement Agreement is signed only upon the placement of a child in the home for the purpose of adoption (see [Section 1.4](#) on approval process requirements).

1.5.3.5 Applicant history

The applicant's historical information is gathered during the course of the interviews and from supporting documentation (see [Section 1.5.5](#)). The applicant's historical narrative regarding his life history builds the LDSS worker's basis for understanding and assessing the applicant's capacity to serve as a provider. Information gathered regarding the applicant history is documented in the form of a narrative in the Mutual Family Assessment Report (see [Section 1.6](#)).

1.5.3.6 Training

The LDSS worker also explains training requirements and the concept of competencies necessary for foster and adoptive parenting.

1.5.4 Physical home environment assessment

The physical environment of the home shall be assessed both in terms of the physical space (e.g., adequate furnishings, heat, ventilation, etc.) as well as the applicant's attitude toward, and ability to provide for, the child's need for space and privacy and separate sleeping arrangements. The following areas shall be assessed, as appropriate, in the course of interviews at the applicant's home.

1.5.4.1 Space and furnishings

The home shall have sufficient appropriate space and furnishings for each child receiving care in the home, including:

- Space to keep clothing and other personal belongings.
- Accessible basin and toilet facilities.
- Space for recreational activities.

1.5.4.2 Physical comfort

- The applicant must be able to provide safe, comfortable sleeping furnishings.
- All rooms used by the child shall be heated in winter, dry, and well-ventilated.
- Rooms and study space used by the child shall have adequate lighting.

1.5.4.3 Sleeping space

- Sleeping space must be provided on the first floor of the home for a child unable to use stairs unassisted, other than a child who can easily be carried.
- Multiple children sharing a bedroom shall each have adequate space including closet and storage space. Bedrooms shall have adequate square footage for each child to have personal space.
- Children over the age of two (2) years shall not share a bed.
- Children over the age of two (2) shall not share a bedroom with an adult unless the LDSS approves a plan to allow the child to sleep in the adult's bedroom due to documented needs, disabilities, or other specified conditions.
- Children of any age cannot share a bed with an adult.
- Children of the opposite sex over the age of three (3) shall not sleep in the same room.
- Children under age seven (7) or children with significant and documented cognitive or physical disabilities shall not use the top bunk of bunk beds.

1.5.4.4 Access to telephone

The provider and children shall have access to a working telephone in the home. This may be a cell phone.

1.5.4.5 Home safety requirements

1.5.4.5.1 Emergency preparedness plan

Providers need to develop plans (Emergency Plans Form, 032-04-0064-01-eng (10/10) that help protect their families and also provide communication information for use in emergency situations. State regulation 22 VAC 40 211-70 requires a plan that includes, but is not limited to, fire and natural disasters. It also requires the plan to include:

- How the provider plans to maintain the safety and meet the needs of the child in their home during a disaster.
- How the provider shall evacuate the home, if necessary, during a disaster.
- How the provider shall relocate in the event of a large-scale evacuation.
- The requirement to notify the LDSS of where they are relocating and contact information in the event of evacuation.

The LDSS worker should encourage the provider to review the appropriate sections of the Emergency Plans Form (032-04-0064-01-eng) (10/10) with the children who are old enough to understand. The Emergency Plans Form should be posted in a location that is accessible to the children.

Suggestions for information the providers should include in the plan are:

- The phone number of the agency.
- The phone number of a close neighbor or relative who could come to the home quickly.
- Plans for having emergency food, water, and batteries for flashlights and radios.
- The location and contact information for friends or relatives they may go to in an emergency or evacuation.

The LDSS will keep a copy of all sections of this plan in the provider's file.

1.5.4.5.2 Fire safety

The provider shall permit a fire inspection of the home by appropriate authorities if conditions indicate a need and/or the LDSS requests such an inspection.

1.5.4.5.3 Weapons

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

1.5.4.5.4 Pets

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

1.5.4.5.5 Other

- The home and grounds shall be free from litter and debris and present no hazard to the safety of the child receiving care.
- Providers shall keep cleaning supplies and other toxic substances stored away from food and locked, as appropriate. Medications shall be out of reach of children and locked as appropriate. Medications shall be stored separately from food, except those medicines that require refrigeration.
- Every home shall contain basic first aid supplies.
- Every home shall have an operable smoke detector, the specific requirements of which shall be coordinated through the local fire marshal. If a locality does not have a local fire marshal, the state fire marshal shall be contacted.
- The LDSS may require other safety-related checks or verifications as deemed necessary (e.g., well water tests, electrical safety, home structure stability).

1.5.5 Supporting documentation

1.5.5.1 References

The LDSS shall obtain at least three (3) references from persons who have knowledge of each applicant's character and applicable experience with children and caretaking of others. At least one (1) reference per person shall be from a non-relative. If a single reference addresses the skills and abilities of both applicants, it may count as one of the three references for each. The state-approved Reference Request Form (Appendix C) is acceptable as reference documentation as well as references conducted via telephone and documented in the file.

1.5.5.2 Physical examination

The applicant(s) and other adult caretakers residing in the home shall submit the results of a physical examination, conducted by a licensed health care professional, administered within 12 months prior to the provider's approval. These results shall include comments regarding the person's mental and/or physical condition or abilities, such as they relate to caring for a child in the foster care system. A Physical Examination Form (032-04-0061-eng) is available for use. All household members who come in contact with the child must submit to a tuberculosis screening and/or test, in compliance with current VDH requirements.

For most individuals, the screening is sufficient. Information regarding TB screening/testing may be found on the Virginia Department of Health website. A tuberculosis screening form is available for use.

For information on the system for prioritizing persons for targeted testing, refer to "Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America" (*MMWR* 2005;54[No. RR-12]:40-42) on the Center for Disease Control website.

1.5.5.3 Prior experience

The LDSS worker shall confirm if an applicant previously applied to, or was approved, denied, and or closed by, any other LDSS or licensed child-placing agency through the Provider Application (032-02-0051-00-eng) and OAS/S. The LDSS shall have the applicant sign a request to release information from the other agency in order to obtain information about previous applications and performance and shall use that information in considering approval of the applicant.

1.5.5.4 Verification of marriage and divorce documents

During a meeting with the provider(s), the worker shall visually verify all documents that give proof of the provider(s)' marriage(s) or divorce(s). This requirement is documented on the Checklist for Initial Provider Approval 032-04-0054-01-eng (6/12).

1.5.5.5 Agreements

The following agreements must be discussed with and, when noted, signed by the applicant during the interview process.

1.5.5.5.1 Corporal Punishment Agreement

The LDSS shall have the applicant sign a Corporal Punishment Agreement 032-04-0056-00-eng (04/10). This provides an opportunity to discuss the applicant's approach to discipline and attitude towards, and beliefs about, the use of corporal punishment with children. The LDSS must clearly communicate that no form of corporal punishment as defined in Section 1.3 of this manual ("Definitions") may be used for any reason. The range of possible actions the LDSS may take as a result of the use of corporal punishment (e.g., additional training on discipline; anger management for the provider; suspension of the approval of the home; removal of the child from the home) must also be discussed.

1.5.5.5.2 Confidentiality Agreement

The LDSS shall have the applicant sign a Confidentiality Agreement 032-04-0055-00-eng (04/10). The LDSS worker shall discuss confidentiality requirements with the applicant and ensure the applicant understands the need to keep confidential all information regarding the child, his family, and the circumstances that resulted in the child coming into care. A copy of the signed agreement shall be provided to the applicant.

1.5.5.5.3 Foster Care Agreement/Adoptive Placement Agreement

The Foster Care Agreement: Code of Ethics and Mutual Responsibilities Form 032-04-0028-00-eng is required to be signed whenever a child is placed in a provider's home except when the placement is solely for the purpose of adoption. Although it does not need to be signed during the provider home approval process, its contents are to be reviewed and discussed with the applicant. The Adoptive Placement Agreement also is not signed during the provider approval process but should be reviewed with the applicant.

1.5.5.6 Financial/employment history

1.5.5.6.1 Income verification

The LDSS worker shall verify the provider has income sufficient to meet the basic needs of the household. A Provider Approval Budget Form is available in Appendix B. Requesting credit checks may have an adverse effect on the applicant's credit history and are discouraged. Applicants are not required to be employed so long as there is sufficient income to meet the needs of the family. Where there is no employment, agencies should carefully examine the source and reliability of any other income or resources in establishing whether there is sufficient income to meet the needs of the family. Financial or employment history information that may be used to assess income sufficiency may include:

- Recent pay stubs.
- Tax documents (e.g., W-2s).
- Verification of any assistance received (SSI, food stamps, public assistance, etc.).
- Utility bills (with payment history).
- Deployment information (military).
- Rental lease, public housing agreement, or mortgage statement.
- Bank statements.

1.5.5.6.2 Assets and resources

Assets and resources include any other sources of income (e.g., real estate), estate holdings, monetary gifts or bonuses, or any public assistance. There is no general restriction on the receipt of public assistance for resource families.

1.5.5.6.3 Debts and obligations

Debts may include aggregate amounts owed to credit cards, student loans, car leases/loans, etc., as well as individual amounts owed for home/rental, home maintenance.

Income requirements should be documented on the Checklist for Initial Provider Approval 032-04-0054-01-eng (6/12). Income requirements are not applicable to applicants who are solely approved as respite care providers.

1.5.6 Pre-service training

1.5.6.1 Training requirements

The LDSS shall ensure that pre-service training is provided for resource, foster, and adoptive family home providers, using a VDSS-approved curriculum, and completion of the training shall be documented in the provider's file. Each provider shall satisfy the pre-service training requirements. Certain curricula have been verified to meet the required competencies: Parent Resources for Information, Development and Education (PRIDE), Model Approach to Partnerships in Parenting (MAPP), and Parents as Tender Healers (PATH). The Department supports PRIDE as the preferred curriculum. **All other curricula must be approved by the VDSS in order to satisfy the pre-service requirement.**

- If a curriculum has been approved for Title IV-E Pass-Through Training, this is the VDSS's approval.
- To obtain approval for a curriculum other than those listed above, an agency should submit a copy of the curriculum (outlines, handouts, etc.) to the regional Resource Family Consultant.
- The curriculum will either be approved, returned with recommendations (for addressing any missing competencies), or rejected.

1.5.6.2 Core competencies

Pre-service training shall address, but not be limited to, the following core competencies:

- Factors that contribute to neglect, emotional maltreatment, physical abuse, and sexual abuse, and the effects thereof.
- Conditions and experiences that may cause developmental delays and affect attachment.
- Stages of normal human growth and development (not required for respite providers).
- Concept of permanence for children and selection of the permanency goal (not required for respite providers).
- Reunification as the primary child welfare goal; the process and experience of reunification.

- Importance of visits and other contacts in strengthening relationships between the child and his birth family, including his siblings.
- Legal and social processes and implications of adoption (not required for respite providers).
- Support of older youth's transition to independent living (not required for respite providers).
- The professional team's role in supporting the transition to permanency and preventing unplanned placement disruptions.
- Relationship between child welfare laws, the LDSS's mandates, and how the LDSS carries out its mandates (not required for respite providers).
- Purpose of service planning (not required for respite providers).
- Impact of multiple placements on a child's development.
- Types of and response to loss, and the factors that influence the experience of separation, loss, and placement (not required for respite providers).
- Cultural, spiritual, social, and economic similarities and differences between a child's primary family and foster or adoptive family.
- Preparing a child for family visits and helping him manage his feelings in response to family contacts.
- Developmentally-appropriate, effective, and nonphysical disciplinary techniques.
- Promoting a child's sense of identity, history, culture, and values.
- Respecting a child's connection to his birth family, previous foster families, and/or adoptive families.
- Being nonjudgmental in caring for the child, working with his family, and collaborating with other members of the team.
- Roles, rights, and responsibilities of foster parents and adoptive parents (not required for respite providers).
- Maintaining a home and community environment that promotes safety and well-being.

1.5.6.3 Additional training requirements

The following content areas are to be included in the pre-service training of applicants:

- The Children's Services Practice Model and Implication for Practice.
- Virginia's Family Partnership Meetings: The Purpose and Process. graduation
- Rate structuring and the provider's role in the process. graduation
- The Foster Home Agreement: Code of Ethics and Mutual Responsibilities 032-04-0028-00-eng.
- The Adoptive Home Placement Agreement 032-02-0657-00-eng.
- Standards of Care for Continued Approval (see Section 1.10).
- ✓ Shaken Baby Information. session 3
- Any additional LDSS requirements.

1.5.6.4 Training for Mandated reporters

The Code of Virginia identifies those persons who are mandated reporters. These persons shall report suspected child abuse or neglect that they become aware of in their professional or official capacity.

Effective July 1, 2012 foster, kinship foster, and adoptive parents, and respite providers are considered mandated reporters due to their association with a public organization that is responsible for the care, custody and control of children as referenced in § 63.2-1509 A 11.

Mandated reporter training and other resources for mandated reporters are available from the Virginia Department of Social Services at (<http://www.dss.virginia.gov/family/cps/index2.cgi>).

Resource parents should complete CWS 5692 - Recognizing & Reporting Child Abuse & Neglect as part of their pre-service training.

1.5.6.5 Prior training considerations

Families approved prior to 9/2/09 are not exempt from meeting competencies; however, an agency has several options.

- Utilize the Pre-Service Competency Checklist (032-04-0062-00-eng (04/10)) to affirm that these competencies have been observed over the

course of the family's experience with the agency. This checklist should be maintained in the provider's file to indicate compliance with the pre-service standard.

- Conduct one-on-one training to address areas lacking sufficient competence.
- Request that the family complete pre-service.
- Consult with the regional Resource Family Consultant.

Families whose previous training is accepted as meeting Virginia's requirements for pre-service training shall still be provided with training on the non-competency areas under Section 1.5.6.3 above. This training shall be documented in the Mutual Family Assessment Report 032-04-0060-01-eng (10/10).

1.5.7 In-service training

1.5.7.1 Training requirements

The LDSS shall ensure and document that each provider receives annual in-service training. Such training allows the provider the opportunity to review and learn additional information relevant to the care of children placed in foster care or an adoptive home. It also provides the LDSS the opportunity to engage with the provider in discussions related to child safety, permanency, and well-being and assess the provider's skill level and needs for additional training. The provider is required to complete annual in-service trainings.

1.5.7.2 Training needs

Training shall be relevant to the needs of children and families and may be structured to include multiple types of training modalities (for example, online foster parent training courses, seminars, and conferences).

While a specific number of hours is not specified, ten (10) hours of in-service annually (per parent) should be considered the minimum acceptable amount with no more than half of these hours obtained utilizing self-paced training methodologies (e.g., online courses, self-study books, etc.).

1.5.7.3 Annual training

The LDSS shall provide opportunities for training on an annual basis.

- Families should be surveyed no less than annually to determine training needs.